

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 social security number 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*: _____ **First name*:** _____
Middle name: _____ **Last name*:** _____
Suffix: _____ **Name quality*:** Full name Partial, street, or code name Doesn't know Refused
SSN: _____ **SSN Quality*:** Full SSN Client doesn't know Client refused

BASIC CLIENT DEMOGRAPHICS:

Birth date: _____ **Age:** _____
DOB Quality*: Full Approximate or partial Doesn't know Refused
Ethnicity*: Hispanic/Latin(a)(o)(x) Non-Hispanic/Latin(a)(o)(x) Client doesn't know Client refused
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
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
Pronouns (if given): She/her He/him They/them She/they He/they Xe/xem
Sexual orientation: Heterosexual Gay Lesbian Bisexual Questioning/unsure Other
 Client doesn't know Client refused

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

Veteran status: Yes No Client doesn't know Client refused
Marital status: Single Never married Divorced Married & living w/spouse Married & not living w/spouse
 Common law Living together Widowed Other Don't know Refused

CONTACT INFORMATION:

Address: _____ **Address 2:** _____
City, state, zip code: _____, _____, _____
Email: _____ **Primary phone:** _____
Work phone: _____ **Message phone:** _____

UNIVERSAL DATA ASSESSMENT:

Does this household member have a disabling condition? Yes No Client doesn't know Client refused

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

BARRIERS/SPECIAL NEEDS		
Alcohol abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
Developmental disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is assumed indefinite	Notes:
Drug abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
HIV/AIDS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
Mental health: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
Physical disability: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Notes:
Felony conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is assumed indefinite	Notes:
History of foster care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If yes:	Condition is assumed indefinite	Notes:

If covered by health insurance, choose all that apply*:

- Private
 Private – Employer
 Private – Individual
 COBRA
 Medicare
 Medicaid
 State Children’s Health Insurance Program (S-CHIP)
 Military
 Other public
 State funded
 Combined Children’s/Medicaid program
 Indian Health Service (HIS)
 Other: _____

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.

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. If a client’s discharge status is upgraded during enrollment, the record should be edited to reflect the change.”

- Branch of the military*:** Army
 Air Force
 Navy
 Marines
 Coast Guard
 Client doesn’t know
 Client refused

- Discharge status*:** Honorable
 General under honorable conditions
 Under other than honorable conditions (OTH)
 Bad conduct
 Dishonorable
 Uncharacterized
 Client doesn’t know
 Client refused

Military Service Dates: In the interest of data quality, ClientTrack 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 calculates years of military service only using year.

Service entry date*: _____ **Service exit date:** _____

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

Theatre of Operations: World War II: Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Vietnam War: Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Persian Gulf War (Operation Desert Storm): Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Afghanistan (Operation Enduring Freedom): Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Iraq (Operation Iraqi Freedom): Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Iraq (Operation New Dawn): Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo): Yes
 No
 Doesn’t know
 Refused

Theatre of Operations: Korean War: Yes
 No
 Doesn’t know
 Refused

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. 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.”

If income from any source, select all that apply: No income Client doesn’t know Client refused

<input type="checkbox"/> Alimony	Description:	Monthly amount:
<input type="checkbox"/> Child support	Description:	Monthly amount:
<input type="checkbox"/> Employment	Description:	Monthly amount:
<input type="checkbox"/> Other	Description:	Monthly amount:
<input type="checkbox"/> Private disability insurance	Description:	Monthly amount:
<input type="checkbox"/> Social Security	Description:	Monthly amount:
<input type="checkbox"/> Social Security Disability	Description:	Monthly amount:
<input type="checkbox"/> Supplemental Security Income	Description:	Monthly amount:
<input type="checkbox"/> TANF	Description:	Monthly amount:
<input type="checkbox"/> Unemployment	Description:	Monthly amount:
<input type="checkbox"/> Veteran benefits	Description:	Monthly amount:
<input type="checkbox"/> Veteran’s disability	Description:	Monthly amount:
<input type="checkbox"/> Veteran’s pension	Description:	Monthly amount:
<input type="checkbox"/> Worker’s comp	Description:	Monthly amount:
<input type="checkbox"/> Pension or retirement income	Description:	Monthly amount:

If non-cash benefits, select all that apply: No benefits Client doesn’t know Client refused

<input type="checkbox"/> Healthy Indiana Plan (HIP)	Description:	Monthly amount:
<input type="checkbox"/> Hoosier healthwise	Description:	Monthly amount:
<input type="checkbox"/> Medicaid	Description:	Monthly amount:

<input type="checkbox"/> Medicare	Description:	Monthly amount:
<input type="checkbox"/> Other non-cash	Description:	Monthly amount:
<input type="checkbox"/> Private health insurance	Description:	Monthly amount:
<input type="checkbox"/> Section 8, public housing, Other rental assistance	Description:	Monthly amount:
<input type="checkbox"/> Supplemental Nutrition Program for women, infants, and children	Description:	Monthly amount:
<input type="checkbox"/> Temporary rental assistance	Description:	Monthly amount:
<input type="checkbox"/> Veterans health care	Description:	Monthly amount:
<input type="checkbox"/> TANF child care	Description:	Monthly amount:
<input type="checkbox"/> TANF transportation	Description:	Monthly amount:
<input type="checkbox"/> Other TANF-funded services	Description:	Monthly amount:

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

Please complete this document for each additional household member.