

Staff: _____ Project Start Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record

i Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

Name _____
First Middle Last Suffix

Name Data Quality ☐ Full Name Reported ☐ Partial, Street Name, or Code Name Reported
☐ Client doesn't know ☐ Client prefers not to answer

i Best practice is to collect all nine digits of the SSN for all clients; CoC-, ESG-, and PATH-funded projects are only required to attempt to collect the last four digits of the SSN. Other projects must attempt to collect all nine digits of the SSN, though clients can refuse all or part of the SSN. Unless explicitly requested by the client, the first five digits of the SSN should not be deleted if previously recorded in HMIS.

Social Security Number

_____-_____-_____
☐ Full SSN Reported ☐ Approximate or Partial SSN Reported ☐ Client doesn't know ☐ Client prefers not to answer

U.S. Veteran ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Client Demographics

Date of Birth ____/____/_____
☐ Full DOB Reported ☐ Approximate or Partial DOB Reported ☐ Client doesn't know ☐ Client prefers not to answer

Gender(s) ☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity (e.g. Two-Spirit)
select all that apply ☐ Transgender ☐ Non-Binary ☐ Questioning
☐ Different Identity (specify): _____ ☐ Client doesn't know ☐ Client prefers not to answer

Race(s) and Ethnicity ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American
select all that apply ☐ 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

Additional Race & Ethnicity
optional, specify

Relationship to Head of Household ☐ Self ☐ Head of household's child
☐ Head of household's spouse or partner ☐ Other: non-relation member
☐ Head of household's other relation member (other relation to head of household)

RHY Basic Center Program Status

Date of Status Determination ____/____/____

Youth Eligible for RHY Services ☐ No ☐ Yes

If no, reason why services are not funded by BCP grant

☐ Out of age range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification
☐ Other

If yes, runaway youth

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

