Homeless Alliance of WNY HMIS Data Review Template
FY26: Head of Household

1. Primary Client/ Head of Household (HOH) Information

Name	
Client ID (HMIS Assigned)	Household ID (HMIS Assigned)
An annual assessment must be completed for each *adult* household member every year.	

2. Assessment Information

Review Date _____/_____/_____ MM DD YYYY	Review Staff Name _____
Review Type	☐ 30-Day Review ☐ 60-Day Review ☐ 90-Day Review ☐ 120-Day Review ☐ Annual Assessment ☐ Update

3. Income Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Monthly Income at Exit Does the client have income from any source? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer Income for any minors in the household should be reported on this client's record.	**If Yes, indicate the amount of income from each source:**	**Amount**
	☐ Earned Income (i.e., employment income)	
	☐ Unemployment Insurance	
	☐ Supplemental Security Income (SSI)	
	☐ Social Security Disability Insurance (SSDI)	
	☐ VA Non-Service-Connected Disability Pension	
	☐ Private disability insurance	
	☐ Worker's Compensation	
	☐ Temporary Assistance for Needy Families (TANF)	
	☐ General Assistance (GA)	
	☐ Retirement from Social Security	
	☐ Pension or retirement income from a former job	
	☐ Child support	
	☐ Alimony or other spousal support	
	☐ Other source – Specify:	
	Total Monthly Income:	**$ _____**

4. Non-Cash Benefits Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Non-Cash Benefits at Exit Does the client have non-cash benefits from any source? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer Non-Cash Benefits for any minors in the household should be reported on this client's record.	**If Yes, indicate all sources that apply:**
	☐ Supplemental Nutrition Assistance Program (SNAP) *Previously known as Food Stamps*
	☐ Special Supplemental Nutrition Program Women, Infants, and Children (WIC)
	☐ TANF Childcare Services
	☐ TANF Transportation Services
	☐ Other TANF-funded services
	☐ Other source – Specify:

5. Insurance Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Health Insurance at Exit	**If Yes, indicate all sources that apply:**

Is the client covered by Health Insurance? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	☐ MEDICAID ☐ MEDICARE ☐ State Children's Health Insurance Program ☐ Veteran's Health Administration (VHA) ☐ Employer-Provided Health Insurance ☐ Health Insurance obtained through COBRA ☐ Private Pay Health Insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other source - Specify:

6. Disability Information

Disability Information at Intake Does the client have a disabling condition? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer	**If yes, indicate all that apply:** (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)	**Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?**
	☐ Physical Disability	☐
	☐ Developmental Disability	☐
	☐ Chronic Health Condition	☐
	☐ HIV/AIDS	☐
	☐ Mental Health Disorder	☐
	☐ Substance Use Disorder	☐

7. Domestic Violence Information

Survivor of Domestic Violence	○ No ○ Yes	○ Client doesn't know ○ Client prefers not to answer
If Yes, When experience occurred:	○ Within the past three months ○ 3 to 6 months ago (excluding 6 months exactly) ○ 6 to 12 months ago (excluding one year exactly) ○ One year ago, or more	○ Client doesn't know ○ Client prefers not to answer
If Yes, Are you currently fleeing?	○ No ○ Yes	○ Client doesn't know ○ Client prefers not to answer

8. Permanent Housing Move-in Date

Housing Move-In Date Enter the date the client's homelessness ended and they moved into permanent housing. Leave blank until move-in has occurred.	_____/_____/_____ MM DD YYYY

Signatures

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Client Signature:_____ **Date:**___/___/____

Review Staff Signature:_____ **Date:**___/___/____