



HMIS Checklist

Agency Staff Present

Organization _____

Name _____

Visit Date _____

Title _____

Reviewer _____

Name _____

Title _____

Title _____

Requirement	Data Element			Follow-Up/ Notes
	Present	Missing	N/A	
Universal Identifier Elements	Name			
	Social Security Number			
	Date of Birth			
	Race			
	Ethnicity			
	Gender			
	Veteran Status			
Universal Project Stay Elements	Disabling Condition			
	Project Start Date			
	Project Exit Date			
	Destination			
	Relationship to Head of Household			
	Client Location			
	Prior Living Situation			
Program Specific Data Elements	Income and Sources			Timeliness
	Non-Cash Benefits			
	Health Insurance			Days to enter enrollment
	Specific Disabling Conditions			
	Domestic Violence			Days to enter exit
	Current Living Situation			
	Date of Engagement			
Totals				<input type="checkbox"/> In Compliance <input type="checkbox"/> Action Needed

Reviewer Signature _____

Date _____