

Standard HMIS Adult Client Status Update and/or Annual Assessment

Client Name _____

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3) Does the client have a Chronic Health Condition? 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 ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ 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? 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 ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
6) Does the client have any Substance Use Disorder? If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	☐ No ☐ Alcohol use disorder ☐ Drug use disorder ☐ Both Alcohol & Drug Abuse Use Disorders ☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

DOMESTIC VIOLENCE [Head of Household and Adults only]

1) Survivor of Domestic Violence <i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i> 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) Most Recent Occurrence <i>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?"</i>	☐ 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

Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"

- ☐ Yes
☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]**Current income from any source?**

Is the client currently receiving any income from any source?

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
☐ Data Not Collected

Specify the type(s) and amount(s) of income the client currently receives.

Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.

DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.

- ☐ Earned Income \$ _____
☐ Unemployment Insurance \$ _____
☐ Supplemental Security Income SSI \$ _____
☐ Social Security Disability Insurance SSDI \$ _____
☐ VA Service-Connected Disability Pension \$ _____
☐ VA Non-service connect disability pension \$ _____
☐ Private Disability Insurance \$ _____
☐ 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: \$ _____

NON-CASH BENEFITS [Head of Household and Adults only]**Currently receiving Non-Cash Benefits?**

Is the client currently receiving one of the non-cash benefits listed below?

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
☐ Data Not Collected

If Yes, indicate all the non-cash benefits the client is receiving:

- ☐ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Client Name _____

Head of Household Name (if not Self) _____

Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.

DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.

- ☐ TANF/CALWORKS Childcare Services
- ☐ TANF/CALWORKS Transportation Services
- ☐ Other TANF/CALWORKS-Funded Services
- ☐ Other Non-Cash Benefit

If Other Specify: _____

HEALTH INSURANCE

Currently covered by health insurance?

Is the client currently covered by health insurance?

- ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
- ☐ Data Not Collected

If Yes, type(s) of insurance(s):

If the client is currently covered by multiple health insurances please select all that apply.

- ☐ Medicaid (same as Medi-Cal)
- ☐ Medicare
- ☐ 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) _____