



LANE COUNTY HMIS LIGHT ENTRY FORM

HMIS DATA PRIVACY SCRIPT READ AND ACKNOWLEDGED? YES NO

Agency	Project Name	Client ID #	Project Start Date Date Conditions Are Met
			/ /

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix) **EXISTING HOUSEHOLD INFO**

<input type="checkbox"/> full <input type="checkbox"/> partial	Is this form adding client(s) to an existing household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, HMIS Client ID (HoH) _____
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SOCIAL SECURITY NUMBER (HoH)

- -

Client Doesn't know Client Refused

VETERAN STATUS (HoH)

<input type="checkbox"/> Yes	Served active duty in the US military
<input type="checkbox"/> No	Did not serve active duty in the US military

DATE OF BIRTH (HoH)

Don't Leave Blank

/ /

full approx. or partial

RACE & ETHNICITY (HoH) Check all that apply.

<input type="checkbox"/> American Indian, Alaska Native or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Hispanic/Latina/e/o	
<input type="checkbox"/> Middle Eastern or North African	Additional Race / Ethnicity Detail:
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

GENDER (HoH) Check all that apply.

<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Transgender
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Different Identity	
If Different Identity, please specify:	

PREFERRED LANGUAGE

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> German	<input type="checkbox"/> Korean	<input type="checkbox"/> Other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Russian	<input type="checkbox"/> Client Doesn't know
<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Client prefers not to answer

HEAD OF HOUSEHOLD CONTACT INFO

Name	Housing status	Email	Address	Contact #
				<input type="checkbox"/> Cell Phone <input type="checkbox"/> Message Phone

Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed

ADDITIONAL HOUSEHOLD MEMBERS

Name	SSN	DOB Don't leave Blank	Relationship to HoH	Race(s) Choose from below	Hispanic Latino Y/N	Gender Choose from below	Veteran Y/N

Race selections: American Indian, Alaska Native or Indigenous, Asian or Asian American, Black, African American or African, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Client Doesn't know, Client prefers not to answer

Gender selections: Woman (Girl, if child), Man (Boy, if child), Culturally Specific Identity (e.g., Two-Spirit), Different Identity, Non-Binary, Transgender, Questioning, Client Doesn't Know, Client prefers not to answer

HOUSEHOLD TYPE

<input type="checkbox"/> Adult Only
<input type="checkbox"/> Adult(s) and Child(ren)
<input type="checkbox"/> Child(ren) Only

HOUSEHOLD SIZE AND INCOME same for every HH member

Household Size:	Household Income:
Level of Family Income:	Percent of Median Family Income:
<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%	<input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50%
<input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%	<input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80%
<input type="checkbox"/> 176-200% <input type="checkbox"/> 201-250% <input type="checkbox"/> Over 250%	

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Name	Disability of long duration that substantially limits the client's ability to live on their own
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse

PRIOR LIVING SITUATION (where did client stay last night)

Complete separately for each adult if adults were living in different living situations.

Client current Residence (city)	_____	Client Name (If different than HoH)	_____
Homeless Situations			
<input type="checkbox"/> Place not meant for habitation			
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter			
Institutional Situations			
<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Long-term care facility or nursing home	
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility		<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Substance abuse treatment facility or detox center	
Temporary and Permanent Housing Situations			
<input type="checkbox"/> Residential project or halfway house with no homeless criteria		<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		<input type="checkbox"/> Rental by client, with ongoing housing subsidy	
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)		↳ If Yes, Rental Subsidy Type:	
<input type="checkbox"/> Host Home (non-crisis)		<input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH <input type="checkbox"/> HCV Voucher	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house		<input type="checkbox"/> RRH/equivalent <input type="checkbox"/> PSH <input type="checkbox"/> Public housing unit	
<input type="checkbox"/> Staying or living in a family member's room, apartment or house		<input type="checkbox"/> Family Unification Program (FUP)	
<input type="checkbox"/> Owned by client, with housing subsidy		<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)	
<input type="checkbox"/> Owned by client, no housing subsidy		<input type="checkbox"/> Other	

IF LITERALLY HOMELESS, where were you living when you lost your housing? (town/city)	_____
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