HMIS Client ID	:		Project Sta	rt Date:							
Client Profile: Complete for ALL household members											
	ormation (List everyor		ehold, rela	ted & unrelated.)							
	List everyor	Relationship		Date of		٦					
First Name	Last Name	to HoH	SSN	Birth	Race and Ethnicity						
		SELF				1					
						1					
						┨					
						-					
						┥					
						-					
						-					
KEY:			ļ		ļ	_					
U.S Military Ve Yes Gender: Option Woma	H; White= W; Addition eteran? Answer for all No nal, non-federal field n (Girl, if child) = W; Malestioning = Q; Differen	Adults in household (lan (Boy, if child) = M	(18 years o	lder)	CSI; Transgender = T;	Non-Binary =					
	Information: Complet		nold								
		Db / #									
Contact Date		Pnone (#	F2)								
_	nt permission, this wo	uld be a place to add	l emergenc	y contact, alterna	tive contact, mailing (address, etc.					
left blank at pr	ent: -in Date Answer for alloject enrollment if the -in Date:	client is not yet perr	•		ote: Housing Move-in	Date may be					
· ·											
Prior Living Sit	uation: Answer for Ho	н and all Adults									
Type of Reside											
		HOMELESS SITU	ATIONS								
☐ Emergency	shelter, including hot	el or motel paid for v	vith emerg	ency shelter vouch	ner, Host Home						

☐ Place not meant for habitation							
INSTITUTIONAL SITUATIONS							
☐ Foster care home or foster care group home							
☐ Hospital or other residential non-psychiatric medical facility							
☐ Jail, prison, or juvenile detention facility							
☐ Long-term care facility or nursing home							
☐ Psychiatric hospital or other psychiatric facility							
☐ Substance abuse treatment facility or detox center							
TEMPORARY HOUSING SITUATIONS							
☐ Transitional housing for homeless persons (including homeless youth)							
Residential project or halfway house with no homeless criteria							
☐ Hotel or motel paid for without emergency shelter voucher							
☐ Host Home (non-crisis)							
☐ Staying or living with family (temporary) room, apartment, or house							
☐ Staying or living with friends (temporary) room, apartment, or house							
PERMANENT HOUSING SITUATIONS							
☐ Staying or living with family (permanent)							
☐ Staying or living with friends (permanent)							
☐ Rental by client, no ongoing housing subsidy							
☐ Rental by client, with ongoing housing subsidy (if selected, answer 'Rental Subsidy Type' below)							
☐ Owned by client, with ongoing housing subsidy							
☐ Owned by client, no ongoing housing subsidy							
Rental Subsidy Type: Answer if 'Rental by client, with ongoing housing subsidy' is selected.							
☐ GPD TIP housing subsidy							
☐ VASH housing subsidy							
☐ RRH or equivalent subsidy							
☐ HCV voucher (tenant or project based) (not dedicated)							
☐ Public housing unit							
☐ Rental by client, with other ongoing housing subsidy							

	☐ Housing Stability Voucher									
	☐ Family Unification Program Voucher (FUP)									
	☐ Foster Youth to Independence Initiative (FYI)									
	☐ Permanent Supportive Housing									
☐ Other permanent housing dedicated for formerly homeless persons										
ength o	of Stay in Prior Living Situ	ıation:								
	ngth of Stay in Prior Living Situation: One day or less One month or more, but less than 90 days									
	Day to six nights							nan one year		
	week or more, but less	than on				ear or longe		ian one year		
<u> </u>	week of filore, but less	tilali Ol	le month		One	real of longe	:1			
Approxir	mate Date This Episode	of Hom	elessness Started:							
Number	of times on the streets,	in ES, c	or Safe Haven in the pa	st t	hree	years:				
☐ One	time	☐ Two	times		☐ Three times			☐ Four or more times		nes
otal nu	mher of months homele	icc on th	na straats in FS or Saf	ΔН	aven	in the nast 3	l vearce			
	One month (This is first month)									
· · · · · · · · · · · · · · · · · · ·		5	8			□ 11				
<u> </u>						<u> </u>				
_			J				han 12 month			
Disablin	g Conditions and Barrie	rs: Ansı	wer for all household m	nen	nbers	(Adults and		11011111	15]
	•		, , , , , , , , , , , , , , , , , , , ,				,			
	e client have a disabling	condition	1							
	ity Type		Disability Determin	ati	ion If Yes, long term?		term?		\dashv	
	Use Disability		□Yes □ No			□Yes □ No				
Both Al	cohol and Drug Use Disa	ability	□Yes □ No			□Yes □ No				
Drug U	se Disability		□Yes □ No			□Yes □ No				
Chronic	Health Condition		□Yes □ No		□Yes □ No					
Developmental Disability				Automatically considered long to		red long tern	1			
Mental	Health Disability		□Yes □ No			□Yes □ No				
Physica	hysical					□Yes □ N	0			

HIV/AIDS Ye	es 🔲 No		Automatically considered long term				
Survivor of Domestic Violence: Answer for Ho	H and all Ad	dults in house	hold (18 years old	er)			
□Yes □No							
If Yes for domestic violence survivor, w	hen experie	ence occurre	d:				
☐ Within the past three months		☐ From six to twelve months ago					
☐ Three to six months ago		☐ More tha	n a year				
If Yes for domestic violence survivor, a **Monthly Income: Answer for HoH and all Adult **Total Company of the Company of th	·						
ncome from Any Source: Yes No	Т	otal Monthly	Income:				
Source of Income	Rec	eiving Incom	e Source?	Monthly Amount			
Alimony or Other Spousal Support	□Ye	es .	□No	\$			
Child Support	□Ye	es	□No	\$			
Earned Income	□Ye	2S	□No	\$			
General Assistance	□Ye	2S	□No	\$			
Other	□Ye	?S	□No	\$			
Pension or retirement income from another j	ob 🔲 Ye	?S	□ No	\$			
Private Disability Insurance	□Ye	2S	□No	\$			
Retirement Income from Social Security	□Ye	?S	□No	\$			
SSDI		<u>.</u>	□No	\$			
SI		2S	□No	\$			
TANF – (VT Reach Up)	□Ye	2S	□No	\$			
Unemployment Insurance	□Ye	2S	□No	\$			
VA Non-Service Connected Disability Pension	□Ye	<u>.</u>	□No	\$			
VA Service Connected Disability Compensation	on 🔲 Ye	?S	□No	\$			
Workers Compensation	□Ve).	□ No	\$			

Non-Cash Benefits: Answer for HoH and all Adults in household (18 years older)

Source of Income		Receiving Income S	Source?	
Supplemental Nutrition Assistance Program (Food S	lemental Nutrition Assistance Program (Food Stamps)			
Special Supplemental Nutrition Program for WIC		□Yes	□No	
TANF Child Services		□Yes	□No	
TANF Transportation Services		□Yes	□No	
Other TANF-Funded Services		⊒Yes	□No	
Other Source		□Yes	□No	
nsurance: Answer for all household members (Adults Covered by Health Insurance: □Yes □ No	s and Children,			He
Source:				
MEDICAID	□Yes	□ No		
MEDICARE	□Yes	□ No		
State Children's Health Insurance Program	□Yes	□No		
Veteran's Health Administration (VHA)	□Yes	□No		
Employer – Provided Health Insurance	□Yes	□No		
Health Insurance obtained through Cobra	□Yes	☐ No		
Private Pay Health Insurance	□Yes	☐ No		
State Health Insurance for Adults	□Yes	□No		
Indian Health Services Program	□Yes	□ No		
Other	□Yes	□ No		
SH Program Specific Fields: Employment, Job Training & Education Answer for H	loH and all Adu	ults in Household		
Employed? (Client employed at enrollment?)	□Yes	□No		
In job training and/or education program?	□Yes	□ No		
ast Grade Completed Answer for HoH and all Adults	in Household	<u> </u>		

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☐ Grades 5 - 6	ee				
☐ Grades 7 - 8 ☐ Bachelor's degree			ee		
☐ Grades 9 – 11	☐ Graduate degree				
☐ Grade 12	☐ Voc	ational Certi	fication		
☐ School Program does not have grade levels	☐ Clie	ent doesn't kr	now		
□ GED	☐ Clie	ent refused			
Household Composition Answer for Head of Household Only					
Number of children 7 -17:					
Number of children 6 and under:					
Financial Empowerment Answer for Head of Household Only					
Use federally insured banking services?	□Yes		No		
Does client have a savings account?	□Yes □ No		No		
Does client have a checking account?	□Yes □ No		No		
Financial capability scale score at enrollment (enter score)					
Engagement and Social Support Answer for Head of Househo	old Only	/			
Social supports score at enrollment (enter score)					
Child Safety Answer for Head of Household Only					
Is there an open DCF case at enrollment?		□Yes	□ No		
Have you or your family ever been involved with DCF in the	past?	□Yes	□No		
Current placement of child Answer on Head of Household red	cord an	d all Child red	cords in househ	hold	
Child Health & Wellness Answer for Head of Household Only					
Number of children up to date on well-child pediatric visits (enter r	number)			
Number of children receiving mental health services (enter	numbe	r)			
Are children enrolled in a licensed or registered childcare program?					□ No
Within the past 12 months we worried whether food would out before we got money to buy more	run	☐ Often true	e Sometim	nes true	☐ Never true

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Within the past 12 months the food we bought just didn't last and we didn't have money to get more	ast		☐ Sometimes true	☐ Never true			
Rental Support Answer for Head of Household Only							
Affordable Housing (project-based housing, usually a tax-cre	t) 🔲 Yes	□ No					
CoC-funded Rapid Re-housing Subsidy		□Yes	□ No	1			
Family Unification Voucher		□Yes	□No	7			
Housing Choice or "Section 8" Voucher		□Yes	□No	7			
Housing Opportunity Program ("HOP") Rapid Re-housing Sub	□Yes	□ No]				
Paying full rent in a market rate apartment			□ No]			
Public Housing	□Yes	□ No]				
Transitional Housing	□Yes	□ No]				
Vermont Rental Subsidy			□ No				
Additional Information Sex: Answer for all household members (Adults and Children)							
☐ Male ☐ Female							
☐ Client Doesn't Know	☐ Clie	ent Prefers Not	to Answer				
☐ Data Not Collected							