

Toledo HMIS Data Collection Form — Adult Employment, Education & Military History

Completed By _____ Provider _____ Date _____

Client Demographics

Client ID / HMIS# (required) _____ Name (optional) _____

Adult Employment, Education & Military History

Employment Summary

Is the Client Employed?

- No
- Yes
- Client doesn't know
- Client refused

If unemployed, looking for work?

- No
- Yes

If employed...

Type of Work

- Permanent—Full Time
- Permanent—Part Time
- Temporary
- Seasonal
- None

Hours worked in last week: _____

Looking for additional hours?

- No
- Yes

Education Summary

Highest level of education attained

- No schooling completed
- Nursery school to Grade 4
- Grade 5 or 6
- Grade 7 or 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12, No diploma
- High School Diploma
- GED
- Post-secondary school

Received vocational training?

- No
- Yes
- Client doesn't know
- Client refused

Currently in school or working on any degree?

- No
- Yes
- Client doesn't know
- Client refused

1st Degrees earned (choose one)

- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree
- Other professional/graduate degree
- Certificate of advanced training or skilled artisan
- Client doesn't know
- Client refused

Degree Start Date

		/			/				
month			day			year			

Degree End Date

		/			/				
month			day			year			

Adult Employment, Education & Military History (continued)

2nd Degree earned (choose one)

- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree
- Other professional/graduate degree
- Certificate of advanced training or skilled artisan
- Client doesn't know
- Client refused

Degree Start Date

		/			/			
month			day			year		

Degree End Date

		/			/			
month			day			year		

Military History Summary

Did you serve in a war zone?

- No
- Yes
- Client doesn't know
- Client refused

Months served on active duty in the military

Military Branches

(select all that apply)

- Army
- Airforce
- Navy
- Marines
- Coast Guard

Start Date

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

End Date

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

		/			/			
month			day			year		

- Client doesn't know
- Client refused

War Zones

<input type="checkbox"/>	Europe	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year		
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Months?			End Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year			
		/			/																		
month			day			year																	
<input type="checkbox"/>	North Africa	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year		
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Months?			End Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year			
		/			/																		
month			day			year																	
<input type="checkbox"/>	Vietnam	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year		
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Months?			End Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">month</td> <td colspan="3">day</td> <td colspan="3">year</td> </tr> </table>			/			/				month			day			year			
		/			/																		
month			day			year																	

Adult Employment, Education & Military History (continued)

<input type="checkbox"/>	Laos / Cambodi Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	South China Sea Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	China, Burma, India Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	Korea Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	South Pacific Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	Persian Gulf Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	Afghanistan Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	Other Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
<input type="checkbox"/>	Other Months?	Friendly Fire?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>
				End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <i>month day year</i>

Adult Employment, Education & Military History (continued)

Military Service Era

<input type="checkbox"/>	Post September 11 (9/11/2001-Present)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Persian Gulf Era (8/1991-9/10/2001)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Post Vietnam (5/1975-7/1991)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Vietnam Era (8/1964- 4/1975)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Between Korea & Vietnam (2/1955-7/1964)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Korean War (6/1950- 1/1955)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Between WWII & Korea (8/1947-5/1950)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	World War II (9/1940-7/1947)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Other: _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Other: _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Other: _____	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
		<i>month day year</i>	<i>month day year</i>
<input type="checkbox"/>	Client doesn't know		
<input type="checkbox"/>	Client refused		