

Napa County Continuum of Care

Standard HMIS Adult Client Status Update and/or Annual Assessment

Program Name:	Case Worker/Intake Person:	Status Date:				
CLIENT STATUS UPDATE/ANNUAL ASSESSMENT						
Status Update Assessment is to be filled out every time there is a change in disabilities, income, non-cash benefits, or health insurance.						
Annual Assessment is to be filled out once a year – 30 days before or after the anniversary of the program start date. Separate Status Update and/or Annual Assessments should be completed for each client who is over the age of 17 or the Head of Household. Status Update and/or Annual Assessments must be completed for children as well, but please be sure to use the Standard HMIS Child Status Update and/or Annual Assessment Form.						
1) Client Name	First	Last				
Project Status Update or Annual Assessment Date	Month Day Year					
B) Housing Move-in Date [Head of Household only] (Required for Permanent Housing Projects only) IMPORTANT REMINDER: When a client moves into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, ensure the "Housing Move-In Date" on enrollment screen is	Month Day Year					
completed. DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.						
Does the client have a Physical Disability?	□ Yes □ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected				
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	□ Yes □ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected				
2) Does the client have a Developmental Disability?	□ Yes □ No	☐ Client doesn't know☐ Client prefers not to answer☐ Data Not Collected☐				
Client Name						

Head of Household Name (if not Self)

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3)	Does the client have a Chronic Health Condition?	nave a Chronic Health Yes		□ Client doesn't know□ Client prefers not to answer			
	If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	□ Yes □ No		 □ Data Not Collected □ Client doesn't know □ Client prefers not to answer □ Data Not Collected 			
4)	Does the client have HIV – AIDS?	□ Yes □ No		□ Client doesn't know□ Client prefers not to answer□ Data Not Collected			
5)	Does the client have a Mental Health Disorder?	□ Yes □ No		□ Client doesn't know□ Client prefers not to answer□ Data Not Collected			
	If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	□ Yes □ No		☐ Client doesn't know☐ Client prefers not to answer☐ Data Not Collected☐			
6)	Does the client have any Substance Use Disorder?	□ No□ Alcohol use disorder□ Drug use disorder□ Both Alcohol & Drug Abu	ise Use Disorders	☐ Client doesn't know☐ Client prefers not to answer☐ Data Not Collected☐			
	If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	□ Yes □ No		☐ Client doesn't know☐ Client prefers not to answer☐ Data Not Collected☐			
DC	DOMESTIC VIOLENCE [Head of Household and Adults only]						
1)	1) Survivor of Domestic Violence Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or lifethreatening conditions against you or a member of your family, including a child, that has happened in the place you were living?" If the answer is "no", skip to "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.		☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected				
2)	Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"		 □ Within the past three months □ Three to six months ago (excluding six months exactly) □ Six months to one year ago (excluding one year exactly) □ One year ago or more □ Client doesn't know □ Client prefers not to answer □ Data Not Collected 				
	Client Name						
	Head of Household Name (if not Self)						

3) Current Status	☐ Yes				
Ask the client "Are you currently fleeing, or atten					
domestic violence situation, or are you afraid to you are living?"	return to the place ☐ Client doesn't know ☐ Client prefers not to answer				
you are niving:	☐ Data Not Collected				
MONTHLY INCOME – CASH BENEFITS [Head	of Household and Adults only]				
Current income from any source?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer				
Is the client currently receiving any income from any source?	□ Data Not Collected				
Specify the type(s) and amount(s) of income	□ Earned Income \$				
the client currently receives.	☐ Unemployment Insurance \$				
Only regular, recurrent sources that are current	□ Supplemental Security Income SSI \$				
today should be included. Income received for a minor (under 18 years old) member of the	□ Social Security Disability Insurance SSDI \$				
household (e.g., SSI) should be recorded with the HoH's information.	□ VA Service-Connected Disability Pension\$				
	☐ VA Non-service connect disability pension \$				
DO NOT include income received by other adults (18 years and older) in the household; record their	☐ Private Disability Insurance \$				
income on their Enrollment form.	☐ Worker's Compensation \$				
	☐ Temporary Assistance for Needy Families TANF/CalWORKs \$				
	☐ General Assistance (GA) \$				
	□ Retirement income from Social Security \$				
	☐ Pension or Retirement Income from a Former Job \$				
	☐ Child Support \$				
	☐ Alimony and Other Spousal Support \$				
	☐ Other Cash Income \$				
	If Other Specify:				
Total Monthly Cash Income for Individual	TOTAL: \$				
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NON-CASH BENEFITS [Head of Household and Adults only]					
Currently receiving Non-Cash Benefits? Is the client currently receiving one of the non-	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer				
cash benefits listed below?	□ Data Not Collected				
If Yes, indicate all the non-cash benefits the	☐ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh				
alland la manalada m	☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)				
	Client Name				
Client Name					
Hea	Head of Household Name (if not Self)				

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Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18	☐ TANF/CALWORKS Childcare Services ☐ TANF/CALWORKS Transportation Services		
years of age) of the household under the HoH's information.	☐ Other TANF/CALWORKS-Funded Services		
	☐ Other Non-Cash Benefit		
DO NOT include benefits received by other adults (18 years and older) in the household;	If Other Specify:		
record their benefits on their Enrollment form.			
HEALTH INSURANCE			
Currently covered by health insurance? Is the client currently covered by health	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer		
insurance?	□ Data Not Collected		
If Yes, type(s) of insurance(s):	☐ Medicaid (same as Medi-Cal)		
If the client is currently covered by multiple health insurances please select all that apply.	☐ Medicare		
nodian modifico produce corest am that appriy.	☐ State Children's Health Insurance (CHIP) Program		
	□ Veteran's Health Administration (VHA)		
	☐ Employer-Provided Health Insurance		
	☐ Health Insurance Obtained Through COBRA		
	☐ Private Pay Health Insurance		
	☐ State Health Insurance for Adults		
	☐ Indian Health Services Program		
	☐ Other Health Insurance		
	If Other Specify:		

Client Name______

Head of Household Name (if not Self) ______