Contact colorado.hmis@coloradocoalition.org for any questions regarding documents or collection practices.

HMIS Additional Members Child Exit Axillary Packet (04/07/2016)							
(Additional Child A)							
Legal First Name:							
Legal Last Name:	Legal Last Name:Suffix:						
Health Information							
Do you have a physical disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
substantially impair your ability to live independently?							
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Do you have a developmental disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
substantially impair your ability to live independently?							
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Do you have a chronic health condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
substantially impair your ability to live independently?							
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			

(Additional Child A) Child Health Information Continued

(Additional Child A) Child Health Information Continued							
Do you feel that you have a mental h	nealth problem?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-con substantially impair your ability to liv		☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the	disability and its severity on file?	☐ Yes	□ No				
If you have a mental health problem: treatment for this condition?	Are you currently receiving services or	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
How confirmed (for PATH programs ONL))	☐ Unconfirmed; presumptive or self-report	Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records			
Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY)		□ No	Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior	☐ Client doesn't know		
				evaluation or clinical records	Li Cilent refused		
Do you have a drug or alcohol proble	em?	☐ Alcohol☐ Drug☐ Both	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?		☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and severity on file?		☐ Yes	□ No				
If yes, are you currently receiving services or treatment for this condition?		☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
(Additional Child A) Health Insurance							
☐ No Health Insurance ☐ Veteran's - VA Medical Services Insurance	☐ Other ☐ MEDIC ☐ Employer provided Health Insurance	CAID		Childen's Health Insurance te Pay Health Insurance	State Adult Health		
☐ Client Doesn't Know	☐ Client Refused						

(Additional Child B)						
Legal First Name:						
Legal Last Name:			Suffix:			
<u> </u>	Program Exit					
Health Information						
Do you have a physical disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No				
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
Do you have a developmental disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
substantially impair your ability to live independently?						
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No				
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
Do you have a chronic health condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No				
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No				
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused		

(Additional Child B) Health Information Continued

(Additional child b) Health information continued								
Do you feel that you have a mental	health problem?	☐ Ye	S	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?		☐ Ye	s	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and its severity on file?		☐ Ye	s	□ No				
treatment for this condition?	Are you currently receiving services o	or	s	□ No	☐ Client Doesn't Know	☐ Client Refused		
How confirmed (for PATH programs ONLY)			confirmed; nptive or port	Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records			
Serious mental illness (SMI) and, if SMI, how confirmed? (for PATH programs ONLY)) No		Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused		
Do you have a drug or alcohol problem?		☐ Ald ☐ Dru ☐ Bo	ug	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?			s	□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is there documentation of the disability and severity on file?		☐ Ye	S	□ No				
If yes, are you currently receiving services or treatment for this condition?		☐ Yes	s	□ No	☐ Client Doesn't Know	☐ Client Refused		
(Additional Child B) Health Insurance								
☐ No Health Insurance ☐ Veteran's - VA Medical Services Insurance ☐ Client Doesn't Know	☐ Other ☐ Employer provided Health Insura☐ Client Refused	MEDICAID ance	□ MEDI □ COBR		Childen's Health Insurance te Pay Health Insurance	State Adult Health		

(Additional Child C)							
Legal First Name:							
Legal Last Name:		Suffix:	_				
Program Exit							
Health Information							
Do you have a physical disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Do you have a developmental disability?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
substantially impair your ability to live independently?							
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Do you have a chronic health condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			
If yes, is there documentation of the disability and its severity on file?	☐ Yes	□ No					
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	□ No	☐ Client Doesn't Know	☐ Client Refused			

(Additional Child C) Health Information Continued

			1		T =	T =		
Do you feel that you have a mental	health problem?	☐ Yes		□ No	☐ Client Doesn't Know	☐ Client Refused		
If yes, is it expected to be of long-cor		☐ Yes		□ No	☐ Client Doesn't Know	☐ Client Refused		
substantially impair your ability to liv	ve independently?							
If yes, is there documentation of the	disability and its severity on file?	☐ Yes		□ No				
If you have a mental health problem treatment for this condition?	: Are you currently receiving services	or		□ No	☐ Client Doesn't Know	☐ Client Refused		
How confirmed (for PATH programs ONL			onfirmed;		Confirmed by spin			
now committee you rarri programs one	,,	presum	ptive or ´	☐ Confirmed through	Confirmed by prior evaluation or clinical records			
		self-rep	ort	assessment and				
				clinical evaluation				
Serious mental illness (SMI) and, if SMI, h	now confirmed? (for PATH programs ONL	Y)		☐ Unconfirmed;	☐ Confirmed through	☐ Client doesn't		
				presumptive or self-report	assessment and clinical evaluation	know		
				Jen report	☐ Confirmed by prior	☐ Client refused		
					evaluation or clinical records	Lient refused		
Do you have a drug or alcohol problem?		☐ Alco	ohol	□ No	☐ Client Doesn't Know	☐ Client Refused		
		☐ Dru	g					
		☐ Bot	h					
If yes, is it expected to be of long-continued and indefinite duration and		☐ Yes		□No	☐ Client Doesn't Know	☐ Client Refused		
substantially impair your ability to live independently?								
If yes, is there documentation of the disability and severity on file?		☐ Yes		□ No				
If yes, are you currently receiving services or treatment for this condition?		Yes		□ No	☐ Client Doesn't Know	☐ Client Refused		
		•				•		
(Additional Child C) Health Insurance								
☐ No Health Insurance	Other	☐ MEDICAID	☐ MEDI	CARE	e Childen's Health Insurance			
☐ Veteran's - VA Medical Services	☐ Employer provided Health Insur		☐ COBR	A ☐ Priv	ate Pay Health Insurance	State Adult Health		
Insurance					,			
☐ Client Doesn't Know	☐ Client Refused							