|  |  |
| --- | --- |
| **QUESTIONS ON GENERAL HMIS ENTRY** (does not include RRH, Street Outreach, or HOPWA) | **RHYMIS ENTRY** (does not include all RHYMIS fields) |
| **HUD QUESTIONS** |  |
| Relationship to Head of Household | YES |
| DV Victim/survivor | YES |
| If yes, when experience occurred | YES |
| Residence Prior to project Entry | YES |
| If Other, specify | YES |
| Length of Stay in Previous Place | YES |
| Client Location | YES |
| Continuously Homeless for at least 1 Year | YES |
| Number of Times the Client has been Homeless in the Past Three Years | YES |
| If 4 or more, total # of months homeless in the past 3 years | YES |
| Total number of months continuously homeless immediately prior to project entry | YES |
| Length of Time Homeless – Status Documented | YES |
| Has client lived in an adult care home in 2012?  | YES |
| If yes, select home | YES |
| Does the client have a disabling condition? | YES |
| Disability Subassessment | YES |
| Income from Any Source (Y/N) | YES |
| Monthly Income Subassessment | YES |
| Non-cash benefit from any source (Y/N) | YES |
| Non-Cash Benefits Subassessment | YES |
| Covered by Health Insurance (Y/N) | YES |
| Health Insurance Subassessment | YES |
| **GOVERNANCE COMMITTEE QUESTIONS** | YES |
| Primary Reason for Homelessness | ?? Young Person’s Critical Issues questions |
| If other, please specify | See above |
| Highest Level of Education Attained | Last Grade Completed – required field for RHYMIS |
| Employment Status | Employment? (Y/N), If Yes, Type (Full, PT, Seasonal) If No, Why not – Fields to match MCAH form for RHYMIS |
| **MISCELLANEOUS QUESTIONS** |  |
| Is the client an ex-offender | No |
| Client notes (non-confidential) | No |
| **DISCONTINUED QUESTIONS** |  |
| Is Client Homeless  | No |
| Is Client Chronically Homeless | No |
| Is Juvenile Parent | No |
| % of county median income | No |
| Zip Code (of Last Permanent Address) | YES |
| Zip data quality | YES |
| Secondary Reason for Homelessness | No |
| Is client homeless due to foreclosure | No |
| Where client stayed the night before coming to you | No |
| Has client ever served in the military |  |

YOUNG PERSON’S CRITICAL ISSUES

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** | **Yes** | **No** | **Not Collected** |
| Household Dynamics |  |  |  |
| Sexual Orientation /Gender Identity (**YOUTH**) |  |  |  |
| Sexual Orientation/Gender Identity (*FAMILY MEMBER*) |  |  |  |
| Housing Issues (**YOUTH**) |  |  |  |
| Housing Issues (*FAMILY MEMBER*) |  |  |  |
| School or Educational Issues (**YOUTH**) |  |  |  |
| School or Educational Issues (*FAMILY MEMBER*) |  |  |  |
| Unemployment (**YOUTH**) |  |  |  |
| Unemployment *(FAMILY MEMBER)* |  |  |  |
| Mental Health Issues (**YOUTH**) |  |  |  |
| Mental Health Issues (*FAMILY MEMBER*) |  |  |  |
| Health Issues (**YOUTH**) |  |  |  |
| Health Issues (*FAMILY MEMBER*) |  |  |  |
| Physical Disability (**YOUTH**) |  |  |  |
| Physical Disability (*FAMILY MEMBER*) |  |  |  |
| Mental Disability (**YOUTH**) |  |  |  |
| Mental Disability (*FAMILY MEMBER*) |  |  |  |
| Abuse and Neglect (**YOUTH**) |  |  |  |
| Abuse and Neglect (*FAMILY MEMBER*) |  |  |  |
| Alcohol or other drug abuse (**YOUTH**) |  |  |  |
| Alcohol or other drug abuse (*FAMILY MEMBER*) |  |  |  |
| Insufficient Income to Support Youth |  |  |  |
| Active Military Parent (*FAMILY MEMBER*) |  |  |  |
| Incarcerated Parent of Youth |  |  |  |
| *If Yes for Incarcerated Parent of Youth, Please specify:** One parent/legal guardian is incarcerated
* Both parents/legal guardians are incarcerated
* The only parent/legal guardian is incarcerated
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