A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

VA SSVF Adult 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. This form should be used for all VA SSVF-funded programs. **Separate 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**
2) Project Status Update or Annual Assessment Date	/ / Month Day Year	
3) 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 completed.	/ / Month Day Year	

DOMESTIC VIOLENCE [Head of Household and Adults only]

1) Survivor of Domestic Violence *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?"* ***If the answer is "no", skip to "Monthly Income – Cash Benefits" section.***	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data Not Collected

Client Name_____

Head of Household Name (if not Self) _____

If the answer is "yes", COMPLETE questions 2 and 3.	
2) Most Recent Occurrence *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
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: $**_____

Client Name_____

Head of Household Name (if not Self) _____

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: *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.*	❑ Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ 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: _____

SSVF Required Information [Head of Household and Adults only]	
Connection with SOAR	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected

Client Name_____

Head of Household Name (if not Self) _____

Client Name_____

Head of Household Name (if not Self) _____