

CRM HMIS Enrollment Sheet

Valid for the FY 2026 HMIS Data
Standards - 10/01/2025-09/30/2026

Legend - Required - *
Client Doesn't Know - CDK
Client prefers not to Answer - CPNA
Data Not Collected - DNC

Partial, street name, or code name reported - PNR
Approximate or partial SSN reported - PSS
Approximate or partial DOB reported - PBD

Assessor Name: * Today's date: / / *

First Name: PNR CDK * Middle Name:
Last Name: CPNA DNC Suffix:

Social Security: - - PSS CDK CPNA DNC *

Date of Birth: / / PBD CDK CPNA DNC *

Sex: Male Female CDK CPNA DNC *

Veteran Status: Yes No CDK CPNA DNC *

Street: City:

State: Zip: Currently at address? Yes

Primary Phone: Email:

Other Phone: Preferred contact: Phone Text Email

Disabling condition: Yes No *

Prior Living Situation

Homeless Situation *

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
- Safe Haven

Institutional Situation

- Foster Care Home or Foster Care Group Home Hospital or other residential non-psychiatric medical facility
- Jail, Prison, Juvenile Detention Facility Long-term care facility or nursing home
- Psychiatric Hospital or Other Psychiatric Facility Substance Abuse Treatment or Detox Center

Temporary Housing Situations

- Transitional Housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or Motel paid for without emergency shelter voucher Host Home (non-crisis)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house

Permanent Housing Situations

- Owned by client with ongoing housing subsidy Rental by client, with ongoing housing subsidy
- Rental by client, no ongoing housing subsidy Owned by client, no ongoing housing subsidy

Other

- Client doesn't know Client prefers not to answer

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Length of stay in prior living situation: One night or less Two to six nights One week or more, but less than one month One month or more, but less than 90 days 90 days or more but less than one year One year or longer CDK CPNA DNC *

Approximate date this episode of homelessness started / / *

Regardless of where they stayed last night—Number of times the client has been on the streets, in ES, or SH in the past three years including today: One time Two times Three times Four or more times CDK CPNA DNC *

Total number of months homeless on the street is ES, or SH in the past three years:
 More than one month (this is the first month) 2 3 4 5 6 7 8 9 10 11 12 More than 12 months CDK CPNA DNC *

Health insurance: Yes Insurance type (ex. Medicaid) No CDK CPNA DNC *

Currently fleeing domestic violence: Yes No

Income:

Examples of income: Earned income (i.e., employment income), Unemployment insurance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's Disability Payment, Private Disability Insurance, Worker's Compensation, Temporary Assistance for Need Families (TANF), General Assistance, Retirement income from Social Security, Veteran's Pension, Other Pension, Child Support, Alimony or other spousal support, Other Income, Benefits Pending

Examples of Non-Cash Benefits: Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) MEDICAID, MEDICARE, State Children's Health Insurance Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Veteran's Administration Medical Services, TANF Child Care Services, TANF Transportation Services, Other TANF-funded Services, Other Sources

Income Amount: Income @ Non-cash Income Type:

Notes:

For original copy, see



https://chiedconnect.net/pluginfile.php/2721/mod_resource/content/1/JFRD%20Mens%20Shelter%20Enrollment%20Sheet.pdf