**INSTRUCTIONS:** Complete one fully copy of this form for each additional household member. Paper forms should be stored in the client’s file at the Access Point per CoC regulations. Instructions for the assessor appear throughout the document in orange.

|  |
| --- |
| **FAMILY MEMBER INFORMATION:** Complete the client's identifying information. Name and SSN have associated data quality fields. Data quality fields are used to indicate the reason full information wasn't collected. Name and social security number data quality fields allow users to indicate when a client doesn't know or refuses to provide information. If the required data is collected then ClientTrack automatically records that full data quality was met. |

Assessment date: **12/3/2021 First Name\*:** Click or tap here to enter text.

**Middle Name:** Click or tap here to enter text. **Last Name\*:** Click or tap here to enter text.

**Suffix:** Click or tap here to enter text. **Name Quality\*:** Choose an item.

**SSN:** XXX-XX-XXXX **SSN Quality\*:** Choose an item.

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| **BASIC CLIENT DEMOGRAPHICS:** |

**Birth Date:** Click or tap to enter a date. **Client Age:** Click or tap here to enter text.

**Date of birth quality\*:** Choose an item. **Ethnicity\*:** Choose an item.

**Race (choose all that apply)\*:**

American Indian, Alaska Native, or Indigenous

Asian or Asian American

Black, African American, or African

Native Hawaiian or Pacific Islander

White

Client doesn’t know

Client refused

Data not collected

**Gender (choose all that apply)\*:**

Female

Male

A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

Transgender

Questioning

Client doesn’t know

Client refused

Data not collected

**Pronouns (if given):** Choose an item. **Sexual Orientation:** Choose an item.

***The following two questions are only required for persons age 18+:***

**Veteran Status:** Choose an item. **Marital Status:** Choose an item.

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| **CONTACT INFORMATION:** |

**Address:** Click or tap here to enter text. **City, State, Zip Code:** City**,** StateZip Code

**Email:** Click or tap here to enter text. **Primary Phone:** (XXX) XXX-XXXX

**Work Phone:** (XXX) XXX-XXXX **Msg Phone:** (XXX) XXX-XXXX

|  |  |
| --- | --- |
| **UNIVERSAL DATA ASSESSMENT:** |  |

**Does this household member have a disabling condition?** Choose an item.

***If yes, complete the following chart. Otherwise, skip to Health Insurance section.***

|  |  |  |
| --- | --- | --- |
| **BARRIERS/SPECIAL NEEDS** | | |
| **ALCOHOL ABUSE** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **CHRONIC HEALTH CONDITION** (defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance) | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **DEVELOPMENTAL DISABILITY** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **DRUG ABUSE** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **HIV/AIDS** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **MENTAL HEALTH** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **OTHER** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **PHYSICAL DISABILITY** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **FELONY CONVICTION** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |
| **HISTORY OF FOSTER CARE** | | |
| Barrier present? Choose an item. | | |
| ***If yes:*** | Condition is indefinite? Choose an item. | Explanation:  Click or tap here to enter text. |

**HEALTH INSURANCE (choose all that apply):**

|  |  |
| --- | --- |
| Private  Private- Individual  Private – Employer  Health insurance obtained through COBRA  Medicare  Medicaid  State Children’s Health Insurance Program  (S-CHIP) | Military Insurance  Other Public  State Funded  Combined Children’s Health Insurance /  Medicaid Program  Indian Health Service (HIS)  Other  No Insurance |

**---------------------------------------------------------------------------------------------------------------------------------**

**Assessor: If this household member is age 18 or older, continue to the following pages. If they**

**are under 18, stop here.**

**---------------------------------------------------------------------------------------------------------------------------------**

**Complete the following section if client identifies as a veteran. Otherwise, skip to Income Assessment**

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| --- |
| **VETERAN ASSESSMENT** |

**Branch and Discharge status:** Please select the branch and discharge status. The HMIS Data Manual provides the following instructions for veterans serving in more than one branch: “For veterans who served in more than one branch of the military, select the branch in which the veteran spent the most time. In the event that a client’s discharge status is upgraded during enrollment, the record should be edited to reflect the change.”

**Branch of the military\*:** Choose an item. **Discharge status\*:** Choose an item.

**Military Service Dates:** In the interest of data quality ClientTrack provides date fields and encourages users to enter exact dates if possible. If not, use the first of the year or another standard date determined by your organization. For HMIS purposes, ClientTrack will always calculate years of military service only using year.

**Service entry date\*:** Click or tap to enter a date. **Service exit date:** Click or tap to enter a date.

**Please select theatre(s) of operations(s):**

Theatre of Operations: World War II Choose an item.

Theatre of Operations: Vietnam War Choose an item.

Theatre of Operations: Persian Gulf War (Operation Desert Storm) Choose an item.

Theatre of Operations: Afghanistan (Operation Enduring Freedom) Choose an item.

Theatre of Operations: Iraq (Operation Iraqi Freedom) Choose an item.

Theatre of Operations: Iraq (Operation New Dawn) Choose an item.

Theatre of Operations: Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) Choose an item.

Theatre of Operations: Korean War Choose an item.

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| **INCOME. Indicate below the client’s sources of MONTHLY income, non-cash benefits, and expenses. The following instructions are quoted from the HMIS Data Manual:**   * When a client has income, but does not know the exact amount, a “Yes” response should be recorded for both the overall income question and the specific source, and the income amount should be estimated. * Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive. * Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client’s employment has been terminated and the client has not yet secured additional employment, the response for Earned income would be “No.” As a further example, if a client’s most recent paycheck was 2 weeks ago from a job in which the client was working full time for $15.00/hour, but the client is currently working 20 hours per week for $12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at $12.00 an hour). |

|  |  |  |
| --- | --- | --- |
| **ALIMONY** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **CHILD SUPPORT** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **EMPLOYMENT** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **OTHER INCOME** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **PRIVATE DISABILITY INSURANCE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **SOCIAL SECURITY** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **SOCIAL SECURITY DISABILITY** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **SUPPLEMENTAL SECURITY INCOME** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **TANF** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **UNEMPLOYMENT BENEFITS** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **VETERAN BENEFITS** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **VETERAN’S DISABILITY** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **VETERAN’S PENSION** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **WORKER COMPENSATION BENEFITS** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **PENSION OR RETIREMENT INCOME FOR A FORMER JOB** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |

**NON-CASH BENEFITS: Choose all that apply**

|  |  |  |
| --- | --- | --- |
| **FOOD STAMPS** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **HEALTHY INDIANA PLAN** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **HOOSIER HEALTHWISE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **MEDICAID** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **MEDICARE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **OTHER NON-CASH BENEFITS** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **PRIVATE HEALTH INSURANCE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **SECTION 8, PUBLIC HOUSING, OR OTHER RENTAL ASSISTANCE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **STATE CHILDREN’S HEALTH INSURANCE PROGRAM** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **TEMPORARY RENTAL ASSISTANCE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **VETERAN’S HEALTH CARE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **WISHARD ADVANTAGE** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **TANF CHILD CARE SERVICES** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **TANF TRANSPORTATION SERVICES** | | |
| ***If yes:*** | Description:  Click or tap here to enter text. | Monthly amount:  Click or tap here to enter text. |
| **OTHER TANF-FUNDED SERVICES** | | |

**-----------------------------End of CES Household Member Enrollment----------------------------**

**Please complete this document for each additional household member.**