

## Basic Client Information

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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.

Nombre: \* \_\_\_\_\_

Apellido Paterno: \* \_\_\_\_\_

Apellido Materno: \_\_\_\_\_

Segundo Nombre: \_\_\_\_\_

Suffix: \_\_\_\_\_

Calidad del Nombre:\*

- Nombre Completo
- Parcial, Nombre de Calle, o Codigo de Nombre Reportado
- Participante No Sabe
- Participante Rehusó Contestar
- Dato No Recolectado

Seguro Social: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Basic Client Demographics

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Fecha de Nacimiento: \* \_\_\_\_\_

Edad del Participante: 31

Calidad de Fecha de Nacimiento: \*

- Fecha de Nacimiento Reportada Completa
- Fecha de Nacimiento Aproximada o Parcial
- Participante No Sabe su Fecha de Nacimiento
- Participante prefiere no responder
- Dato No Recolectado

Raza y Etnia: \*

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer
- Data not collected

Raza y Etnia Adicional: \_\_\_\_\_

Género: \*

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identity (e.g., Two-Spirit)
- Transgender
- Non-Binary
- Questioning
- Different Identity
- Client doesn't know
- Client prefers not to answer
- Data not collected

Estatus de Veterano: \*

- Yes
- No
- Client Doesn't Know
- Client prefers not to answer
- Data Not Collected

Show Address and Contact Information:

## Family Information

Use this section to collect data about a client's family. The Family search field allows you to search for and select an existing family account. This is appropriate when adding a family member to an existing family.

Familia: \_\_\_\_\_

Relación con Jefe de Familia:\*  Participante  
 Hijo  
 Hija  
 Niño Dependiente  
 Esposa(o)  
 Otro Miembro Familiar  
 Otro Miembro No-Familiar

Hidden - FamilyAcct: 35037

Fecha de Inicio: \_\_\_\_\_

Fecha de Terminación: \_\_\_\_\_

## Family Members

The selected client's family members are displayed below. You may search for existing clients to add to this family or add new clients to the database and associate them with this family.

It's important to note that family members are the people who the client is related to. Family isn't always the same as a client's household. According to HUD "[a] household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)." (Data Manual)

This workflow will allow you to enroll all family members or select which family members you want to enroll.

1 result found (+1).+

<input type="checkbox"/> Nombre*	Middle Name	Apellido Paterno*	Apellido Materno	Suffix	Name Quality*	Birth Date*	Age	Birth Date Quality*	Gender*	SSN	SSN Quality*	Relationship to Head of Household*	Veteran Status*	Race*	Pregnancy Status	Pregnancy Due Date
<input type="checkbox"/> José		Casanova			<input type="checkbox"/> Nombre Completo <input type="checkbox"/> Parcial, Nombre de Calle, o Codigo de Nombre Reportado <input type="checkbox"/> Participante No Sabe <input type="checkbox"/> Participante Rehusó Contestar <input type="checkbox"/> Dato No Recolectado		31	<input type="checkbox"/> Fecha de Nacimiento Reportada Completa <input type="checkbox"/> Fecha de Nacimiento Aproximada o Parcial <input type="checkbox"/> Participante No Sabe su Fecha de Nacimiento <input type="checkbox"/> Participante Rehusó Contestar <input type="checkbox"/> Dato No Recolectado	Non-Binary	_____- _____- _____-	<input type="checkbox"/> NSS Completo <input type="checkbox"/> NSS Aproximado or Parcial <input type="checkbox"/> Participante No Sabe su NSS <input type="checkbox"/> Participante prefiere no responder <input type="checkbox"/> Dato No recolectado	<input type="checkbox"/> Participante <input type="checkbox"/> Hijo <input type="checkbox"/> Hija <input type="checkbox"/> Niño <input type="checkbox"/> Dependiente <input type="checkbox"/> Esposa(o) <input type="checkbox"/> Otro <input type="checkbox"/> Miembro Familiar <input type="checkbox"/> Otro <input type="checkbox"/> Miembro No-Familiar	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	American Indian, Ala...	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No Sabe <input type="checkbox"/> Rehusó Data not collected	
<input type="checkbox"/>					<input type="checkbox"/> Nombre Completo <input type="checkbox"/> Parcial, Nombre de Calle, o Codigo de Nombre Reportado <input type="checkbox"/> Participante No Sabe <input type="checkbox"/> Participante Rehusó Contestar <input type="checkbox"/> Dato No Recolectado		N/A	<input type="checkbox"/> Fecha de Nacimiento Reportada Completa <input type="checkbox"/> Fecha de Nacimiento Aproximada o Parcial <input type="checkbox"/> Participante No Sabe su Fecha de Nacimiento <input type="checkbox"/> Participante Rehusó Contestar <input type="checkbox"/> Dato No Recolectado	...	_____- _____- _____-	<input type="checkbox"/> NSS Completo <input type="checkbox"/> NSS Aproximado or Parcial <input type="checkbox"/> Participante No Sabe su NSS <input type="checkbox"/> Participante prefiere no responder <input type="checkbox"/> Dato No recolectado	<input type="checkbox"/> Participante <input type="checkbox"/> Hijo <input type="checkbox"/> Hija <input type="checkbox"/> Niño <input type="checkbox"/> Dependiente <input type="checkbox"/> Esposa(o) <input type="checkbox"/> Otro <input type="checkbox"/> Miembro Familiar <input type="checkbox"/> Otro <input type="checkbox"/> Miembro No-Familiar	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	...	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No Sabe <input type="checkbox"/> Rehusó Data not collected	

## HUD Program Enrollment

Select the Project you are enrolling the client into.  
ClientTrack will display a list of clients in the client's family.  
Please select all the clients you are enrolling.

The **Project Start Date** is:

- For **Street Outreach** projects – it is the date of first contact with the client.
- For **Emergency Shelters** – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date and will allow clients to re-enter as necessary without “exiting and restarting” for each stay for a specified period.
- For **Safe Havens** and **Transitional Housing** – it is the date the client moves into the residential project (i.e. first night in residence).
- For all types of **Permanent Housing**, including **Rapid Re-Housing** – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
  1. Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered
  2. The client has indicated they want to be housed in this project
  3. The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- For all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project:

- \*  Coordinado Ejemplo
- Albergue Ejemplo de RHY
- Programa Ejemplo de Albergue de Emergencia ESG
- Programa Ejemplo Prevencion
- Adiestramiento DQ PSH
- Ejemplo Permanente (PSH)-VASH
- Ejemplo - RRRH 2024
- Ejemplo - RRRH Services Only 2024
- Rapid Rehousing Ejemplo
- SSVFO
- Ejemplo Proyecto Servicios(SSO)
- Ejemplo Outreach
- Programa PATH - Ejemplo
- Ejemplo de Vivienda Transitoria HUD
- Ejemplo Transitoria HOPWA

Municipio de donde proviene::

- Aibonito
- Arecibo
- Barceloneta
- Barranquitas
- Bayamon
- Camuy
- Carolina
- Catano
- Ciales
- Comerio
- Corozal
- Dorado
- Florida
- Guaynabo
- Lares
- Morovis
- Naranjito
- Orocovis
- San Juan
- Toa Alta
- Toa Baja
- Utuado
- Vega Alta
- Vega Baja
- Adjuntas
- Aguada
- Aguadilla
- Aguas Buenas

- Arroyo
- Anasco
- Cabo Rojo
- Caguas
- Canovanas
- Cayey
- Ceiba
- Cidra
- Coamo
- Culebra
- Fajardo
- Guayama
- Guayanilla
- Gurabo
- Guanica
- Hatillo
- Hormigueros
- Humacao
- Isabela
- Jayuya
- Juana Diaz
- Juncos
- Lajas
- Las Marias
- Las Piedras
- Loiza
- Luquillo
- Manati
- Maricao
- Maunabo
- Mayaguez
- Moca
- Naguabo
- Patillas
- Penuelas
- Ponce
- Quebradillas
- Rincon
- Rio Grande
- Sabana Grande
- Salinas
- San German
- San Lorenzo
- San Sebastian
- Santa Isabel
- Trujillo Alto
- Vieques
- Villalba
- Yabucoa
- Yauco

Servicio a causa de Sismo 2020:

## Información COVID - 19

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¿Ha recibido información u orientación sobre COVID-19?\*  Sí  
 No

## Rastreo de Viaje Personal

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¿Ha viajado recientemente a un área conocida con propagación local de COVID-19 en los pasados 15 días?  Sí  
 No

### Rastreo de Contacto con Viajeros

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¿Ha estado en contacto con alguna persona (familiar o persona cercana) que haya viajado en los últimos 15 días?  Sí  
 No

### Rastreo de Contacto con Contagiados

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¿Has estado en contacto cercano (a menos de 6 pies) con alguien que tiene un diagnóstico confirmado por COVID - 19 en los últimos 15 días?  Sí  
 No

Vive en un lugar agrupado con otras personas:

Sí  
 No

### Rastreo de Posible Caso de Alto Riesgo

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Padece de una enfermedad?  Sí  
 No

¿Está embarazada y padece de una enfermedad?  Sí  
 No

### Rastreo de Síntomas Sospechosos

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¿Tiene o ha tenido fiebre (más de 100.4 F o 38.0 C) O síntomas de enfermedades de las vías respiratorias inferiores como tos seca, falta de aliento o dificultad para respirar por los pasados 15 días? :\*  Sí  
 No

¿Algún médico le ha recomendado mantenerse en aislamiento?

Sí  
 No

### Rastreo en Aislamiento

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¿En qué lugar ha estado en aislamiento?  Calle, auto, lugar no apto para vivir  
 Albergue de emergencia  
 Vivienda Transitoria  
 Vivienda Permanente  
 Casa de familiar o conocido  
 Otro

### Pruebas/Laboratorios

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Se realizó la prueba del COVID-19? \*  Sí  
 No

¿Se ha vacunado de influenza en los últimos 45 días?  Sí  
 No

## Hospitalizacion y Recuperacion

Fecha de Hospitalizacion: \_\_\_\_\_

Fecha de Recuperacion: \_\_\_\_\_

Si la persona responde 'sí' a algún síntomas sospechosos y tiene más de 55 años, debe ser transportado al hospital para su análisis.

Si la persona responde que sí a algún síntomas sospechosos y tiene alguna enfermedad en la lista de padecimientos, debe ser transportado al hospital para evaluación médica.

## Household

*Excerpt from the HMIS Data Standards Manual* "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*
<input type="checkbox"/>	Casanova, José	Non-Binary	31	_____	_____	_____	<input type="checkbox"/> Participante <input type="checkbox"/> Pariente <input type="checkbox"/> Hijo <input type="checkbox"/> Hija <input type="checkbox"/> Niño Dependiente <input type="checkbox"/> Abuelo <input type="checkbox"/> Guardian <input type="checkbox"/> Esposa(o) <input type="checkbox"/> Otro Miembro Familiar <input type="checkbox"/> Otro Miembro No-Familiar <input type="checkbox"/> Otro Cuidador <input type="checkbox"/> Ex Spouse

## Universal Data Assessment

Complete the information below related to the selected client's housing status and other relevant information. Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data. Changing any project setup data with existing enrollments may affect or break the logic for 3.917. 3.917 may not always show as expected because of changed setup data or missing required data links

Assessment Date: \* \_\_\_\_\_

Age at Assessment: 31

Assessment Type: \*  Entry  
 During Program Enrollment/Update  
 Annual  
 Exit  
 Post Exit/Follow Up  
 Other

Assessor: \* \_\_\_\_\_

Program:  Adiestramiento DQ PSH  
 Albergue Ejemplo de RHY  
 Coordinado Ejemplo  
 Ejemplo - RRH 2024  
 Ejemplo - RRH Services Only 2024  
 Ejemplo - Veteranos  
 Ejemplo de Vivienda Transitoria HUD  
 Ejemplo Outreach  
 Ejemplo Permanente (PSH)-VASH  
 Ejemplo Proyecto Servicios(SSO)  
 Ejemplo Transitoria HOPWA  
 Ejemplo VA program  
 Ejemplo Vivienda TransitoriaNo afiliada  
 Programa Ejemplo de Albergue de Emergencia ESG  
 Programa Ejemplo de Albergue de Emergencia ESG  
 Programa Ejemplo Prevencion  
 Programa PATH - Ejemplo  
 Rapid Rehousing Ejemplo  
 SSVFO

Disabling Condition:\*  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

## Enrollment CoC

Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. Enrollment CoC will be defaulted to the program's CoC within a workflow.

Enrollment CoC:\*  PR-502 - Puerto Rico Balance of Commonwealth CoC

## Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Prior Living Situation: \*  Lugar no destinado a vivienda (por ejemplo, un vehículo, un edificio abandonado, autobús / estación de tren / metro / aeropuerto o en cualquier lugar fuera)  
 Refugio de emergencia, incluyendo hotel o motel pagado con un vale de refugio de emergencia  
 Safe Haven  
 Hogar de Crianza u Hogar de Crianza Grupal  
 Hospital u otro centro médico no psiquiátrico residencial



- Cárcel, prisión o centro de detención juvenil
- Centro de atención a largo plazo o el hogar de ancianos
- Hospital psiquiátrico u otra institución psiquiátrica
- Facilidad para Tratamiento de Abuso de Sustancias o Centro de Desintoxicación
- Vivienda Transitoria para personas sin hogar (incluyendo jóvenes sin hogar)
- Proyecto residencial o centro de rehabilitación sin ningún criterio para personas sin hogar
- Hotel o motel pagado sin bono de refugio de emergencia
- Host Home (non-crisis)
- Quedandose o viviendo en la habitación de un amigo, apartamento o casa
- Quedandose o viviendo en la habitación de un miembro de la familia, apartamento o casa
- Alquiler por participante, sin subsidio de vivienda en curso
- Alquiler por participante, con otro (no VASH) subsidio de vivienda
- Propiedad de cliente, con subsidio de vivienda en curso
- Propiedad de participante, sin subsidio de vivienda en curso
- Participante No Sabe
- Participante Rehusó

Length of stay in prior living situation:

- \*  Un día o menos
- Dos días a una semana
- Más de una semana, pero menos que un mes
- Uno a tres meses
- Más de tres meses, pero menos que un año
- Un año o más
- Participante No Sabe
- Participante Rehusó
- Data No Recolectada

Approximate Date this episode of homelessness started:

\* \_\_\_\_\_

Regardless of where they stayed last night—Number of times the client has been on the streets, in ES, or SH in the past three years including today:

- \*  Una Vez
- 2 Veces
- 3 Veces
- 4 o más veces
- Participante No Sabe
- Participante Rehusó
- Data No Recolectada

Total number of months homeless on the street, in ES, or SH in the past three years :

- \*  Un Mes (esta vez es el primer mes)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Mas de 12 meses
- No sabe
- Rehusó
- Data no recolectada

## Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

- Covered by Health Insurance:\*
- Yes
  - No
  - Client Doesn't Know
  - Client prefers not to answer
  - Data Not Collected

Type	Status	Reason No	Other Coverage
Privado - Individual	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Privado - Patrono	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Medicare	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Medicaid	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Programa de Seguro de Salud del Estado para Niños-S-CHIP o nombre local	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
State Health Insurance for Adults (or use local name)	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____
Health Insurance obtained through COBRA	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	_____

Type	Status	Reason No	Other Coverage
<input type="checkbox"/> Servicio de Salud Indio - Indian Health Service (IHS)	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<hr/>
<input type="checkbox"/> Otro	<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type n/a for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	<hr/>

## Barriers

Use this form to identify whether a client has each individual barrier or not. The Client's last assessment is displayed as a default. You may, optionally, click **Previous Barriers Detail** to view information about the defaulted records or click **View Barrier History** to review all previous barriers.

Assessment Active

Identified Date: \*

Screen:

- Barriers
- HMIS Barriers
- RHY Barriers
- ESG Barriers
- Encounters
- Addiction

Disabling Condition:

- Yes
- No
- Client Doesn't Know
- Client prefers not to answer
- Data Not Collected

<input type="checkbox"/> Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details	Date Last Verified	Last Assessed By	Organization	Last Assessed Status: Barrier Present
<input type="checkbox"/> Trastorno por consumo de alcohol	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No
<input type="checkbox"/> Condición Crónica de Salud	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No
<input type="checkbox"/> Discapacidad del Desarrollo	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No
<input type="checkbox"/> Trastorno por consumo de drogas	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No
<input type="checkbox"/> HIV/AIDS	?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No
<input type="checkbox"/> Trastorno de salud mental	?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No

Barrier	Help	Barrier Present?*	Condition is Indefinite	Explanation	Previous Barrier Details	Date Last Verified	Last Assessed By	Organization	Last Assessed Status: Barrier Present
<input type="checkbox"/> Discapacidad Física	<input type="checkbox"/> ?	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	<hr/>	<input type="checkbox"/> Previous Barrier	11/21/2022	Josue O. Rivera Morales	Solo Por Hoy, Inc.	No

## Domestic Violence Assessment

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If the client is a survivor of domestic violence, select Yes for Domestic Violence Experience, and select when the experience occurred.

Assessment Active

Assessment Date: \* \_\_\_\_\_

Domestic Violence Experience : \*  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

## Income and Sources, Non-Cash Benefits

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, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. 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." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for \$15.00/hour, but the client is currently working 20 hours per week for \$12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at \$12.00 an hour).

Assessment Active

Assessment Date: \* \_\_\_\_\_

Income from Any Source: \*  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

Non-Cash Benefits from Any Source:\*  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

Expenses:  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

## Income

<input type="checkbox"/>	Type	Description	Monthly Amount
<input type="checkbox"/>	Earned Income (i.e., employment income)	_____	_____
<input type="checkbox"/>	Unemployment Insurance	_____	_____
<input type="checkbox"/>	Supplemental Security Income (SSI)	_____	_____
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	_____	_____
<input type="checkbox"/>	Veteran's Disability Payment	_____	_____
<input type="checkbox"/>	Private Disability Insurance	_____	_____
<input type="checkbox"/>	Worker's Compensation	_____	_____
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	_____	_____
	Count/Total Monthly Income:	1	\$500.00

<input type="checkbox"/> Type	Description	Monthly Amount
<input type="checkbox"/> General Assistance	_____	_____
<input type="checkbox"/> Retirement income from Social Security	_____	_____
<input type="checkbox"/> Veteran's Pension	_____	_____
<input type="checkbox"/> Other Pension	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> Alimony or other spousal support	_____	_____
<input type="checkbox"/> Other Income	_____	_____
Count/Total Monthly Income:	1	\$500.00

### Non-Cash Benefits

<input type="checkbox"/> Type	Description	Monthly Amount
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)	_____	_____
<input type="checkbox"/> MEDICAID	_____	_____
<input type="checkbox"/> MEDICARE	_____	_____
<input type="checkbox"/> State Children's Health Insurance Program	_____	_____
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	_____	_____
<input type="checkbox"/> Veteran's Administration Medical Services	_____	_____
<input type="checkbox"/> TANF Child Care Services	_____	_____
<input type="checkbox"/> TANF Transportation Services	_____	_____
<input type="checkbox"/> Other TANF-funded Services	_____	_____
<input type="checkbox"/> Section 8, Public Housing, or Other Ongoing Rental Assistance	_____	_____
<input type="checkbox"/> Other Source	_____	_____
<input type="checkbox"/> Temporary rental assistance	_____	_____
<sup>1</sup> Deprecated in 2017 (HMIS v6.1)Count/Total Monthly Income:	2	\$120.00

### Expenses

- Expense Group:
- Hogar
  - Automotriz
  - Comida
  - Médico
  - Otro



8 results found.

<input type="checkbox"/>	Type	Description	Amount*	Details
<input type="checkbox"/>	Car Payment	_____	_____	Details
<input type="checkbox"/>	Groceries	_____	_____	Details
<input type="checkbox"/>	Miscellaneous	_____	_____	Details
<input type="checkbox"/>	Rent	_____	_____	Details
<input type="checkbox"/>	Car Insurance	_____	_____	Details
<input type="checkbox"/>	Mortgage	_____	_____	Details
<input type="checkbox"/>	Gasoline	_____	_____	Details
<input type="checkbox"/>	Maintenance	_____	_____	Details
Count/Total:			0	\$0.00

## Translation Assistance Assessment

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Select the appropriate translation assistance needed option at the time of assessment. If the client needs translation assistance, record the preferred languages below. Specify other if applicable.

Assessment Active

Assessment Date: \* \_\_\_\_\_

Translation Assistance Needed: \*  Yes  
 No  
 Client Doesn't Know  
 Client prefers not to answer  
 Data Not Collected

Preferred Language: \*  English  
 French  
 Mixteco  
 Spanish  
 Different Preferred Language  
 Client Doesn't Know  
 Client Prefers Not to Answer  
 Data Not Collected