

Household Information: Dependent

Complete Additional Household Member Intake if there are other members or if the member has income of their own

Household Type (Single Parent, Couple, etc) _____

Relationship of this person to the Head of Household (Self, husband, daughter, etc) _____

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

SSN _____

SSN DATA QUALITY Full SSN Reported Partial SSN Reported Don't Know/Don't Have Refused

DOB _____ DOB TYPE Full DOB Reported Approximate/Partial Don't Know

GENDER Male Female Transgender Unknown Don't Know Refused

ETHNICITY Hispanic/Latino Not Hispanic/Latino Don't Know Refused

RACE (1st box=Primary 2nd box=Secondary, if recorded)

American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander
 White Don't Know Refused

US MILITARY VETERAN Yes No Don't Know Refused

HAS CLIENT SERVED IN THE MILITARY Yes No Don't Know Refused

DOES CLIENT HAVE A DISABILITY OF LONG DURATION? Yes No Don't Know Refused

If this household enrolls in an HPRP program, you will need to enter any income or non-cash benefits that this individual receives in their own HMIS file.

Household Information: Dependent

Household Type (Single Parent, Couple, etc) _____

Relationship of this person to the Head of Household (Self, husband, daughter, etc) _____

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

SSN _____

SSN DATA QUALITY Full SSN Reported Partial SSN Reported Don't Know/Don't Have Refused

DOB _____ DOB TYPE Full DOB Reported Approximate/Partial Don't Know

GENDER Male Female Transgender Unknown Don't Know Refused

ETHNICITY Hispanic/Latino Not Hispanic/Latino Don't Know Refused

RACE (1st box=Primary 2nd box=Secondary, if recorded)

American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander
 White Don't Know Refused

US MILITARY VETERAN Yes No Don't Know Refused

HAS CLIENT SERVED IN THE MILITARY Yes No Don't Know Refused

DOES CLIENT HAVE A DISABILITY OF LONG DURATION? Yes No Don't Know Refused

Household Information: Dependent

Household Type (Single Parent, Couple, etc) _____

Relationship of this person to the Head of Household (Self, husband, daughter, etc) _____

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

SSN _____

SSN DATA QUALITY Full SSN Reported Partial SSN Reported Don't Know/Don't Have Refused

DOB _____ DOB TYPE Full DOB Reported Approximate/Partial Don't Know

GENDER Male Female Transgender Unknown Don't Know Refused

ETHNICITY Hispanic/Latino Not Hispanic/Latino Don't Know Refused

RACE (1st box=Primary 2nd box=Secondary, if recorded)

American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander
 White Don't Know Refused

US MILITARY VETERAN Yes No Don't Know Refused

HAS CLIENT SERVED IN THE MILITARY Yes No Don't Know Refused

DOES CLIENT HAVE A DISABILITY OF LONG DURATION? Yes No Don't Know Refused