**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |