

**New Hampshire Continua of Care
HUD MINIMUM Data Collection Form for HMIS**

(Required for each client by HUD - Minimum)

1. First, Mi. Last Name, Suf: _____		
<u>General Health Status</u>		
2. General Health Status: <input type="checkbox"/> Fair (HUD) <input type="checkbox"/> Excellent (HUD) <input type="checkbox"/> Poor (HUD) <input type="checkbox"/> Very Good (HUD) <input type="checkbox"/> Don't Know (HUD) <input type="checkbox"/> Good (HUD)	3. Pregnant:: <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Due Date: ___/___/____	
<u>Employment Status</u>		
5. Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Looking for Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Employment Tenure: <input type="checkbox"/> Permanent (HUD) <input type="checkbox"/> Temporary (HUD) <input type="checkbox"/> Seasonal (HUD) 8. # Hours Worked Last Week: _____	
<u>Education Summary</u>		
9. Currently in School or Working on Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Received Vocational Training: <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Highest Level Attained: <input type="checkbox"/> No Formal Education <input type="checkbox"/> No Schooling Completed (HUD) <input type="checkbox"/> Nursery school to 4 th grade (HUD) <input type="checkbox"/> 5 th grade or 6 th grade (HUD)	<input type="checkbox"/> 7 th grade or 8 th grade (HUD) <input type="checkbox"/> 9 th grade or 10 th grade (HUD) <input type="checkbox"/> 11 th grade (HUD) <input type="checkbox"/> 12 th grade, No diploma (HUD) <input type="checkbox"/> High School Diploma (HUD)	<input type="checkbox"/> GED (HUD) <input type="checkbox"/> Post-Secondary School (HUD) <input type="checkbox"/> Some Technical School <input type="checkbox"/> Technical School Certification <input type="checkbox"/> Unknown
12. Degrees Earned: <input type="checkbox"/> None (HUD) <input type="checkbox"/> Some College <input type="checkbox"/> Associates (HUD) <input type="checkbox"/> Bachelors (HUD) (Check all that apply) <input type="checkbox"/> Masters (HUD) <input type="checkbox"/> Doctorate (HUD) <input type="checkbox"/> Other Grad. / Prof. Degree (HUD)		
<u>Military Information</u>		
13. U.S. Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Ref 14. Duration of Active Duty: _____ months	15. Served in A War Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Number of Months in War Zone: _____ 17. Were you Fired Upon: <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. War Zone Served In: (choose all that apply) <input type="checkbox"/> Europe (HUD) <input type="checkbox"/> Vietnam (HUD) <input type="checkbox"/> North Africa (HUD) <input type="checkbox"/> Laos and Cambodia (HUD)	<input type="checkbox"/> South China Sea (HUD) <input type="checkbox"/> South Pacific (HUD) <input type="checkbox"/> China, Burma, India (HUD) <input type="checkbox"/> Persian Gulf (HUD) <input type="checkbox"/> Korea (HUD) <input type="checkbox"/> Other (HUD)	
18. Service Eras: (choose all that apply) <input type="checkbox"/> World War I (Apr. 1917 – Nov. 1918) (HUD) <input type="checkbox"/> Between WWI and WWII (Dec. 1918 – Aug. 1940) (HUD) <input type="checkbox"/> World War II (Sep. 1940 - Jul. 1947) (HUD) <input type="checkbox"/> Between WWII and Korean War (Aug. 1947 - May 1950) (HUD)	<input type="checkbox"/> Korean War (Jun. 1950 - Jan. 1955) (HUD) <input type="checkbox"/> Between Korean and Vietnam War (Feb. 1955 - Jul. 1964) (HUD) <input type="checkbox"/> Vietnam Era (Aug. 1964 - Apr. 1975) (HUD) <input type="checkbox"/> Post Vietnam (May 1975 - Jul. 1991) (HUD) <input type="checkbox"/> Persian Gulf Era (Aug. 1991 - present) (HUD)	
20. Military Branches: <input type="checkbox"/> Army (HUD) <input type="checkbox"/> Marines (HUD) <input type="checkbox"/> Air Force (HUD) <input type="checkbox"/> Navy (HUD) <input type="checkbox"/> Other (HUD)	21. Discharge Type: <input type="checkbox"/> Honorable (HUD) <input type="checkbox"/> Medical (HUD) <input type="checkbox"/> Dishonorable (HUD) <input type="checkbox"/> General (HUD) <input type="checkbox"/> Bad conduct (HUD) <input type="checkbox"/> Other (HUD)	

Date completed: ___/___/_____

Interviewer Name: _____