

# HMIS CLIENT CAS ADDITIONAL FAMILY MEMBER PAGE

HEAD OF HOUSEHOLD NAME OR HMIS # \_\_\_\_\_

## ADDITIONAL FAMILY MEMBER #1

*\*Fill out Form in its entirety. If refusing certain information, write "refuse" on line. If refusing to provide name HMIS will assign an unidentifiable ID number as name.*

**This person is the**  Spouse  Child  Grandchild  Parent  Other Family Member  Non-Family Member of the Head of HoH.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MI \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

**GENDER**  Woman (Girl if Child)  Man (Boy if Child)  non-binary, genderfluid, agender, culturally specific gender  Transgender  Questioning  Culturally specific Identity (e.g. Two-Spirit)  Client Does not Know  Client Prefers Not to Answer  Different Identity: \_\_\_\_\_

VETERAN  YES  NO

HEALTH INSURANCE  YES  NO IF SO, WHAT KIND \_\_\_\_\_

DISABLING CONDITION  YES  NO IF YES, DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN A WARD OF THE CHILD WELFARE/FOSTER CARE AGENCY?  Yes  No

IF YES, DID YOU AGE OUT?  Yes  No

**ETHNICITY AND RACE (SELECT AS MANY AS NEEDED)**  Hispanic/Latina(e)(o)  American Indian, Alaska Native, or Indigenous  Asian or Asian American  Black, African American, or African  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Client Doesn't Know  Client Prefers Not to Answer Additional Details: \_\_\_\_\_

## ADDITIONAL FAMILY MEMBER #2

*\*Fill out Form in its entirety. If refusing certain information, write "refuse" on line. If refusing to provide name HMIS will assign an unidentifiable ID number as name.*

**This person is the**  Spouse  Child  Grandchild  Parent  Other Family Member  Non-Family Member of the Head of HoH.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MI \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_

**GENDER**  Woman (Girl if Child)  Man (Boy if Child)  non-binary, genderfluid, agender, culturally specific gender  Transgender  Questioning  Culturally specific Identity (e.g. Two-Spirit)  Client Does not Know  Client Prefers Not to Answer  Different Identity: \_\_\_\_\_

VETERAN  YES  NO

HEALTH INSURANCE  YES  NO IF SO, WHAT KIND \_\_\_\_\_

DISABLING CONDITION  YES  NO IF YES, DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN A WARD OF THE CHILD WELFARE/FOSTER CARE AGENCY?  Yes  No

IF YES, DID YOU AGE OUT?  Yes  No

**ETHNICITY AND RACE (SELECT AS MANY AS NEEDED)**  Hispanic/Latina(e)(o)  American Indian, Alaska Native, or Indigenous  Asian or Asian American  Black, African American, or African  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Client Doesn't Know  Client Prefers Not to Answer Additional Details: \_\_\_\_\_