

HMIS CLIENT CAS ADDITIONAL FAMILY MEMBER PAGE

HEAD OF HOUSEHOLD NAME OR HMIS # _____

ADDITONAL 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: _____

ADDITONAL 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: _____