

## CLIENT CONSENT RI HMIS DATA COLLECTION (Green)

This client notice and consent describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. **If you have any questions or desire any further information regarding this form please contact** Donald Larsen at 401-421-6458. Participation in data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. ***Please understand that access to shelter and housing services is available without participation in data collection.***

I, \_\_\_\_\_ (print client's name), understand and acknowledge that

\_\_\_\_\_ (the "Agency") is affiliated with the Homeless Management Information System (HMIS), and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by the Agency. The information gathered and prepared by the Agency will be included in a HMIS database of collaborating agencies (list available), and **only to collaborating agencies**, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of services
- f. Provide individual case management

### Information to be collected:

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Program Entry Date
- Program Exit Date
- Food & Shelter Board Report
- Residence Prior to Program Entry
- Zip Code of Last Permanent Address
- Family Composition
- Employment Status
- Veteran Status
- Disabling Condition
- HUD APR

I understand that I have the right to inspect, copy, and request all HMIS records maintained by the Agency relating to the provision of services to me and to receive a paper copy of this form.

**I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me. I further understand that this consent is subject to revocation at any time, except to the extent that the Agency has already taken action in reliance on it. If not previously revoked, this consent terminates automatically 1 year after my last treatment or discharge from Agency. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.**

**Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection. \* This does not override this agency's active policies or intake procedures.**

Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature)

Witness: \_\_\_\_\_  
Position Name

## CLIENT CONSENT RI HMIS DATA COLLECTION (Yellow)

This client notice and consent describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. **If you have any questions or desire any further information regarding this form please contact Donald Larsen at 421-6458.**

Participation in data collection, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. ***Please understand that access to shelter and housing services is available without participation in data collection.***

I, \_\_\_\_\_ (print client's name), understand and acknowledge that \_\_\_\_\_ (the "Agency") is affiliated with the Homeless Management Information System (HMIS), and I consent to and authorize the collection of information and preparation of records pertaining to the services provided to me by the Agency. The information gathered and prepared by the Agency will be included in a HMIS database that have entered into an HMIS Agency Participation Agreement and shall be used by the Agency to:

- a) Produce a client profile at intake
- b) Produce anonymous, aggregate-level reports regarding use of services
- c) Track individual program-level outcomes
- d) Identify unfilled service needs and plan for the provision of new services
- e) Allocate resources among agencies engaged in the provision of services
- f) Provide individual case management

### Information to be collected:

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Program Entry Date
- Program Exit Date
- Food & Shelter Board Report
- Residence Prior to Program Entry
- Zip Code of Last Permanent Address
- Family Composition
- Employment Status
- Veteran Status
- Disabling Condition
- HUD APR

I understand that I have the right to inspect, copy, and request all HMIS records maintained by HMIS the Agency relation to the provision of services to me and to receive a paper copy of this form.

**I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me. I further understand that this consent is subject to revocation at any time, except to the extent that the Agency has already taken action in reliance on it. If not previously revoked, this consent terminates automatically 1 year after my last treatment or discharge from the Agency. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.**

**Additionally, I understand that participation in data collection is optional, and I am able to access shelter and housing services if I choose not to participate in data collection. \* This does not override this agency's active policies or intake procedures.**

Date: \_\_\_\_\_  
(Signature)

Witness: \_\_\_\_\_  
Position Name

## **FACT Sheet: RI Homeless Management Information System (HMIS)**

We will enter information you provide to us into a computer program called ServicePoint. We are doing this for several reasons:

- To find out what we need to end homelessness in Rhode Island;
- To provide better service;
- To receive federal funds.

### **IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED**

- We will use ServicePoint to keep a record of your contact with our agency.
- We will not share **any** information **without your written permission** through a signed client consent form that allows us to share client profile information with collaborating agencies. This means that you will not have to provide the same information at more than one intake.

### **HOW WILL MY INFORMATION BE KEPT SECURE?**

We have done several things to make sure that your information is kept safe and secure:

- The computer program we use has the highest security protection available;
- Any information that could identify you, like your name, SS# or birth-date, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or national agencies;
- All employees agree to follow privacy rules before using the system.

### **KNOW YOUR RIGHTS**

You have the following rights:

- To see a report of your records within 48 hours.
- To have your record changed so that information is up-to-date and correct.
- To refuse consent and still receive services.
- To file a complaint about how the system was used.

To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen at the RI Coalition for the Homeless at (401) 421-6458.

## Rhode Island Homeless Management Information System Flow Chart

Log on to <https://rihmis.servicept.com>  
Place in Favorites. Enter your username and password.  
You must have had a certificate install by the HMIS  
Systems Administrator to access this site.

Click on the tab labeled ClientPoint. This will bring up the  
general client profile screen. Enter client information in  
spaces provided. Don't ever check off "Exact Match" or  
click on "Add as Anonymous Client"

The program will search the database and if the client is already in  
the database a blue link will appear in the top left-hand corner. At this  
point *do not* click on "Add this Client to the Database". [Click on the  
blue link](#) (client name) and this will bring you to the Client Profile  
screen that contains the Food and Shelter Board Report, a place to  
Add Clients to Household (called a sub-assessment) and the orange  
Entry/Exit button for the HUD APR.

If there is no blue link on the top of the screen it will say; "No Matching  
Clients Found". Enter client information in spaces provided. Remember,  
don't check off "Exact Match" or click on "Add as Anonymous Client"  
Click on "Add/Find Client." A pop up window will appear; click on OK.  
You are now in the Client Profile screen that contains the Food and Shelter  
Board Report, a place to Add Client to Household (called a sub-  
assessment) and the orange Entry/Exit button for the HUD APR.

If you are not entering the information on the same day as client entry, you must Back Date to the entry date your guest entered the program. Go to the Assessment Date located under the Food & Shelter Board heading, set the date and time then click on the Back Date button. You must enter the date the person entered your shelter program. This will effect all entry/exit dates but has no effect on goals and service transactions.

Now you need to "Add this Client to a Household". The first person is automatically put in after you answer the questions so you would then enter the spouse, then fill out the questions and continue by entering the children. There are two pop-ups for this section. The first adds the client to the database and the second gives information on the type of household.

The next step is to fill in the Release of Information by either clicking on the red "None" or by Clicking on the orange ROI button. Answer the questions presented and exit. Please remember to answer as many questions as possible as this will provide you with the information you need for completing reports.

Then you would click on the orange Entry/Exit Button and this would bring up your HUD Annual Progress Report. Remember to fill out the sub-assessments by clicking on the "Gray Add buttons". They are; Disabilities, Work History and Income. If, for instance, the person is not working you can skip that particular sub-assessment.

It is very important to go into the drop-down menu called "Type" and click on HUD 40118. Be sure to "Exit" the client when they leave the shelter. You will need to go back into "Entry/Exit" to do this. Click on the edit pencil for Exit Date. This will give you accurate data for your Annual Progress Report.

Then you go back to the Food and Shelter Board Report and fill in the required information. Remember to do the Entry/Exit for the Food and Shelter Board report by clicking on the “Gray Add” button on the right-hand side.

Fill out the “Food and Shelter Board Report” for every homeless person. Data for children is entered by filling out the first ten questions in the “Food and Shelter Board Report.” Children should have been entered as members of the household already. Just enter their last name and hit add/find client. They should show up as [a blue link](#) on the top of the page. Don’t forget to put the information in the “Entry/Exit” sub-assessment just above the first question of the Food and Shelter Board report. Click on the “Add” button on the right. The Start Date is the day the guest entered your shelter and the End Date is the date they left your shelter.

The next step is filling out case management information. This is important because this is how you will get reports on needs, services, and referrals provided. Here you can also enter case notes etc. In the grey area below the green tabs you will see “Case Plans” and “Service Transactions”. When you enter Case Plans you will be asked to fill out goals for your client, this begins the process of filling out 5 (buttons) sections. Three buttons in Case Plans and two in Service Transactions

They are 1) Add Case Notes 2) Add Action Step 3) Add Need /Service. After you save this page you will automatically go to Service Transactions and there are two buttons there. 1) Add Services and 2) Add Referrals. You must add service in the “Service Transactions” section.

Every shelter should update its bedlist daily by assigning or removing clients from the bedlist. This will keep bed-night counts accurate for all reports. If you know a client is going to stay for a while “confirm next day stay”. You can use the “update bedlist” button on the bottom of the page, just check off anyone who is going to stay. The bedlist is accessed through the “Shelter Point” tab.

**Don't forget to save every screen after making changes!**

Thanks again for your patience and cooperation. As always, Don and Bob are available to troubleshoot and answer questions. He may be reached at the Coalition at 421-6458 or if he is not in the office, try his cell phone (862-9382) between 8:30am and 4:30pm. Please keep us posted about your experiences with HMIS and pass along any suggestions.

As a quick review:

Remember to enable the "Release of Information" **after** adding family to household by clicking on the red "none" on the top of the screen or by clicking on the orange ROI button. This must be done in order for security settings to take effect. Please fill out the HUD information before the Food and Shelter Board Report. Steps to take would be; 1. Add/Find Client, 2. (Back Date first if necessary), 3. Add Client to Household, 4. Release of Information, 5. Orange Entry/Exit button for HUD APR, 6. Food and Shelter Board Report-please don't forget the Entry/Exit "Add" button for the Food and Shelter Board Report, 7. Case Plans, 8. Service Transactions, Case Plans have 5 steps; a) case notes, b) action steps, c) services/needs, (service transactions) d) add service, e)referral. You must select HUD 40118 as "Type" in order for clients to be counted in your HUD APR. You must also select service transactions and choose a Need/Service (you must also “Add Service” in order for needs/services to be recorded, and you must Exit the person - you will see an exit date by clicking on the Exit edit pencil when you go into the HUD report through the Orange Entry/Exit button on the top right-hand corner! Don't forget to update your bed list!

## **Agency Provider Numbers**

80 Advent House	24 Vietnam Era Veterans Action Center
90 Amos House	30 Warwick House of Hope
11 Child and Family Services of Newport	25 Welcome House of South County
12 Cranston CAP	21 Westbay Community Action Inc
33 Family Resources Community Action	27 Westerly Area Rest and Meals, Inc
29 House of Compassion	31 Project Hope
45 Lucy's Hearth	22 RI Coalition for the Homeless
35 MAP	15 Safe Havens
95 McKinney Cooperative	14 Crossroads N. Kingstown
92 Access RI	56 Crossroads Family Shelter
50 New Hope Shelter of Pawtucket	94 Crossroads Medical
93 Nickerson Community Center	75 208 Shelter Urban League
74 Operation Stand Down	51 Crossroads Youth
18 People to End Homelessness	52 Crossroads overnight
67 ProCap Interim House	81 MHA – EFS
19 Providence Center	23 Riverwood
96 Harrington Hall	
97 Rhode Island Family Shelter	
16 East Bay	
53 Harold Lewis House	
28 South County Community Action	
47 SStar of Rhode Island	
73 Urban League Chester	
57 Crossroads Case Management	

## FOOD AND SHELTER BOARD REPORT

1. Date of Admission \_\_\_\_\_ Date of Exit \_\_\_\_\_ 2. Client ID No. \_\_\_\_\_

3. Name \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

5. SS# \_\_\_\_\_ 6. Gender \_\_\_\_\_

7. Race \_\_\_\_\_ 8. Ethnicity \_\_\_\_\_

9. Primary Language Spoken: \_\_\_\_\_ 10. City/Town of Last Residence: \_\_\_\_\_

11. Number of Months Since Last Permanent Residence: \_\_\_\_\_

12. How Long has Person Been Homeless? (In Months) \_\_\_\_\_

13. Immediate Past Place of Stay:

- Hotel/Motel
- Apartment/Home
- Shelter
- Medical Hospital
- Psychiatric Hospital
- Correctional Facility
- Family or Friends
- Street/Car
- Drug Treatment or
- Detox Facility
- Other \_\_\_\_\_

14. Why is Shelter Needed? (Primary Reason)

- No Income
- Housing Costs
- Landlord/Tenant Dispute
- Natural Disaster (e.g. fire)
- Domestic Violence
- Legal Eviction
- Utilities Shut Off
- Family Separation
- Relocation From Outside RI
- Mortgage/Foreclosure
- Other \_\_\_\_\_

15. Why is Shelter Needed? (Secondary Reason) 16. Problems Experienced In Past Six Months:

- No Income
- Housing Costs
- Landlord/Tenant Dispute
- Natural Disaster (e.g. fire)
- Domestic Violence
- Legal Eviction
- Utilities Shut Off
- Family Separation
- Relocation From Outside RI
- Other \_\_\_\_\_

- |                        | Yes                   | No                    |
|------------------------|-----------------------|-----------------------|
| Domestic Violence      | <input type="radio"/> | <input type="radio"/> |
| Medical Problems       | <input type="radio"/> | <input type="radio"/> |
| Sexual Abuse           | <input type="radio"/> | <input type="radio"/> |
| Family Separation      | <input type="radio"/> | <input type="radio"/> |
| Loss Of Income         | <input type="radio"/> | <input type="radio"/> |
| Mental Health Problems | <input type="radio"/> | <input type="radio"/> |
| Youth/Family Dispute   | <input type="radio"/> | <input type="radio"/> |
| Alcohol Problems       | <input type="radio"/> | <input type="radio"/> |
| Drug Problems          | <input type="radio"/> | <input type="radio"/> |
| Incarceration          | <input type="radio"/> | <input type="radio"/> |
| Both Alcohol and Drug  | <input type="radio"/> | <input type="radio"/> |

17. Client Presentation:

- Single Adult
- Family
- Other \_\_\_\_\_

18. If Family, How Many Children are Being Served? \_\_\_\_\_

19. If Family, Single-Parent Household?  Yes  No

19.a Head-of-Household is  Mother  Father

20. Is Client Involved with DCYF? Yes No

21. Does Client Receive FIP at Present? Yes No

22. Has Client Received FIP in Past Six Months? Yes No



## HUD HMIS Data and Technical Standards FR-4848-N-02

### Universal Data Elements

1. Name
2. Social Security Number
3. Date of Birth
4. Ethnicity and Race
5. Gender
6. Veterans Status
7. Disabling Condition
8. Residence Prior to Program Entry
9. Zip Code of Last Permanent Address
10. Program Entry Date
11. Program Exit Date

*These are provided through ServicePoint*

12. Person ID Number
13. Program ID Number
14. Household ID Number

### Program-Specific Data Elements

1. Income and Sources
2. Non-Cash Benefits
3. Physical Disability
4. Developmental Disability
5. HIV/AIDS
6. Mental Health
7. Substance Abuse
8. Domestic Violence
9. Services Received
10. Destination
11. Reasons for Leaving

*Data Elements that may be added to the HUD APR in the future (Not Mandatory)*

12. Employment
13. Education
14. General Health Status
15. Pregnancy Status
16. Veteran's Information
17. Children's Education

### Steps for Completing ServicePoint

1. Add Client to the Database
2. Backdate if Needed
3. Add Client to the Household (Families only)
4. Fill out Release of Information
5. Fill out HUD Report (orange entry/exit)
6. Fill out Food and Shelter Board Report (Remember the Add button for Sub-assessment)
7. Add Goals and Service Transactions and add Services
8. Record Referrals

### Programs that Require Program-Specific Data Elements

HUD's supportive Housing Program, Shelter Plus Care, Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings (SRO) Program, and homeless programs funded through Housing Opportunities for Persons with AIDS (HOPWA), ESG.

\*\* You must also fill in the HUD information for each child!

### Entry/Exit

\* It is extremely important that each client is exited from your programs when they are no longer receiving services. You must also have end dates for services that you provide

# HUD ENTRY/EXIT FORM

**PRINT NAME:** \_\_\_\_\_

**Social Security** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender** Male Female

**Ethnicity** Hispanic Non-Hispanic

**Race** Asian African American Native American/Alaskan Native Pacific Islander White Other Multi Racial

**Marital Status** Single/No children Single Head of Household Two parent household Married Divorced

**Program ENTRY DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Program EXIT DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Is Client Homeless?** Yes No **Is client chronically homeless?** Yes No

**Place living one week prior to program entry:**

Domestic Violence situation Don't Know (HUD)	Jail, Prison or Juvenile Facility (HUD)	Own House/Apartment (HUD)	Refused (HUD)
Emergency Shelter (HUD)	Living with Family (HUD)	Permanent Housing for Formerly Homeless (HUD)	Rental House Apartment (HUD)
Foster care/group home (HUD)	Living with Friends (HUD)	Place not meant for habitation (HUD)	Subsidized Housing (HUD)
Hospital (HUD)	Nursing Home (HUD)	Psychiatric Hospital or Facility (HUD)	Substance Abuse Treatment Center (HUD)
Hotel/Motel without emergency shelter (HUD)	On the street (HUD)		Transitional Housing for Homeless (HUD)
	Other (HUD)		

**Shelter name if coming from another shelter** \_\_\_\_\_

**Length of stay at place prior to program entry:**

One week or less (HUD)	One to three months (HUD)	One year or longer (HUD)
More than one week, but less than one month (HUD)	More than three months, but less than one year (HUD)	

**Extent of homelessness:**

First time homeless	Chronic:/4times in past 3 years
1-2 times in the past	Long term: 2 years of more

**Date of present homelessness** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Homeless verification on file:**

Formal eviction documentation	Verification from an institution	Verification from referring agency/shelter
Signed client statement with confirmation statement	Verification from outreach worker (for on the street)	

**Homelessness primary and secondary reason** (Place a 1 and 2 next to the appropriate item):

Addiction	Family/personal illness	Other
Divorce	Jail/prison	Physical/mental disabilities
Domestic Violence	Moved to seek work	Unable to pay rent/mortgage
Evicted within past week	Natural disaster Evacuee	Unemployment

**Actual or pending eviction** Yes No **If yes, date of eviction** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Institutional living prior to 18 year of age** (Foster Care) Yes No

**Zip code of last permanent address** \_\_\_\_\_

**Zip data quality:**

Full zip code recorded Don't know Refused

**Domestic violence victim** Yes No

**Extent of domestic violence:**

Within the past three months (HUD)	From six to twelve months ago (HUD)	Don't know (HUD)
Three to six months ago (HUD)	More than a year ago (HUD)	Refused (HUD)

## HUD ENTRY/EXIT FORM

**Disability Type:** \*These two questions can only be asked after client is accepted into the program!

Alcohol Abuse (HUD)	Mental Illness (HUD)	Vision Impaired
Developmental (HUD)	Physical/mobility limits (HUD)	Dual diagnosis
Drug Abuse (HUD)	HIV/AIDS (HUD)	Other
Physical/medical (HUD)	Hearing Impaired	

\* **Do you have a disability of long duration?**      Yes    No    Don't know    Refused

**Health condition compared to people of your age:**

Excellent (HUD)	Good (HUD)	Poor (HUD)
Very good (HUD)	Fair (HUD)	Don't know (HUD)

**Pregnant**            Yes    No            **If yes, projected birth date**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Source of Monthly Income:** Please circle all that apply

Veteran's disability payment (HUD)	Medicaid (HUD)	SCHIP (HUD)
Alimony	Medicare (HUD)	Section 8, public housing or rental assistance (HUD)
Alimony or other spousal support (HUD)	No Financial Resources (HUD)	Self employment wages
Annuities	Other (HUD)	Special supplemental nutrition programs for WIC (HUD)
Bridge	Other TANF-funded services (HUD)	Self employment wages
Child support (HUD)	Pension from a former job (HUD)	Special supplemental nutrition program for WIC (HUD)
Contributions from other people	Pension/retirement	SSDI (HUD)
Dividends (Investments)	Private disability insurance (HUD)	Unemployment
Earned Income (HUD)	Railroad retirement	
Food stamps (HUD)	Rental Income	
General assistance (HUD)	Retirement disability	
Interest (Bank)	Retirement Income from SSI (HUD)	

**Total monthly income**    \$ \_\_\_\_\_

**Means of transportation:**

Bicycle	Friend/family	Walk (None)
Bus	Other	
Car	Taxi	

**Have valid drivers license**      Yes    No

**Presently attending school**      Yes    No            **If yes, school name** \_\_\_\_\_

**Highest level of education attained:**

College degree	Some high school	9th grade (HUD)
High school diploma/GED	Technical school training	10th grade (HUD)
Less than high school	No schooling completed (HUD)	11th grade (HUD)
Other	Nursery school to 4th grade (HUD)	12th grade (HUD)
Post Graduate	5th grade or 6th grade (HUD)	GED (HUD)
Some College	7th or 8th grade (HUD)	Post-secondary school (HUD)

**Received Vocational training**    Yes    No            **Currently in school or working on any degree**    Yes    No

**Degrees Earned Information:**

None (HUD)	Bachelors (HUD)	Doctorate (HUD)
Associates Degree (HUD)	Masters (HUD)	Other graduate/professional degree (HUD)

**If child enrolled, type of school**      Public    Private            **If no, date last enrolled in school**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Unemployed**      Yes    No            **If unemployed, looking for work**      Yes    No

**If employed, hours worked last week**    \_\_\_\_ hrs.

**If currently employed, select tenure**    Permanent (HUD)      Temporary (HUD)      Seasonal (HUD)

**U.S Military veteran**                      Yes      No

**Receiving veterans services**            Yes      No

**Military service related disability**    Yes      No

Name – PLEASE PRINT \_\_\_\_\_

**Military Information:**

U.S. Military Veteran (Please circle) Yes No

Discharge Type (Please Circle)

Honorable General Medical Bad Conduct Dishonorable Other (please specify):

\_\_\_\_\_

Military Service Related Disability (Please circle) Yes No

Receiving Veterans Services? (Please circle) Yes No

If yes, List Veterans Services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Months Served on Active Duty in the Military \_\_\_\_\_

**Military Service Era Information:** (Please circle all that apply)

Persian Gulf Era (August 1991-Present) Afghanistan Post Vietnam (May 1975-July1991)

Panama Vietnam Era (August 1964-April 1975) Lebanon Grenada

Between WWII and Korean War (August 1947 – May 1950) Bosnia

Korean War (June 1950 – January 1955) World War II (September 1940 – July 1947)

Between Korean and Vietnam War (February 1955- July 1964)

**Military Branch** (Please circle all that apply)

Army Coast Guard Air Force National Guard Air Force National Guard Marines

Navy Other

Did you serve in a War Zone? (Please circle) Yes No

**War Zone Information:** (Please circle all that apply)

Europe North Africa Vietnam Laos and Cambodia China, Burman, India

Korea South Pacific Persian Gulf Other

How Many Months Served in War Zone? \_\_\_\_\_

Did you receive hostile or friendly fire in a War Zone? (Please circle) Yes No

**Food & Shelter Board Backup Report (Children Forms)**

**Agency Provider No.** \_\_\_\_\_

- 1. Date of Admission \_\_\_\_\_ Date of Exit \_\_\_\_\_
- 2. Client ID No. \_\_\_\_\_
- 3. Name \_\_\_\_\_
- 4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
- 5. SS# \_\_\_\_\_
- 6. Gender \_\_\_\_\_
- 7. Race \_\_\_\_\_
- 8. Ethnicity \_\_\_\_\_
- 9. Primary Language Spoken: \_\_\_\_\_
- 10. City/Town of Last Residence: \_\_\_\_\_
- 11. Is Client Involved With DCYF? \_\_\_\_\_
- 12. Other Problems \_\_\_\_\_

**Food & Shelter Board Backup Report**

**Agency Provider No.** \_\_\_\_\_

- 1. Date of Admission \_\_\_\_\_ Date of Exit \_\_\_\_\_
- 2. Client ID No. \_\_\_\_\_
- 3. Name \_\_\_\_\_
- 4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
- 5. SS# \_\_\_\_\_
- 6. Gender \_\_\_\_\_
- 7. Race \_\_\_\_\_
- 8. Ethnicity \_\_\_\_\_
- 9. Primary Language Spoken: \_\_\_\_\_
- 10. City/Town of Last Residence: \_\_\_\_\_
- 11. Is Client Involved With DCYF? \_\_\_\_\_
- 12. Other Problems \_\_\_\_\_

**Food & Shelter Board Backup Report**

**Agency Provider No.** \_\_\_\_\_

- 1. Date of Admission \_\_\_\_\_ Date of Exit \_\_\_\_\_
- 2. Client ID No. \_\_\_\_\_
- 3. Name \_\_\_\_\_
- 4. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_
- 5. SS# \_\_\_\_\_
- 6. Gender \_\_\_\_\_
- 7. Race \_\_\_\_\_
- 8. Ethnicity \_\_\_\_\_
- 9. Primary Language Spoken: \_\_\_\_\_
- 10. City/Town of Last Residence: \_\_\_\_\_
- 11. Is Client Involved With DCYF? \_\_\_\_\_
- 12. Other Problems \_\_\_\_\_

# **HMIS Data Collection Statement**

**We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.**