**HMIS Iowa PC Entry - for Dependent Children Under 18 HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client’s Name:**(write in name and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_ Full name \_\_\_\_\_Partial, street or code name \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer |
| **Social Security Number (SSN)** (write in SSN and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full SSN \_\_\_\_\_Approx. or partial SSN \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **If different from head of household: Project Start Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Household Relationship e.g. “Son”** (write in): |
| **HUD Relationship to Head of Household** (check 1):\_\_\_\_\_Self (head of household) \_\_\_\_\_Head of Household’s spouse or partner\_\_\_\_\_Head of Household’s other relation member \_\_\_\_\_Other: Non-relation member\_\_\_\_\_**Head of Household’s Child** \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **Date of Birth (DOB)** (write in DOB and check 1 data quality option): **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_Full DOB \_\_\_\_\_Approx. or partial DOB \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **Race and Ethnicity:** (check as many as applicable): \_\_\_\_\_ American Indian, Alaska Native, or Indigenous \_\_\_\_\_ Asian or Asian American \_\_\_\_\_ Black, African American, or African \_\_\_\_\_ Hispanic/Latina/o\_\_\_\_\_ Middle Eastern or North African \_\_\_\_\_ Native Hawaiian or Pacific Islander\_\_\_\_\_ White Additional Detail (if desired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer   |
| **Sex:**\_\_\_\_\_\_ Male          \_\_\_\_\_\_ Female            \_\_\_\_\_\_ Client Doesn’t Know          \_\_\_\_\_\_ Client Prefers Not to Answer     |
| ­**Gender** (check as many as applicable):\_\_\_\_\_ 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 If different identity, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
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| **Does client have a disability of long duration** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers Not to Answer**  |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
| **Alcohol use disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Drug use disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Both alcohol and drug use disorders** |  Y N DK PNA  |  Y N DK PNA  |
| **Chronic health condition** |  Y N DK PNA  |  Y N DK PNA  |
| **Developmental disability** |  Y N DK PNA  |  Y N DK PNA  |
| **HIV/AIDS** |  Y N DK PNA  |  Y N DK PNA  |
| **Mental health disorder** |  Y N DK PNA  |  Y N DK PNA  |
| **Physical disability** |  Y N DK PNA  |  Y N DK PNA  |

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| **Covered by health insurance** (check 1 and complete grid below):\_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  |
| Insurance Type | Yes | No | Insurance Type | Yes | No |
| MEDICAID |  |  | Employer-provided insurance |  |  |
| MEDICARE |  |  | Health insurance through COBRA |  |  |
| State children’s health insurance |  |  | Private pay health insurance |  |  |
| Veteran’s Health Administration (VHA) |  |  | State health insurance for adults |  |  |
| Indian Health Services Program |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |