



www.hhccny.org  
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315-428-2216

**FY2024 Permanent Supportive Housing Entry for Children ONLY (Children in Households)**

(Please complete this form for ALL Children under 18 years of age within the household)

**Client Name:** \_\_\_\_\_ **HMIS Client ID#:** \_\_\_\_\_ (optional)

**Project Start Date:** \_\_\_\_\_

**SS#:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Zip Code of Last Permanent Address:** \_\_\_\_\_

**Race and Ethnicity:** (Select as many as client identifies)

- American Indian/ Alaska Native or Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

**Additional Race and Ethnicity Detail:** \_\_\_\_\_

**Gender:** (Select as many as client identifies)

- Woman (Girl, if child)
- Man (Boy, If child)
- Culturally Specific Identity (e.g., Two-Spirit)
- Transgender (clients who live or identify with a transgender history, experience, or identity)
- Non-Binary
- Questioning (Unsure, may be exploring, or may not relate to or identify with a gender identity at this time)
- Different Identity; **Please Specify:** \_\_\_\_\_

**Relationship to Head of Household:**

- Head of Household's Child
- Head of Household's Spouse/ Partner
- Head of Household's Other Relation Member
- Other: Non-Relation Member

**Disabling Condition:**

**Do you have a DISABILITY of long duration?** \_\_\_ Yes \_\_\_ No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

**Disability Type:**

- Yes  LCI Alcohol Use Disorder     Yes  LCI BOTH Alcohol & Drug Use Disorder     Yes  LCI Drug Use Disorder
- Yes  LCI Chronic Health Condition     Yes  LCI Developmental    \_\_\_\_\_ HIV/AIDS
- Yes  LCI Mental Health Disorder     Yes  LCI Physical Health

**Do you have Health Insurance/ Medical Assistance?** \_\_\_ Yes \_\_\_ No

Source of Health Insurance/ Medical Assistance:

- Medicaid     Medicare     State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services     Employer – Provided Health Insurance
- Health Insurance obtained through COBRA     State Health Insurance for Adults



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Indian Health Care       Other  
Medicaid ID# \_\_\_\_\_

Medicaid Insurance Company:  Total Care       Blue Cross Blue Shield       Fidelis  
 United Healthcare       Molina Healthcare