New Hampshire Continua of Care
Universal and Common Data Collection
Entry/Update/Annual Assessment Form

HMIS UNIVERSAL DATA ELEMENTS

- ✓ Please fill out for EACH household member at **entry**.
- ✓ ALL members 18 years of age and over must also sign the consent form for HMIS.

Record Identifiers	
ServicePoint Client ID#:	
Head of Household Name:	
Date:	
Case Manager Name:	

3.1-3.20: Client Record Creation	
✓ *To be collected for all clients at entry into a HMIS project.*	
Name	First: Middle: Last: Suffix:
Name Data Quality	☐ No ☐ Yes ☐ Partial, street name or code name reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Alias	
Social Security Number	____/____/_____
SSN Data Quality	☐ Full SSN reported ☐ Approximate or partial SSN reported ☐ Client refused ☐ Client doesn't know ☐ Data not collected
Date of Birth	
Date of Birth Type	☐ Full DOB reported ☐ Approximate or Partial DOB reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Race (choose as many as are applicable)	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Ethnicity	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Gender	☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (i.e. not exclusively male or female) ☐ Client doesn't know ☐ Client refused ☐ Data not collected
U.S. Military Veteran?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If *Yes* to "US Military Veteran"	Has client ever **received health care benefits** from a VA Center? ☐ No ☐ Yes Is client **receiving Veterans Services**? ☐ No ☐ Yes Is client **eligible for Veterans Services**? ☐ No ☐ Yes
If No to "eligible for Veterans Services," please select reason.	☐ Client not eligible due to discharge status ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Please select discharge type for all persons who answered YES to "US Military Veteran" and are not currently serving:	☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions (OTH) ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Disabling Condition?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Project Start Date:	____/____/_____

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Personal ID:	
Household ID:	
Relationship to Head of Household:	☐ Self ☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member (other relation to HoH) ☐ Other: non-relation member
Client Location: **Client Location Information Date:**	☐ BOS (NH-500) ☐ MCOC (NH-501) ☐ GNCOC (NH-502) ____/____/_____
Housing Move-In Date: (all PH including PH-RRH only)	____/____/_____
Living Situation:	ℹ Please fill out either supplemental form *LIVING SITUATION 3.917A: Street Outreach, Emergency Shelter & Safe Haven*, or supplemental form *LIVING SITUATION 3.917B: For Persons Entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homelessness Prevention, or any Coordinated Entry Project* to complete this field.

HMIS COMMON DATA ELEMENTS

4.2: Income and Sources

✓ *To be collected for at project entry, update, and annual assessment.*

ℹ Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.

ℹ Income or Benefits received by a minor child should be assigned to the HOH.

ℹ Updates are required for persons aging into adulthood.

Date of information collection: ____/____/_____

Income from any source? ☐ No ☐ Yes ☐Client doesn't know ☐ Client refused ☐ Data not collected

If Yes for "Income from any source," indicate all sources and dollar amounts for the source that apply.

Monthly Income (cash) Source:		**Monthly Amount:**
Earned Income (i.e., employment income)	☐ No ☐ Yes	$
Unemployment Insurance	☐ No ☐ Yes	$
Supplemental Security Income (SSI)	☐ No ☐ Yes	$
Social Security Disability Income (SSDI)	☐ No ☐ Yes	$
VA Service-Connected Disability Compensation	☐ No ☐ Yes	$
VA Non-Service-Connected Disability Compensation	☐ No ☐ Yes	$
Private disability insurance	☐ No ☐ Yes	$
Worker's compensation	☐ No ☐ Yes	$
Temporary Assistance for Needy Families (TANF)	☐ No ☐ Yes	$
General Assistance (GA)	☐ No ☐ Yes	$
Retirement Income from Social Security	☐ No ☐ Yes	$
Pension/retirement income from former job	☐ No ☐ Yes	$
Child support	☐ No ☐ Yes	$
Alimony or other spousal support	☐ No ☐ Yes	$
Other source (specify below)	☐ No ☐ Yes	$
If *Yes* for "other source," please specify:		
Monthly Income Total:		**$___ ___ ___ ___.00**

4.3: Non-Cash Benefits

✓ *To be collected at entry, update, and annual assessment.*

ⓘ Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.

Date of information collection: ____/____/_____

Non-Cash Benefit from any source?

☐ No ☐ Yes ☐Client doesn't know ☐ Client refused ☐ Data not collected

If Yes for Non-cash benefits from any source," please indicate all sources and dollar amounts that apply.

Non-Cash Benefit Source		Amount
☐ Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	☐ No ☐ Yes	$
☐ Special Supplemental Nutrition Program (WIC)	☐ No ☐ Yes	$
☐ TANF Child Care services	☐ No ☐ Yes	$
☐ TANF Transportation services	☐ No ☐ Yes	$
☐ Other TANF-funded services	☐ No ☐ Yes	$
☐ Other Source (specify below)	☐ No ☐ Yes	$

If *Yes* for "other source," please specify:

Monthly non-cash benefits total:	**$___ ___ ___ ___.00**

4.4: Health Insurance

✓ *To be collected at entry, update, and annual assessment for all clients, regardless of age.*

Date of information collection: ____/____/_____

Covered by health insurance?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

If Yes for "Covered by health insurance," please indicate all sources of coverage below.

Health Insurance Source	Covered?	If not covered, reason? (*HOPWA only.*)
MEDICAID	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
MEDICARE	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
State Children's Health Insurance Program	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused

Veteran's Administration (VA) Medical Services	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
Employer-Provided Health Insurance	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
Health Insurance Obtained Through COBRA	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
Private Pay Health Insurance (Please specify here.)	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
State Health Insurance for Adults	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
Indian Health Services Program	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused
Other (Please specify here.)	☐ Yes ☐ No	☐ Applied, decision pending ☐ Applied, client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client Doesn't know ☐ Client Refused

4.5: Physical Disability	
✓ *To be collected at entry and update.*	
Information Date:	
Physical Disability?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes for physical disability) **is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

4.6: Developmental Disability	
✓ *To be collected at entry and update.*	
Information Date:	
Developmental Disability?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes for developmental disability) **is it expected to substantially impair ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

4.7: Chronic Health Condition	
✓ *To be collected at entry and update.*	
Information Date:	
Chronic Health Condition?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes for chronic health condition) **is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

4.8: HIV/AIDS	
✓ *To be collected at entry and update.*	
Information Date:	
HIV/AIDS?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes for HIV/AIDS) **is it expected to substantially impair ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

4.9: Mental Health Problem	
✓ *To be collected at entry and update.*	
Information Date:	
Mental Health Problem?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes for mental health problem) **is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

4.10: Substance Abuse	
✓ *To be collected at entry and update.*	
Information Date:	
Substance Abuse Problem?	☐ No ☐ Alcohol abuse ☐ Drug abuse ☐ Both alcohol and drug abuse ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem) **is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?**	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

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4.11: Domestic Violence	
✓ *To be collected at project start and update.*	
Information Date:	
Domestic Violence Victim/Survivor?	☐ No ☐ Yes ☐Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes) **when experience occurred:**	☐ Within past 3 months ☐ 3-6 months ago ☐ 6 months to one year ago ☐ One year ago or more ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes) **are you currently fleeing?**	☐ No ☐ Yes ☐Client doesn't know ☐ Client refused ☐ Data not collected

4.12: Contact	
✓ *To be collected at time of contact by CE-HOIP, PATH, and RHY-SO only.*	
Information Date (date of contact):	
Staying on Streets, ES, or SH:	☐ No ☐ Yes ☐ Worker unable to determine

4.13: Date of Engagement	
✓ *To be collected at point of engagement by CE-HOIP, PATH, and RHY-SO only..*	
Date of Engagement:	

BHHS Required Information	
✓ *To be collected at entry, update and annual assessment.*	
Homelessness and at-risk of homelessness status (as of the day before project entry)**:**	☐ Category 1 -- Homeless (lacks fixed, regular and adequate nighttime residence) ☐ Category 2 -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days) ☐ Category 3 -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition) ☐ Category 4 – Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence) ☐ At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects) ☐ Stably housed ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Zip Code of last permanent address (of 90 days or more):	
Zip Code quality:	☐ Full or Partial ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Is the client employed?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected
(If Yes) **what is their type of employment?**	☐ Full time ☐ Part time
Select the HUD-assigned CoC code(s) that best apply:	☐ Balance of State (NH-500) ☐ Manchester (NH-501) ☐ Greater Nashua (NH-502)