

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### Universal Informator

##### -1. Participant Program Entry Date

\_\_/\_\_/\_\_

##### -2. At what point is this data being collected?

- Intake (At Program Enrollment)       Mid-Program (At least annual)       Program Exit

##### -3. This client is...

- a head of household       an adult who is receiving service as part of a family, but is not the head of household.       a single adult
- an unaccompanied youth       a child receiving service as part of a family

##### -4. Marital Status

- Married       Domestic Partnership       Single/never married
- Divorced       Separated       Widowed

##### -5. English Fluency

- Fluent       Sufficient for Effective Communication       Adequate for Basic Communication
- Very Limited       Speaks No English

##### -6. Housing Status

- Literally Homeless       Imminently losing their housing       Unstably housed and at-risk of losing their housing
- Stably housed       Client Doesn't Know       Client Refused to Report

##### -7. Show definitions for each Housing Status

- Click to See \*Definitions\* for each Housing Status

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#### -8. \*Literally Homeless\*

Persons who are literally homeless include people who at program entry or program exit are in one of the following:

- Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- A supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing for homeless persons);
- A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;
- Fleeing a domestic violence situation.

#### \*Imminently losing their house\*

Persons who are imminently losing their housing include people who at program entry or program exit:

- Are currently housed and not literally homeless, per above definition;
- Are imminently losing their housing, whether permanent or temporary;
- Have no subsequent housing options identified; and
- Lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing.

Examples of imminent housing loss include:

- Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);
- Being discharged from a hospital or other institution;
- Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation;

#### \*Unstably housed and at-risk of losing their housing\*

Persons who are unstably housed and at-risk of losing their housing include people who at program entry or program exit:

- Are currently housed and not literally homeless or imminently losing their housing, per above definitions;
- Are experiencing housing instability, but may have one or more other temporary housing options; and
- Lack the resources or support networks to retain or obtain permanent housing.

Housing instability may be evidenced by:

- Frequent moves because of economic reasons;
- Living in the home of another because of economic hardship;
- Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);
- Living in a hotel or motel not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations;
- Living in severely overcrowded housing;
- Being discharged from a hospital or other institution; or

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• **Otherwise living in housing that has characteristics associated with instability and an increased risk of homelessness.**

#### **\*Stably housed\***

**Persons who are stably housed are in a stable housing situation and not at risk of losing this housing (i.e., do not meet the criteria for any of the other housing response categories, per above definitions).**

#### **-9. Where did the client stay last night?**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher   | <input type="radio"/> Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> Permanent Housing for formerly homeless persons (such as SHP, S+C or SRO Mod Rehab) |
| <input type="radio"/> Psychiatric hospital or other psychiatric facility  | <input type="radio"/> Substance abuse treatment facility or detox center                   | <input type="radio"/> Hospital (non-psychiatric)  |
| <input type="radio"/> Jail, prison, or juvenile detention facility  | <input type="radio"/> Client Doesn't Know  | <input type="radio"/> Client Refused to Report  |
| <input type="radio"/> Rental by client, no ongoing housing subsidy  | <input type="radio"/> Owned by client, no ongoing housing subsidy                          | <input type="radio"/> Staying or living in a family member's room, apartment or house                     |
| <input type="radio"/> Staying or living in a friend's room, apartment or house  | <input type="radio"/> Hotel or motel paid for without emergency shelter voucher            | <input type="radio"/> Foster care home or foster care group home  |
| <input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="radio"/> Other  | <input type="radio"/> Safe Haven  |
| <input type="radio"/> Rental by client, with VASH housing subsidy   | <input type="radio"/> Rental by client, with other (non-VASH) housing subsidy              | <input type="radio"/> Owned by client, with housing subsidy   |

#### **-10. If Psychiatric hospital or other psychiatric facility, what type?**

- |                              |                               |
|------------------------------|-------------------------------|
| <input type="radio"/> Public | <input type="radio"/> Private |
|------------------------------|-------------------------------|

#### **-11. If Substance abuse treatment facility or detox center, what type?**

- |                             |   |                                  |
|-----------------------------|---|----------------------------------|
| <input type="radio"/> Detox | <input type="radio"/> Residential Treatment | <input type="radio"/> Sober home |
|-----------------------------|---|----------------------------------|

#### **-12. If Jail, prison, or juvenile detention facility...**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Massachusetts county jail   | <input type="radio"/> Massachusetts state prison     | <input type="radio"/> Federal Medical Center Devens (Formerly, Fort Devens) |
| <input type="radio"/> Juvenile detention facility | <input type="radio"/> Halfway House for Ex-Offenders | <input type="radio"/> Out-of-state facility                                 |
| <input type="radio"/> Jail Type Unknown           |  |   |

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#### -13. If Massachusetts State Facility, specify

- |  |  |  |
|--|--|--|
| <input type="radio"/> Bay State Correctional Center          | <input type="radio"/> Boston Pre-Release Center                        | <input type="radio"/> Bridgewater State Hospital           |
| <input type="radio"/> MCI-Cedar Junction                     | <input type="radio"/> MCI-Concord                                      | <input type="radio"/> MCI-Framingham                       |
| <input type="radio"/> Massachusetts Treatment Center         | <input type="radio"/> Massachusetts Alcohol and Substance Abuse Center | <input type="radio"/> MCI-Norfolk                          |
| <input type="radio"/> North Central Correctional Institution | <input type="radio"/> Northeastern Correctional Center                 | <input type="radio"/> Old Colony Correctional Center       |
| <input type="radio"/> MCI-Plymouth                           | <input type="radio"/> Pondville Correctional Center                    | <input type="radio"/> Shattuck Hospital Correctional Unit  |
| <input type="radio"/> MCI-Shirley                            | <input type="radio"/> South Middlesex Correctional Center              | <input type="radio"/> Souza Baranowski Correctional Center |

#### -14. If Massachusetts County Facility, specify

- |  |   |   |
|--|---|---|
| <input type="radio"/> Barnstable County Correctional Facility  | <input type="radio"/> Berkshire County Sheriff's Office, Jail and House of Correction | <input type="radio"/> Bristol County Jail and House of Correction (Ash Street Facility) |
| <input type="radio"/> Bristol County Women's Center  | <input type="radio"/> Bristol County Civil Process Division                           | <input type="radio"/> David R. Nelson Correctional Addiction Center                     |
| <input type="radio"/> Dukes County Jail and House of Correction  | <input type="radio"/> Essex County Correctional Facility and Sheriff's Headquarters   | <input type="radio"/> Essex County Correctional Alternative Center                      |
| <input type="radio"/> Hampden County Jail and House of Correction and Correctional Center at Stony Brook | <input type="radio"/> Hampshire County House of Correction                            | <input type="radio"/> Middlesex County Jail   |
| <input type="radio"/> Norfolk County Sheriff's Office and Correctional Center                            | <input type="radio"/> Plymouth County Correctional Facility                           | <input type="radio"/> Nashua Street Jail  |
| <input type="radio"/> Suffolk County House of Correction   | <input type="radio"/> Worcester County Jail and House of Correction                   |   |

#### -15. Was the client's stay in this institution for 90 days or more?

- Yes  No

#### -16. Please list other prior residence

#### -17. Was this stay out of state?

- Yes  No

#### -18. Length of stay at prior residence

- |  |   |   |
|--|---|---|
| <input type="radio"/> One week or less                               | <input type="radio"/> More than a week, but less than a month | <input type="radio"/> One to three months |
| <input type="radio"/> More than three months, but less than one year | <input type="radio"/> One year or longer                      | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report                       |   |   |

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#### -19. Reasons for leaving, or at-risk of losing current housing?

- Fire
- Eviction
- Threat to Health and Safety (includes Overcrowding, Violations of the State Sanitary Code and Non-domestic violence threats)
- Domestic Violence
- Medical Condition
- Natural Disaster
- Asked to Leave (current living situation)
- Other

#### -20. If other reason for leaving current residence, specify

#### -21. Does the client owe back rent to their landlord?

- Yes
- No

#### -22. If yes, how much is owed in total?

\$

#### -23. Where in the eviction process is the client?

- Arrearage/at risk of eviction
- Received 30-day notice to quit (Description: 30-day notice to quit is for all evictions other than those due to non-payment o
- Received 14-day notice to quit (Description: 14-day notice to quit is for evictions due to non-payment of rent)
- Received summary process summons and complaint
- Signed agreement for judgment for the landlord for possession (Description: for judgment for possession is also known as "agr
- Judgment issued for the landlord for possession after trial or default
- Received notice of motion for issuance of execution
- Court issued an execution
- Constable or sheriff served a 48-hour notice of levy on execution

#### -24. Zip code for the last permanent address where the client lived for at least 90 days

#### -25. Zip Code quality

- Full or Partial Zip Code Reported
- Client Doesn't Know
- Client Refused to Report

-26. If you do not know the Zip Code, you may go to this website to search for a zip code by city: [\\*http://zip4.usps.com/zip4/citytown.jsp\\*](http://zip4.usps.com/zip4/citytown.jsp) (Copy and paste this link into a new Internet Explorer window or tab)

#### -27. At some point during the past year, was the client incarcerated or in a residential treatment program for a health, mental health, or substance abuse problem for more than 30 days?

- No
- Yes

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**-28. If yes, select from the list below**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Psychiatric hospital or other psychiatric facility | <input type="radio"/> Substance abuse treatment facility or detox center | <input type="radio"/> Hospital (non-psychiatric) |
| <input type="radio"/> Jail, prison, or juvenile detention facility       |  |  |

**-29. If Psychiatric hospital or other psychiatric facility, what type?**

- |                              |                               |
|------------------------------|-------------------------------|
| <input type="radio"/> Public | <input type="radio"/> Private |
|------------------------------|-------------------------------|

**-30. If Substance abuse treatment facility or detox center, what type?**

- |                             |                                   |                                  |
|-----------------------------|-----------------------------------|----------------------------------|
| <input type="radio"/> Detox | <input type="radio"/> Residential | <input type="radio"/> Sober home |
|-----------------------------|-----------------------------------|----------------------------------|

**-31. Enter Facility Name**

**-32. If Jail, prison, or juvenile detention facility, what type?**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Massachusetts county jail   | <input type="radio"/> Massachusetts state prison     | <input type="radio"/> Federal Medical Center Devens (Formerly, Fort Devens) |
| <input type="radio"/> Juvenile detention facility | <input type="radio"/> Halfway House for Ex-Offenders | <input type="radio"/> Out-of-state facility                                 |
| <input type="radio"/> Jail Type Unknown           |  |   |

**-33. If Massachusetts State Facility, specify**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Bay State Correctional Center          | <input type="radio"/> Boston Pre-Release Center                        | <input type="radio"/> Bridgewater State Hospital           |
| <input type="radio"/> MCI-Cedar Junction                     | <input type="radio"/> MCI-Concord                                      | <input type="radio"/> MCI-Framingham                       |
| <input type="radio"/> Massachusetts Treatment Center         | <input type="radio"/> Massachusetts Alcohol and Substance Abuse Center | <input type="radio"/> MCI-Norfolk                          |
| <input type="radio"/> North Central Correctional Institution | <input type="radio"/> Northeastern Correctional Center                 | <input type="radio"/> Old Colony Correctional Center       |
| <input type="radio"/> MCI-Plymouth                           | <input type="radio"/> Pondville Correctional Center                    | <input type="radio"/> Shattuck Hospital Correctional Unit  |
| <input type="radio"/> MCI-Shirley                            | <input type="radio"/> South Middlesex Correctional Center              | <input type="radio"/> Souza Baranowski Correctional Center |

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#### -34. If Massachusetts County Facility, specify

- |  |   |   |
|--|---|---|
| <input type="radio"/> Barnstable County Correctional Facility  | <input type="radio"/> Berkshire County Sheriff's Office, Jail and House of Correction | <input type="radio"/> Bristol County Jail and House of Correction (Ash Street Facility) |
| <input type="radio"/> Bristol County Women's Center  | <input type="radio"/> Bristol County Civil Process Division                           | <input type="radio"/> David R. Nelson Correctional Addiction Center                     |
| <input type="radio"/> Dukes County Jail and House of Correction  | <input type="radio"/> Essex County Correctional Facility and Sheriff's Headquarters   | <input type="radio"/> Essex County Correctional Alternative Center                      |
| <input type="radio"/> Hampden County Jail and House of Correction and Correctional Center at Stony Brook | <input type="radio"/> Hampshire County House of Correction                            | <input type="radio"/> Middlesex County Jail   |
| <input type="radio"/> Norfolk County Sheriff's Office and Correctional Center                            | <input type="radio"/> Plymouth County Correctional Facility                           | <input type="radio"/> Nashua Street Jail  |
| <input type="radio"/> Suffolk County House of Correction   | <input type="radio"/> Worcester County Jail and House of Correction                   |   |

#### -35. Approximately how long after leaving that facility did the client become homeless?

- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input type="radio"/> Less than one week | <input type="radio"/> 7-30 days       | <input type="radio"/> 31-90 days |
| <input type="radio"/> 3-6 months         | <input type="radio"/> 6+ to 12 months |                                  |

#### -36. Was the client's foster stay for 90 days or more?

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

#### -37. Is the client chronically homeless?

- |                          |                           |
|--------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
|--------------------------|---------------------------|

#### -38. Click to see the Definition of Chronically Homeless

- Click to see the \*Definition\* of Chronically Homeless

#### -39. \*Chronically Homeless Person or Family\* An unaccompanied homeless individual (18 or older) with a disabling condition or a family with at least one adult member (18 or older) who has a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

#### -40. Is the client a victim/survivor of domestic violence?

- |  |                           |   |
|--|---------------------------|---|
| <input type="radio"/> No                       | <input type="radio"/> Yes | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |                           |   |

#### -41. How recent is the domestic violence situation?

- |  |   |   |
|--|---|---|
| <input type="radio"/> Within the past three months | <input type="radio"/> Three to six months ago | <input type="radio"/> From six to twelve months ago |
| <input type="radio"/> More than a year ago         | <input type="radio"/> Client Doesn't Know     | <input type="radio"/> Client Refused to Report      |

#### -42. Did the client ever serve on active duty in the Armed Forces of the United States?

- |  |                           |   |
|--|---------------------------|---|
| <input type="radio"/> No                       | <input type="radio"/> Yes | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |                           |   |

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#### -43. Military Service Era(s) ... (Select all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Persian Gulf Era (August 1991–September 10, 2001)        | <input type="checkbox"/> Post Vietnam (May 1975–July 1991)   | <input type="checkbox"/> Vietnam Era (August 1964–April 1975)               |
| <input type="checkbox"/> Between Korean and Vietnam War (February 1955–July 1964) | <input type="checkbox"/> Korean War (June 1950–January 1955) | <input type="checkbox"/> Between WWII and Korean War (August 1947–May 1950) |
| <input type="checkbox"/> World War II (September 1940–July 1947)                  | <input type="checkbox"/> Client Doesn't Know                 | <input type="checkbox"/> Client Refused to Report                           |
| <input type="checkbox"/> Post September 11, 2001 (September 11, 2001–Present)     |  |   |

#### -44. Duration (in months) of Active Duty?

#### -45. Did the client serve in a war zone?

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### -46. Which war zone did the client serve in?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Europe                   | <input type="checkbox"/> North Africa    | <input type="checkbox"/> Vietnam             |
| <input type="checkbox"/> Laos and Cambodia        | <input type="checkbox"/> South China Sea | <input type="checkbox"/> China/Burma/India   |
| <input type="checkbox"/> Korea                    | <input type="checkbox"/> South Pacific   | <input type="checkbox"/> Persian Gulf        |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Afghanistan     | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Client Refused to Report |  |  |

#### -47. If other war zone, please list.

#### -48. How many months did the client serve in a war zone?

#### -49. If Served in a War Zone... Received hostile or friendly fire?

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### -50. Branch(es) of the Military ... (Select all that apply)

- |                                  |                                    |                               |
|----------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Army    | <input type="checkbox"/> Air Force | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Marines | <input type="checkbox"/> Other     |                               |

#### -51. List other military branch

#### -52. What is the client's military discharge status?

- |   |  |                               |
|---|--|-------------------------------|
| <input type="radio"/> Honorable           | <input type="radio"/> General                  | <input type="radio"/> Medical |
| <input type="radio"/> Bad conduct         | <input type="radio"/> Dishonorable             | <input type="radio"/> Other   |
| <input type="radio"/> Client Doesn't Know | <input type="radio"/> Client Refused to Report |                               |



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#### -53. Describe other discharge type

#### Housing History

#### Section A. Current Housing Situation (if not literally homeless)

##### A-1. Street Address

##### A-2. City/Town

##### A-3. State or Country

- |   |   |   |
|---|---|---|
| <input type="radio"/> AL - ALABAMA                        | <input type="radio"/> AK - ALASKA                   | <input type="radio"/> AS - AMERICAN SAMOA |
| <input type="radio"/> AZ - ARIZONA                        | <input type="radio"/> AR - ARKANSAS                 | <input type="radio"/> CA - CALIFORNIA     |
| <input type="radio"/> CANADA                              | <input type="radio"/> CO - COLORADO                 | <input type="radio"/> CT - CONNECTICUT    |
| <input type="radio"/> DE - DELAWARE                       | <input type="radio"/> DC - DISTRICT OF COLUMBIA     | <input type="radio"/> DOMINICAN REPUBLIC  |
| <input type="radio"/> FM - FEDERATED STATES OF MICRONESIA | <input type="radio"/> FL - FLORIDA                  | <input type="radio"/> GA - GEORGIA        |
| <input type="radio"/> GU - GUAM                           | <input type="radio"/> HAITI                         | <input type="radio"/> HI - HAWAII         |
| <input type="radio"/> ID - IDAHO                          | <input type="radio"/> IL - ILLINOIS                 | <input type="radio"/> IN - INDIANA        |
| <input type="radio"/> IA - IOWA                           | <input type="radio"/> KS - KANSAS                   | <input type="radio"/> KY - KENTUCKY       |
| <input type="radio"/> LA - LOUISIANA                      | <input type="radio"/> ME - MAINE                    | <input type="radio"/> MEXICO              |
| <input type="radio"/> MH - MARSHALL ISLANDS               | <input type="radio"/> MD - MARYLAND                 | <input type="radio"/> MA - MASSACHUSETTS  |
| <input type="radio"/> MI - MICHIGAN                       | <input type="radio"/> MN - MINNESOTA                | <input type="radio"/> MS - MISSISSIPPI    |
| <input type="radio"/> MO - MISSOURI                       | <input type="radio"/> MT - MONTANA                  | <input type="radio"/> NE - NEBRASKA       |
| <input type="radio"/> NV - NEVADA                         | <input type="radio"/> NH - NEW HAMPSHIRE            | <input type="radio"/> NJ - NEW JERSEY     |
| <input type="radio"/> NM - NEW MEXICO                     | <input type="radio"/> NY - NEW YORK                 | <input type="radio"/> NC - NORTH CAROLINA |
| <input type="radio"/> ND - NORTH DAKOTA                   | <input type="radio"/> MP - NORTHERN MARIANA ISLANDS | <input type="radio"/> OH - OHIO           |
| <input type="radio"/> OK - OKLAHOMA                       | <input type="radio"/> OR - OREGON                   | <input type="radio"/> PW - PALAU          |
| <input type="radio"/> PA - PENNSYLVANIA                   | <input type="radio"/> PR - PUERTO RICO              | <input type="radio"/> RI - RHODE ISLAND   |
| <input type="radio"/> SC - SOUTH CAROLINA                 | <input type="radio"/> SD - SOUTH DAKOTA             | <input type="radio"/> TN - TENNESSEE      |
| <input type="radio"/> TX - TEXAS                          | <input type="radio"/> UT - UTAH                     | <input type="radio"/> VT - VERMONT        |
| <input type="radio"/> VI - VIRGIN ISLANDS                 | <input type="radio"/> VA - VIRGINIA                 | <input type="radio"/> WA - WASHINGTON     |
| <input type="radio"/> WV - WEST VIRGINIA                  | <input type="radio"/> WI - WISCONSIN                | <input type="radio"/> WY - WYOMING        |

##### A-4. Zip Code

##### A-5. Name on Lease of Mortgage

- No lease/mortgage       Applicant       Family member or friend  
 Other

##### A-6. From (approximate)

\_\_/\_\_/\_\_

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A-7. To (approximate)

\_\_/\_\_/\_\_

**Section B. Past Housing (Prior living situations for the last 5 years. Capture living situations where the client was the primary tenant. For example, client had their name on a lease, a family member's lease or mortgage, or had a rental arrangement.)**

**B-1. Enter the living situation just prior to the client's current situation (2nd to most recent situation)**

**B-2. Street Address**

**B-3. City/Town**

**B-4. State or Country**

- |   |   |   |
|---|---|---|
| <input type="radio"/> AL - ALABAMA                        | <input type="radio"/> AK - ALASKA                   | <input type="radio"/> AS - AMERICAN SAMOA |
| <input type="radio"/> AZ - ARIZONA                        | <input type="radio"/> AR - ARKANSAS                 | <input type="radio"/> CA - CALIFORNIA     |
| <input type="radio"/> CANADA                              | <input type="radio"/> CO - COLORADO                 | <input type="radio"/> CT - CONNECTICUT    |
| <input type="radio"/> DE - DELAWARE                       | <input type="radio"/> DC - DISTRICT OF COLUMBIA     | <input type="radio"/> DOMINICAN REPUBLIC  |
| <input type="radio"/> FM - FEDERATED STATES OF MICRONESIA | <input type="radio"/> FL - FLORIDA                  | <input type="radio"/> GA - GEORGIA        |
| <input type="radio"/> GU - GUAM                           | <input type="radio"/> HAITI                         | <input type="radio"/> HI - HAWAII         |
| <input type="radio"/> ID - IDAHO                          | <input type="radio"/> IL - ILLINOIS                 | <input type="radio"/> IN - INDIANA        |
| <input type="radio"/> IA - IOWA                           | <input type="radio"/> KS - KANSAS                   | <input type="radio"/> KY - KENTUCKY       |
| <input type="radio"/> LA - LOUISIANA                      | <input type="radio"/> ME - MAINE                    | <input type="radio"/> MEXICO              |
| <input type="radio"/> MH - MARSHALL ISLANDS               | <input type="radio"/> MD - MARYLAND                 | <input type="radio"/> MA - MASSACHUSETTS  |
| <input type="radio"/> MI - MICHIGAN                       | <input type="radio"/> MN - MINNESOTA                | <input type="radio"/> MS - MISSISSIPPI    |
| <input type="radio"/> MO - MISSOURI                       | <input type="radio"/> MT - MONTANA                  | <input type="radio"/> NE - NEBRASKA       |
| <input type="radio"/> NV - NEVADA                         | <input type="radio"/> NH - NEW HAMPSHIRE            | <input type="radio"/> NJ - NEW JERSEY     |
| <input type="radio"/> NM - NEW MEXICO                     | <input type="radio"/> NY - NEW YORK                 | <input type="radio"/> NC - NORTH CAROLINA |
| <input type="radio"/> ND - NORTH DAKOTA                   | <input type="radio"/> MP - NORTHERN MARIANA ISLANDS | <input type="radio"/> OH - OHIO           |
| <input type="radio"/> OK - OKLAHOMA                       | <input type="radio"/> OR - OREGON                   | <input type="radio"/> PW - PALAU          |
| <input type="radio"/> PA - PENNSYLVANIA                   | <input type="radio"/> PR - PUERTO RICO              | <input type="radio"/> RI - RHODE ISLAND   |
| <input type="radio"/> SC - SOUTH CAROLINA                 | <input type="radio"/> SD - SOUTH DAKOTA             | <input type="radio"/> TN - TENNESSEE      |
| <input type="radio"/> TX - TEXAS                          | <input type="radio"/> UT - UTAH                     | <input type="radio"/> VT - VERMONT        |
| <input type="radio"/> VI - VIRGIN ISLANDS                 | <input type="radio"/> VA - VIRGINIA                 | <input type="radio"/> WA - WASHINGTON     |
| <input type="radio"/> WV - WEST VIRGINIA                  | <input type="radio"/> WI - WISCONSIN                | <input type="radio"/> WY - WYOMING        |

**B-5. Zip Code**

**B-6. Name on Lease or Mortgage**

- No lease/mortgage       Applicant       Family member or friend  
 Other

**B-7. From (approximate)**

\_\_/\_\_/\_\_

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#### B-8. To (approximate)

\_\_/\_\_/\_\_

#### B-9. Reasons for leaving

- |   |   |   |
|---|---|---|
| <input type="radio"/> Fire  | <input type="radio"/> Eviction          | <input type="radio"/> Moved by Choice   |
| <input type="radio"/> Threat to Health and Safety<br>(includes Overcrowding,<br>Violations of the State<br>Sanitary Code and<br>Non-domestic violence<br>threats) | <input type="radio"/> Domestic Violence | <input type="radio"/> Medical Condition |
| <input type="radio"/> Natural Disaster  | <input type="radio"/> Asked to Leave    | <input type="radio"/> Other             |

#### B-10. If other reason for leaving, specify

#### B-11. Enter the prior living situation (3rd to most recent situation)

#### B-12. Street Address

#### B-13. City/Town

#### B-14. Zip Code

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### B-15. State or Country

- |   |   |   |
|---|---|---|
| <input type="radio"/> AL - ALABAMA                        | <input type="radio"/> AK - ALASKA                   | <input type="radio"/> AS - AMERICAN SAMOA |
| <input type="radio"/> AZ - ARIZONA                        | <input type="radio"/> AR - ARKANSAS                 | <input type="radio"/> CA - CALIFORNIA     |
| <input type="radio"/> CANADA                              | <input type="radio"/> CO - COLORADO                 | <input type="radio"/> CT - CONNECTICUT    |
| <input type="radio"/> DE - DELAWARE                       | <input type="radio"/> DC - DISTRICT OF COLUMBIA     | <input type="radio"/> DOMINICAN REPUBLIC  |
| <input type="radio"/> FM - FEDERATED STATES OF MICRONESIA | <input type="radio"/> FL - FLORIDA                  | <input type="radio"/> GA - GEORGIA        |
| <input type="radio"/> GU - GUAM                           | <input type="radio"/> HAITI                         | <input type="radio"/> HI - HAWAII         |
| <input type="radio"/> ID - IDAHO                          | <input type="radio"/> IL - ILLINOIS                 | <input type="radio"/> IN - INDIANA        |
| <input type="radio"/> IA - IOWA                           | <input type="radio"/> KS - KANSAS                   | <input type="radio"/> KY - KENTUCKY       |
| <input type="radio"/> LA - LOUISIANA                      | <input type="radio"/> ME - MAINE                    | <input type="radio"/> MEXICO              |
| <input type="radio"/> MH - MARSHALL ISLANDS               | <input type="radio"/> MD - MARYLAND                 | <input type="radio"/> MA - MASSACHUSETTS  |
| <input type="radio"/> MI - MICHIGAN                       | <input type="radio"/> MN - MINNESOTA                | <input type="radio"/> MS - MISSISSIPPI    |
| <input type="radio"/> MO - MISSOURI                       | <input type="radio"/> MT - MONTANA                  | <input type="radio"/> NE - NEBRASKA       |
| <input type="radio"/> NV - NEVADA                         | <input type="radio"/> NH - NEW HAMPSHIRE            | <input type="radio"/> NJ - NEW JERSEY     |
| <input type="radio"/> NM - NEW MEXICO                     | <input type="radio"/> NY - NEW YORK                 | <input type="radio"/> NC - NORTH CAROLINA |
| <input type="radio"/> ND - NORTH DAKOTA                   | <input type="radio"/> MP - NORTHERN MARIANA ISLANDS | <input type="radio"/> OH - OHIO           |
| <input type="radio"/> OK - OKLAHOMA                       | <input type="radio"/> OR - OREGON                   | <input type="radio"/> PW - PALAU          |
| <input type="radio"/> PA - PENNSYLVANIA                   | <input type="radio"/> PR - PUERTO RICO              | <input type="radio"/> RI - RHODE ISLAND   |
| <input type="radio"/> SC - SOUTH CAROLINA                 | <input type="radio"/> SD - SOUTH DAKOTA             | <input type="radio"/> TN - TENNESSEE      |
| <input type="radio"/> TX - TEXAS                          | <input type="radio"/> UT - UTAH                     | <input type="radio"/> VT - VERMONT        |
| <input type="radio"/> VI - VIRGIN ISLANDS                 | <input type="radio"/> VA - VIRGINIA                 | <input type="radio"/> WA - WASHINGTON     |
| <input type="radio"/> WV - WEST VIRGINIA                  | <input type="radio"/> WI - WISCONSIN                | <input type="radio"/> WY - WYOMING        |

#### B-16. Name on Lease or Mortgage

- |   |                                 |   |
|---|---------------------------------|---|
| <input type="radio"/> No lease/mortgage | <input type="radio"/> Applicant | <input type="radio"/> Family member or friend |
| <input type="radio"/> Other             |                                 |   |

#### B-17. From (approximate)

\_\_/\_\_/\_\_

#### B-18. To (approximate)

\_\_/\_\_/\_\_

#### B-19. Reasons for leaving

- |  |   |   |
|--|---|---|
| <input type="radio"/> Fire   | <input type="radio"/> Eviction          | <input type="radio"/> Moved by Choice   |
| <input type="radio"/> Threat to Health and Safety (includes Overcrowding, Violations of the State Sanitary Code and Non-domestic violence threats) | <input type="radio"/> Domestic Violence | <input type="radio"/> Medical Condition |
| <input type="radio"/> Natural Disaster   | <input type="radio"/> Asked to Leave    | <input type="radio"/> Other             |

#### B-20. If other reason for leaving, specify

#### B-21. Enter the prior living situation (4th to most recent situation)

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### B-22. Street Address

#### B-23. City/Town

#### B-24. Zip Code

#### B-25. State or Country

- |   |   |   |
|---|---|---|
| <input type="radio"/> AL - ALABAMA                        | <input type="radio"/> AK - ALASKA                   | <input type="radio"/> AS - AMERICAN SAMOA |
| <input type="radio"/> AZ - ARIZONA                        | <input type="radio"/> AR - ARKANSAS                 | <input type="radio"/> CA - CALIFORNIA     |
| <input type="radio"/> CANADA                              | <input type="radio"/> CO - COLORADO                 | <input type="radio"/> CT - CONNECTICUT    |
| <input type="radio"/> DE - DELAWARE                       | <input type="radio"/> DC - DISTRICT OF COLUMBIA     | <input type="radio"/> DOMINICAN REPUBLIC  |
| <input type="radio"/> FM - FEDERATED STATES OF MICRONESIA | <input type="radio"/> FL - FLORIDA                  | <input type="radio"/> GA - GEORGIA        |
| <input type="radio"/> GU - GUAM                           | <input type="radio"/> HAITI                         | <input type="radio"/> HI - HAWAII         |
| <input type="radio"/> ID - IDAHO                          | <input type="radio"/> IL - ILLINOIS                 | <input type="radio"/> IN - INDIANA        |
| <input type="radio"/> IA - IOWA                           | <input type="radio"/> KS - KANSAS                   | <input type="radio"/> KY - KENTUCKY       |
| <input type="radio"/> LA - LOUISIANA                      | <input type="radio"/> ME - MAINE                    | <input type="radio"/> MEXICO              |
| <input type="radio"/> MH - MARSHALL ISLANDS               | <input type="radio"/> MD - MARYLAND                 | <input type="radio"/> MA - MASSACHUSETTS  |
| <input type="radio"/> MI - MICHIGAN                       | <input type="radio"/> MN - MINNESOTA                | <input type="radio"/> MS - MISSISSIPPI    |
| <input type="radio"/> MO - MISSOURI                       | <input type="radio"/> MT - MONTANA                  | <input type="radio"/> NE - NEBRASKA       |
| <input type="radio"/> NV - NEVADA                         | <input type="radio"/> NH - NEW HAMPSHIRE            | <input type="radio"/> NJ - NEW JERSEY     |
| <input type="radio"/> NM - NEW MEXICO                     | <input type="radio"/> NY - NEW YORK                 | <input type="radio"/> NC - NORTH CAROLINA |
| <input type="radio"/> ND - NORTH DAKOTA                   | <input type="radio"/> MP - NORTHERN MARIANA ISLANDS | <input type="radio"/> OH - OHIO           |
| <input type="radio"/> OK - OKLAHOMA                       | <input type="radio"/> OR - OREGON                   | <input type="radio"/> PW - PALAU          |
| <input type="radio"/> PA - PENNSYLVANIA                   | <input type="radio"/> PR - PUERTO RICO              | <input type="radio"/> RI - RHODE ISLAND   |
| <input type="radio"/> SC - SOUTH CAROLINA                 | <input type="radio"/> SD - SOUTH DAKOTA             | <input type="radio"/> TN - TENNESSEE      |
| <input type="radio"/> TX - TEXAS                          | <input type="radio"/> UT - UTAH                     | <input type="radio"/> VT - VERMONT        |
| <input type="radio"/> VI - VIRGIN ISLANDS                 | <input type="radio"/> VA - VIRGINIA                 | <input type="radio"/> WA - WASHINGTON     |
| <input type="radio"/> WV - WEST VIRGINIA                  | <input type="radio"/> WI - WISCONSIN                | <input type="radio"/> WY - WYOMING        |

#### B-26. Name on Lease or Mortgage

- |   |                                 |   |
|---|---------------------------------|---|
| <input type="radio"/> No lease/mortgage | <input type="radio"/> Applicant | <input type="radio"/> Family member or friend |
| <input type="radio"/> Other             |                                 |   |

#### B-27. From (approximate)

\_\_/\_\_/\_\_

#### B-28. To (approximate)

\_\_/\_\_/\_\_

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### B-29. Reasons for leaving

- |   |   |   |
|---|---|---|
| <input type="radio"/> Fire  | <input type="radio"/> Eviction          | <input type="radio"/> Moved by Choice   |
| <input type="radio"/> Threat to Health and Safety<br>(includes Overcrowding,<br>Violations of the State<br>Sanitary Code and<br>Non-domestic violence<br>threats) | <input type="radio"/> Domestic Violence | <input type="radio"/> Medical Condition |
| <input type="radio"/> Natural Disaster  | <input type="radio"/> Asked to Leave    | <input type="radio"/> Other             |

#### B-30. If other reason for leaving, specify

#### B-31. Enter the prior living situation (5th to most recent situation)

#### B-32. Street Address

#### B-33. City/Town

#### B-34. Zip Code

#### B-35. State or Country

- |  |  |   |
|--|--|---|
| <input type="radio"/> AL - ALABAMA                           | <input type="radio"/> AK - ALASKA                      | <input type="radio"/> AS - AMERICAN SAMOA |
| <input type="radio"/> AZ - ARIZONA                           | <input type="radio"/> AR - ARKANSAS                    | <input type="radio"/> CA - CALIFORNIA     |
| <input type="radio"/> CANADA                                 | <input type="radio"/> CO - COLORADO                    | <input type="radio"/> CT - CONNECTICUT    |
| <input type="radio"/> DE - DELAWARE                          | <input type="radio"/> DC - DISTRICT OF COLUMBIA        | <input type="radio"/> DOMINICAN REPUBLIC  |
| <input type="radio"/> FM - FEDERATED STATES OF<br>MICRONESIA | <input type="radio"/> FL - FLORIDA                     | <input type="radio"/> GA - GEORGIA        |
| <input type="radio"/> GU - GUAM                              | <input type="radio"/> HAITI                            | <input type="radio"/> HI - HAWAII         |
| <input type="radio"/> ID - IDAHO                             | <input type="radio"/> IL - ILLINOIS                    | <input type="radio"/> IN - INDIANA        |
| <input type="radio"/> IA - IOWA                              | <input type="radio"/> KS - KANSAS                      | <input type="radio"/> KY - KENTUCKY       |
| <input type="radio"/> LA - LOUISIANA                         | <input type="radio"/> ME - MAINE                       | <input type="radio"/> MEXICO              |
| <input type="radio"/> MH - MARSHALL ISLANDS                  | <input type="radio"/> MD - MARYLAND                    | <input type="radio"/> MA - MASSACHUSETTS  |
| <input type="radio"/> MI - MICHIGAN                          | <input type="radio"/> MN - MINNESOTA                   | <input type="radio"/> MS - MISSISSIPPI    |
| <input type="radio"/> MO - MISSOURI                          | <input type="radio"/> MT - MONTANA                     | <input type="radio"/> NE - NEBRASKA       |
| <input type="radio"/> NV - NEVADA                            | <input type="radio"/> NH - NEW HAMPSHIRE               | <input type="radio"/> NJ - NEW JERSEY     |
| <input type="radio"/> NM - NEW MEXICO                        | <input type="radio"/> NY - NEW YORK                    | <input type="radio"/> NC - NORTH CAROLINA |
| <input type="radio"/> ND - NORTH DAKOTA                      | <input type="radio"/> MP - NORTHERN MARIANA<br>ISLANDS | <input type="radio"/> OH - OHIO           |
| <input type="radio"/> OK - OKLAHOMA                          | <input type="radio"/> OR - OREGON                      | <input type="radio"/> PW - PALAU          |
| <input type="radio"/> PA - PENNSYLVANIA                      | <input type="radio"/> PR - PUERTO RICO                 | <input type="radio"/> RI - RHODE ISLAND   |
| <input type="radio"/> SC - SOUTH CAROLINA                    | <input type="radio"/> SD - SOUTH DAKOTA                | <input type="radio"/> TN - TENNESSEE      |
| <input type="radio"/> TX - TEXAS                             | <input type="radio"/> UT - UTAH                        | <input type="radio"/> VT - VERMONT        |
| <input type="radio"/> VI - VIRGIN ISLANDS                    | <input type="radio"/> VA - VIRGINIA                    | <input type="radio"/> WA - WASHINGTON     |
| <input type="radio"/> WV - WEST VIRGINIA                     | <input type="radio"/> WI - WISCONSIN                   | <input type="radio"/> WY - WYOMING        |

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### B-36. Name on Lease or Mortgage

- No lease/mortgage                       Applicant                       Family member or friend  
 Other

#### B-37. From (approximate)

\_\_/\_\_/\_\_

#### B-38. To (approximate)

\_\_/\_\_/\_\_

#### B-39. Reasons for leaving

- Fire                       Eviction                       Moved by Choice  
 Threat to Health and Safety  
(includes Overcrowding,  
Violations of the State  
Sanitary Code and  
Non-domestic violence  
threats)                       Domestic Violence                       Medical Condition  
 Natural Disaster                       Asked to Leave                       Other

#### B-40. If other reason for leaving, specify

#### Disability Informator

#### B-41. Does the client have a mental health condition?

- No                       Yes                       Client Doesn't Know  
 Client Refused to Report

#### B-42. Is the client currently receiving services/treatment for your mental health problem?

- No                       Yes                       Client Doesn't Know  
 Client Refused to Report

#### B-43. Is the mental health condition of long duration?

- No                       Yes                       Client Doesn't Know  
 Client Refused to Report

#### B-44. Does the client have a physical disability?

- No                       Yes                       Client Doesn't Know  
 Client Refused to Report

#### B-45. Is the client currently receiving services/treatment for his/her physical disability?

- No                       Yes                       Client Doesn't Know  
 Client Refused to Report

#### B-46. Does the client have a substance abuse problem?

- No                       Alcohol abuse                       Drug abuse  
 Both alcohol and drug abuse                       Client Doesn't Know                       Client Refused to Report

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

**B-47. Is the client's substance abuse problem expected to be of long duration and substantially impair their ability to live independently?**

- No  Yes

**B-48. Is the client currently receiving services/treatment for his/her substance abuse problem?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-49. Do you have a developmental disability?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-50. Are you currently receiving services/treatment for your developmental disability?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-51. Does the client have a chronic health condition (heart or lung disease, diabetes, arthritis, traumatic brain injury, dementia, cancer, stroke, etc.)?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-52. Are you currently receiving services/treatment for your chronic health condition?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-53. Does the client have a Disabling Condition?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-54. Is the client pregnant?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-55. If yes, what is the due date?**

\_\_\_/\_\_\_/\_\_\_

**B-56. Does the client have HIV/AIDS?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-57. Is the client currently receiving services/treatment for HIV/AIDS?**

- No  Yes  Client Doesn't Know  
 Client Refused to Report

**B-58. Compared to other people their age, how does the client rate their health?**

- Excellent  Very Good  Good  
 Fair  Poor  Client Doesn't Know  
 Client Refused to Report

**Education, Employe**



## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### B-59. Is the client currently employed?

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### B-60. If yes, how many hours did the client work in the past week?

#### B-61. Tenure of employment

- Permanent  Temporary  Seasonal  
 Client Doesn't Know  Client Refused to Report

#### B-62. When did the client start working for his/her current employer?

\_\_/\_\_/\_\_

#### B-63. Does employment provide health benefits?

- Yes  No  Client doesn't know  
 Client refused to report

#### B-64. If employed, is the client looking for additional employment or increased hours at his/her current job?

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### B-65. If not currently employed, is the client able to work?

- No  Yes

#### B-66. Is the client looking for work?

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### B-67. What barriers prevent the client from working?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> Lack of job training/skills            | <input type="checkbox"/> Childcare                     |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> English literacy/fluency               | <input type="checkbox"/> Transportation issues         |
| <input type="checkbox"/> Lack of communication resources (e-mail, telephone, etc.) | <input type="checkbox"/> Lack of effective resume               | <input type="checkbox"/> Lack of interview clothing    |
| <input type="checkbox"/> Lack of job-related equipment or tools                    | <input type="checkbox"/> Lack of interview and follow-up skills | <input type="checkbox"/> No or limited work experience |
| <input type="checkbox"/> CORI  | <input type="checkbox"/> Other                                  |  |

### Section C. Most Recent Employment

#### C-1. Employment Information is not collected for children under the age of 18.

#### C-2. From

\_\_/\_\_/\_\_

#### C-3. To

\_\_/\_\_/\_\_

#### C-4. Type of Employment

- Permanent  Temporary  Seasonal

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### C-5. Monthly Income

\$

#### Section D. Second to Most Recent Employment

D-1. Employment Information is not collected for children under the age of 18.

D-2. From

\_\_/\_\_/\_\_

D-3. To

\_\_/\_\_/\_\_

D-4. Type of Employment

Permanent  Temporary  Seasonal

D-5. Monthly Income

\$

#### Section E. Third to Most Recent Employment

E-1. Employment Information is not collected for children under the age of 18.

E-2. From

\_\_/\_\_/\_\_

E-3. To

\_\_/\_\_/\_\_

E-4. Type of Employment

Permanent  Temporary  Seasonal

E-5. Monthly Income

\$

#### Section F. Education

F-1. Is the client in school or working on any degree or certificate?

No  Yes  Client Doesn't Know  
 Client Refused to Report

F-2. Has the client received vocational training or apprenticeship certificates?

No  Yes  Client Doesn't Know  
 Client Refused to Report

F-3. What is the highest level of school completed by the client?

No schooling completed  Nursery school to 4th grade  5th grade or 6th grade  
 7th grade or 8th grade  9th grade  10th grade  
 11th grade  12th grade, no diploma  High school diploma  
 GED  Post-secondary school  Client Doesn't Know  
 Client Refused to Report

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### F-4. If the client has been enrolled in post-secondary education, what degree(s) did he/she earn?

- |   |   |  |
|---|---|--|
| <input type="radio"/> None  | <input type="radio"/> Associates Degree   | <input type="radio"/> Bachelors                          |
| <input type="radio"/> Masters   | <input type="radio"/> Doctorate           | <input type="radio"/> Other graduate/professional degree |
| <input type="radio"/> Certificate of advanced training or skilled artisan | <input type="radio"/> Client Doesn't Know | <input type="radio"/> Client Refused to Report           |

#### F-5. If other degree, list.

#### F-6. Is child currently enrolled in school?

- |  |                           |   |
|--|---------------------------|---|
| <input type="radio"/> No                       | <input type="radio"/> Yes | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |                           |   |

#### F-7. Child's school name

#### F-8. If yes, was/is the child connected to the McKinney-Vento Homelessness

##### Assistance Act school liaison

- |  |                           |   |
|--|---------------------------|---|
| <input type="radio"/> No                       | <input type="radio"/> Yes | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |                           |   |

#### F-9. School Type

- |  |   |   |
|--|---|---|
| <input type="radio"/> Public                   | <input type="radio"/> Parochial or other private school | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |   |   |

#### F-10. If not enrolled, last date of enrollment

\_\_/\_\_/\_\_

#### F-11. If not enrolled, problems enrolling child

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None                                 | <input type="checkbox"/> Residency requirements          | <input type="checkbox"/> Availability of school records |
| <input type="checkbox"/> Birth certificates                   | <input type="checkbox"/> Legal guardianship requirements | <input type="checkbox"/> Transportation                 |
| <input type="checkbox"/> Lack of available preschool programs | <input type="checkbox"/> Client Doesn't Know             | <input type="checkbox"/> Client Refused to Report       |
| <input type="checkbox"/> Immunization requirements            | <input type="checkbox"/> Physical examination records    | <input type="checkbox"/> Other                          |

### Section G. Income

#### G-1. Did the client receive income from any source in the past 30 days?

- |  |                           |   |
|--|---------------------------|---|
| <input type="radio"/> No                       | <input type="radio"/> Yes | <input type="radio"/> Client Doesn't Know |
| <input type="radio"/> Client Refused to Report |                           |   |

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### G-2. Types of cash income receiving (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Earned Income                            | <input type="checkbox"/> Unemployment Insurance  | <input type="checkbox"/> Supplemental Security Insurance or SSI  |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> Veteran's Disability  | <input type="checkbox"/> Private Disability Insurance            |
| <input type="checkbox"/> Worker's Compensation                    | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)(or local name) | <input type="checkbox"/> General Assistance (GA) (or local name) |
| <input type="checkbox"/> Retirement Income from Social Security   | <input type="checkbox"/> Veteran's Pension   | <input type="checkbox"/> Pension from a former job               |
| <input type="checkbox"/> Child Support                            | <input type="checkbox"/> Alimony or other spousal support                              | <input type="checkbox"/> Other Source                            |

#### G-3. Earned Income Amount

\$

#### G-4. Unemployment Insurance Amount

\$

#### G-5. Supplemental Security Insurance or SSI Amount

\$

#### G-6. Social Security Disability Income (SSDI) Amount

\$

#### G-7. Veteran's Disability Amount

\$

#### G-8. Private Disability Insurance Amount

\$

#### G-9. Worker's Compensation Amount

\$

#### G-10. Temporary Assistance for Needy Families (TANF)(or local name) Amount

\$

#### G-11. General Assistance (GA) (or local name) Amount

\$

#### G-12. Retirement Income from Social Security Amount

\$

#### G-13. Veteran's Pension Amount

\$

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### G-14. Pension from a former job Amount

\$

#### G-15. Child Support Amount

\$

#### G-16. Alimony or other spousal support Amount

\$

#### G-17. Other Income Source (defined)

#### G-18. Other Source Amount

\$

#### G-19. Total Monthly Income

\$

#### G-20. Did the client receive Non-cash benefits from any source in past 30 days? (i.e.

Food Stamps (SNAP), Health Coverage, Public Housing, etc.)

- No  Yes  Client Doesn't Know  
 Client Refused to Report

#### G-21. Select all non-cash benefits that apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Other Source                                      | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | <input type="checkbox"/> MEDICAID Health Insurance Program (or local name)                            |
| <input type="checkbox"/> MEDICARE Health Insurance Program (or local name) | <input type="checkbox"/> State Children's Health Insurance Program (or local name)                          | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services    | <input type="checkbox"/> TANF Child Care Services (or local name)   | <input type="checkbox"/> TANF Transportation services (or local name)                                 |
| <input type="checkbox"/> Other TANF-funded services (or local name)        | <input type="checkbox"/> Section 8, Public Housing, or Other Rental Assistance                              | <input type="checkbox"/> Temporary Rental Assistance  |

#### G-22. Food stamps or money for food or a benefits card amount

\$

#### G-23. Describe Other Non-Cash Benefits

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

#### Mid-Program Assessment

#### G-24. Health Coverage

- |  |   |  |
|--|---|--|
| <input type="radio"/> No Coverage  | <input type="radio"/> Mass Health / Medicaid (includes SCHIP) | <input type="radio"/> Commonwealth Care (formerly CommonHealth) (low cost)   |
| <input type="radio"/> Commonwealth Choice (moderate cost)  | <input type="radio"/> Health Safety Net (formerly Free Care)  | <input type="radio"/> Medicare   |
| <input type="radio"/> Veteran Health Care  | <input type="radio"/> Employer-Furnished Health Coverage      | <input type="radio"/> COBRA (Health Coverage from Prior Employment)          |
| <input type="radio"/> Medical Security Program (for persons eligible for Unemployment Insurance) | <input type="radio"/> Children's Medical Security Program     | <input type="radio"/> Other Coverage (e.g. covered under parent's insurance) |

#### Exit Information

#### G-25. Reason for leaving the program? (Non-Emergency Assistance Programs)

- |  |  |   |
|--|--|---|
| <input type="radio"/> Left for a housing opportunity before completing program | <input type="radio"/> Completed program                                  | <input type="radio"/> Non-payment of rent/occupancy charge    |
| <input type="radio"/> Non-compliance with program                              | <input type="radio"/> Criminal activity/destruction of property/violence | <input type="radio"/> Reached maximum time allowed by program |
| <input type="radio"/> Needs could not be met by program                        | <input type="radio"/> Disagreement with rules/persons                    | <input type="radio"/> Death                                   |
| <input type="radio"/> Unknown/disappeared                                      | <input type="radio"/> Other  |   |

#### G-26. If Other reason for leaving, specify

#### G-27. For EA Programs Only - Reason for Leaving the Program

- |  |  |   |
|--|--|---|
| <input type="radio"/> Criminal Activity  | <input type="radio"/> Rejection of Offer of (Permanent) Housing  | <input type="radio"/> Second Noncompliance - Failure to cooperate with re-housing plan  |
| <input type="radio"/> Second Noncompliance - Violations of shelter rules   | <input type="radio"/> Second Noncompliance - Threat to health and safety                               | <input type="radio"/> Second Noncompliance - Violation of hotel rules   |
| <input type="radio"/> Failure to Appear at or Rejection of Shelter Placement   | <input type="radio"/> Abandonment of Shelter Placement   | <input type="radio"/> Availability of Feasible Alternative Housing (Includes time-limited subsidies) - Client Moved Voluntarily |
| <input type="radio"/> Availability of Feasible Alternative Housing (Includes time-limited subsidies) - Client Refused Feasible Alternative Housing | <input type="radio"/> Categorical Ineligibility - Lost custody of children                             | <input type="radio"/> Categorical Ineligibility - Children aged out   |
| <input type="radio"/> Categorical Ineligibility - Failure to resolve an outstanding warrant  | <input type="radio"/> Categorical Ineligibility - Change in alien legal status                         | <input type="radio"/> Financial Ineligibility - Over income   |
| <input type="radio"/> Financial Ineligibility - Over asset   | <input type="radio"/> Failure to comply with savings obligations during the six month extension period | <input type="radio"/> Temporary Emergency Shelter Interruption (TESI)   |
| <input type="radio"/> Transferred  |  |   |

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

Mid-Program Assessment

#### G-28. Where did the client go upon exit?

- |   |  |   |
|---|--|---|
| <input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher   | <input type="radio"/> Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) |
| <input type="radio"/> Psychiatric hospital or other psychiatric facility  | <input type="radio"/> Substance abuse treatment facility or detox center                   | <input type="radio"/> Hospital (non-psychiatric)  |
| <input type="radio"/> Jail, prison, or juvenile detention facility  | <input type="radio"/> Don't Know   | <input type="radio"/> Refused   |
| <input type="radio"/> Rental by client, no ongoing housing subsidy  | <input type="radio"/> Owned by client, no ongoing housing subsidy                          | <input type="radio"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)                |
| <input type="radio"/> Staying or living with friends, temporary tenure (e.g., room apartment or house)  | <input type="radio"/> Hotel or motel paid for without emergency shelter voucher            | <input type="radio"/> Foster care home or foster care group home  |
| <input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="radio"/> Other  | <input type="radio"/> Safe Haven  |
| <input type="radio"/> Rental by client, VASH Subsidy  | <input type="radio"/> Rental by client, other (non-VASH) housing subsidy                   | <input type="radio"/> Owned by client, with ongoing housing subsidy   |
| <input type="radio"/> Staying or living with family, permanent tenure   | <input type="radio"/> Staying or living with friends, permanent tenure                     | <input type="radio"/> Deceased  |

#### G-29. If Other destination upon exit, specify

#### G-30. Was the exit destination out of state?

- Yes  No

#### G-31. If Psychiatric hospital or other psychiatric facility, what type?

- Public  Private

#### G-32. If Substance abuse treatment facility or detox center, what type?

- Detox  Residential Treatment  Sober home

#### G-33. If Jail, prison, or juvenile detention facility...

- |   |  |   |
|---|--|---|
| <input type="radio"/> Massachusetts county jail   | <input type="radio"/> Massachusetts state prison     | <input type="radio"/> Federal Medical Center Devens (Formerly, Fort Devens) |
| <input type="radio"/> Juvenile detention facility | <input type="radio"/> Halfway House for Ex-Offenders | <input type="radio"/> Out-of-state facility                                 |
| <input type="radio"/> Jail Type Unknown           |  |   |

## 2 HUD Mid-Program Assessment (at least annual)

### 2. ETO Training - Sample HMIS Organization

#### Mid-Program Assessment

#### G-34. If Massachusetts State Facility, specify

- |  |  |  |
|--|--|--|
| <input type="radio"/> Bay State Correctional Center          | <input type="radio"/> Boston Pre-Release Center                        | <input type="radio"/> Bridgewater State Hospital           |
| <input type="radio"/> MCI-Cedar Junction                     | <input type="radio"/> MCI-Concord                                      | <input type="radio"/> MCI-Framingham                       |
| <input type="radio"/> Massachusetts Treatment Center         | <input type="radio"/> Massachusetts Alcohol and Substance Abuse Center | <input type="radio"/> MCI-Norfolk                          |
| <input type="radio"/> North Central Correctional Institution | <input type="radio"/> Northeastern Correctional Center                 | <input type="radio"/> Old Colony Correctional Center       |
| <input type="radio"/> MCI-Plymouth                           | <input type="radio"/> Pondville Correctional Center                    | <input type="radio"/> Shattuck Hospital Correctional Unit  |
| <input type="radio"/> MCI-Shirley                            | <input type="radio"/> South Middlesex Correctional Center              | <input type="radio"/> Souza Baranowski Correctional Center |

#### G-35. If Massachusetts County Facility, specify

- |  |   |   |
|--|---|---|
| <input type="radio"/> Barnstable County Correctional Facility  | <input type="radio"/> Berkshire County Sheriff's Office, Jail and House of Correction | <input type="radio"/> Bristol County Jail and House of Correction (Ash Street Facility) |
| <input type="radio"/> Bristol County Women's Center  | <input type="radio"/> Bristol County Civil Process Division                           | <input type="radio"/> David R. Nelson Correctional Addiction Center                     |
| <input type="radio"/> Dukes County Jail and House of Correction  | <input type="radio"/> Essex County Correctional Facility and Sheriff's Headquarters   | <input type="radio"/> Essex County Correctional Alternative Center                      |
| <input type="radio"/> Hampden County Jail and House of Correction and Correctional Center at Stony Brook | <input type="radio"/> Hampshire County House of Correction                            | <input type="radio"/> Middlesex County Jail   |
| <input type="radio"/> Norfolk County Sheriff's Office and Correctional Center                            | <input type="radio"/> Plymouth County Correctional Facility                           | <input type="radio"/> Nashua Street Jail  |
| <input type="radio"/> Suffolk County House of Correction   | <input type="radio"/> Worcester County Jail and House of Correction                   |   |

#### G-36. If rental by client with (non-VASH) housing subsidy, what type:

- |   |  |  |
|---|--|--|
| <input type="radio"/> Long Term Subsidy | <input type="radio"/> Short Term Subsidy | <input type="radio"/> Time Limited Subsidy |
|---|--|--|

#### G-37. If Long Term subsidy, specify

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="radio"/> Public Housing | <input type="radio"/> Private Subsidized Housing (e.g. tax credit unit, project based subsidized unit) | <input type="radio"/> Housing choice voucher/Section 8 |
|--------------------------------------|--|--|

#### G-38. If Short Term subsidy, specify

- |  |  |
|--|--|
| <input type="radio"/> State Flexible Funds | <input type="radio"/> Federal Flexible Funds |
|--|--|

#### G-39. If Time Limited subsidy, specify

- |  |   |
|--|---|
| <input type="radio"/> Moving to Work (MTW) | <input type="radio"/> Moving to Economic Opportunity Program (MEOP) |
|--|---|