

Important HMIS Fields for Point-In-Time Count

Please ensure accurate information is entered for all program participants for January 23 – January 24, 2018. Be sure that both individual and household level information is accurate. Answers of ‘Don’t Know’ or ‘No Response’ will not be accepted as part of the PIT count. The following fields are required for the Point-In-Time Count.

PIT survey question	HMIS Fields
Where did you spend the night of Tuesday, January 23 rd ?	<ul style="list-style-type: none"> • HMIS Project Type (program set up) • Admission Date
In what town did you spend the night? State County Town Program Agency	<ul style="list-style-type: none"> • State • County • City • Program Name • Program Division
How long have you been in your current living situation	Admission Date
During the past 12 months, how many months have you been on the streets, in Emergency Shelter, in a Safe Haven?	Approximate Date homelessness started
How many separate times have you been homeless within the past 3 years?	<ul style="list-style-type: none"> • Number of times the client has been on the streets, in ES or SH in the past three years • Total number of months homeless on the street, in ES, or SH in the past three years
Relationship to Head of Household (all household members)	<ul style="list-style-type: none"> • Relation to Primary Client • Household ID
Name (all household members)	<ul style="list-style-type: none"> • First Name • Middle Name (Initial) • Last Name
Age (all household members)	Date of Birth
Gender (all household members)	Gender
Ethnicity (all household members)	Ethnicity
Race (all household members)	Race
Mental Health Issues (all household members)	<ul style="list-style-type: none"> • Mental Health Problem (Admission & Update) • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Substance Abuse (all household members)	<ul style="list-style-type: none"> • Substance Abuse (Admission & Update)

	<ul style="list-style-type: none"> • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Physical Disability (all household members)	<ul style="list-style-type: none"> • Physical Disability (Admission & Update) • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Developmental Disability (all household members)	<ul style="list-style-type: none"> • Developmental Disability (Admission & Update) • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Chronic Health Condition (all household members)	<ul style="list-style-type: none"> • Chronic Health Conditions (Admission & Update) • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
HIV/AIDS (all household members)	<ul style="list-style-type: none"> • HIV/AIDS (Admission & Update) • Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Fleeing Domestic Violence	<ul style="list-style-type: none"> • Domestic Violence Victim/Survivor? (admission) • Are you currently Fleeing DV? (admission)
Served in Armed Forces/Veteran	<ul style="list-style-type: none"> • Veteran Status
Where was your last permanent address before becoming homeless	<ul style="list-style-type: none"> • Zip Code of last permanent address
What was your residence prior to your current living situation?	<ul style="list-style-type: none"> • Type of Residence
What was the primary factor that contributed to or caused your current living situation	<ul style="list-style-type: none"> • Homeless Cause
Which of the following do you or anyone in your household receive	<ul style="list-style-type: none"> • Monthly Income Sources (admission & update) • Non-Cash Benefits Types (admission & update) • Health Insurance Types (admission & update)
What is your total monthly income?	<ul style="list-style-type: none"> • Monthly Income Amount (admission & update)
Would you, or anyone in our household, like to receive any of the following services	<ul style="list-style-type: none"> • Services Sought

- Name
- Relation to Primary Client
- Date of Birth
- Race
- Gender
- Ethnicity
- Admission Date
- Monthly Income Amount – Admissions/ Update
- Monthly Income Sources – Admissions/ Update
- Non-Cash Benefits – Admissions/ Update
- Disabling Condition
- Physical Disability– Admissions/ Update
- Developmental Disability– Admissions/ Update
- Chronic Health Condition – Admissions/ Update
- HIV/AIDS– Admissions/ Update
- Domestic Violence – Are you currently fleeing?
- Mental Health Problem – Admissions/ Update
- Substance Abuse– Admissions/ Update
- Veteran Status
- Residence Prior to Program Entry
- Number of times the client has been homeless on the street, in ES, or SH in the past three years including today
- Total number of months homeless on the street, in ES, or SH in the past three years
- Length of Program Stay
- ZIP Code of Last Permanent Address
- Homeless Cause
- Services Sought
- Health Insurance Types
- *Approximate date homelessness started?
- *Type of residence
- *Current Age
- *Personal ID
- *Length of Program Stay
- *Veteran Status
- *City
- *County
- *State
- *Household ID
- *Health Insurance Types - – Admissions/ Update
- *Discharge Date