



A Tradition of Stewardship  
A Commitment to Service

# Napa County Continuum of Care HMIS Status or Annual Assessment Form

**For HMIS Staff ONLY**  
Is this the HoH?  Yes  No  
If no, client's HMIS ID of HoH: \_\_\_\_\_  
Data entered in HMIS on \_\_\_\_\_ by \_\_\_\_\_

Program(s) Name: \_\_\_\_\_ Date of Status or Annual Assessment: \_\_\_\_\_  
Case Worker/Intake Person: \_\_\_\_\_

## CLIENT PROFILE

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

## STATUS OR ANNUAL ASSESSMENT QUESTIONS

### DISABLING CONDITIONS AND BARRIERS

- Physical Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected  
*If yes, is Physical Disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*  Yes  No  Client Doesn't Know  Refused  Data not collected
- Developmental Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected
- Chronic Health Condition**  Yes  No  Client Doesn't Know  Refused  Data not collected  
*If yes, is Chronic Health Condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*  Yes  No  Client Doesn't Know  Refused  Data not collected
- HIV - AIDS**  Yes  No  Client Doesn't Know  Refused  Data not collected
- Mental Health Disorder**  Yes  No  Client Doesn't Know  Refused  Data not collected  
*If yes, is the Mental Health Disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*  Yes  No  Client Doesn't Know  Refused  Data not collected
- Substance Abuse Disorder**  No  Alcohol Abuse  Drug Abuse  Both Alcohol and Drug Abuse  
 Client Doesn't Know  Refused  Data not collected  
*If yes, is Substance Abuse Disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*  Yes  No  Client Doesn't Know  Refused  Data not collected
- Is Client a Domestic Violence Victim/Survivor?**  Yes  No  Client Doesn't Know  Refused  Data not collected  
*If yes, last occurrence?*  Within the past 3 months  3-6 months ago  6-12 months ago  One year ago or more  
 Client Doesn't Know  Refused  Data not collected  
 Is client currently fleeing?  Yes  No  Client Doesn't Know  Refused  Data not collected

### MONTHLY CASH INCOME FOR INDIVIDUAL

- Does Client Receive any Income from Any Source?**  Yes  No  Client Doesn't Know  Refused  Data not collected  
 If yes, please mark one below and enter amount:
- |   |  |
|---|--|
| <input type="checkbox"/> Earned Income \$ _____                   | <input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____         |
| <input type="checkbox"/> Child Support \$ _____                   | <input type="checkbox"/> Social Security Income (SSI) \$ _____                     |
| <input type="checkbox"/> General Assistance \$ _____              | <input type="checkbox"/> Spousal Support \$ _____                                  |
| <input type="checkbox"/> TANF/CalWorks \$ _____                   | <input type="checkbox"/> Unemployment Insurance \$ _____                           |
| <input type="checkbox"/> Private Disability Insurance \$ _____    | <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____     |
| <input type="checkbox"/> Retirement from Social Security \$ _____ | <input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____ |
| <input type="checkbox"/> Pension from a Former Job \$ _____       | <input type="checkbox"/> Worker's Compensation \$ _____                            |
| <input type="checkbox"/> Other Income \$ _____ Source: _____      |  |

## NON-CASH BENEFITS

### Does Client Receive Non-Cash Benefits from Any Source?

Yes  No  Client Doesn't Know  Refused  Data not collected

If yes, please mark one below:

- CalFresh (Food Stamps/SNAP)  TANF/CalWorks Transportation Services  
 TANF/CalWorks Childcare Services  Other TANF/CalWorks-Funded Services  
 WIC (Supplemental Nutrition for Women, Infants, and Children)  Other Non-Cash Benefits – Source: \_\_\_\_\_

## HEALTH INSURANCE

### Health Insurance from Any Source? Yes No Client Doesn't Know Refused Data not collected

If yes, please mark one below:

- Employer Provided  Obtained through COBRA  
 Healthy Kids (CHI) (State Children's HIP)  Private Pay Health Insurance  
 Indian Health Services Program  State Health Insurance for Adults  
 Medical/Medicaid  Veteran Administration (VA) Medical Services  
 Medicare  Other: Specify \_\_\_\_\_

## HUD Required Questions for PSH Programs Only

### WELL-BEING

#### Client perceives their life has value and worth:

- Strongly Disagree  Strongly Agree  
 Somewhat Disagree  Client doesn't know  
 Neither Agree nor Disagree  Client refused  
 Somewhat Agree  Data not collected

#### Client perceives they have support from others who will listen to problems:

- Strongly Disagree  Strongly Agree  
 Somewhat Disagree  Client doesn't know  
 Neither Agree nor Disagree  Client refused  
 Somewhat Agree  Data not collected

#### Client perceives they have a tendency to bounce back after hard times:

- Strongly Disagree  Strongly Agree  
 Somewhat Disagree  Client doesn't know  
 Neither Agree nor Disagree  Client refused  
 Somewhat Agree  Data not collected

#### Client's frequency of feeling nervous, tense, worried, frustrated, or afraid:

- Not at all  At least every day  
 Once a month  Client doesn't know  
 Several times a month  Client refused  
 Several times a week  Data not collected

## GENERAL HEALTH STATUS

### General Health Status:

- Excellent  Poor  
 Very Good  Client doesn't know  
 Good  Client refused  
 Fair  Data not collected

**Status Assessment** - To be filled out every time there is a change in disabilities, income, non-cash benefits or health insurance.

**Annual Assessment** – To be filled out once a year - 30 days before/after anniversary start date.