

Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

# HMIS Annual/Update Form

For Person in HMIS Projects: **Outreach**

<b>Identification – All fields required unless otherwise noted</b>		
First Name: _____		Middle Name: _____
Last Name: _____		Suffix: _____
Social Security Number (SSN) _____-_____-_____	Birth Date (DOB) ____/____/____	Date of Engagement ____/____/____
<b>Mailing Address and Contact Information</b> <i>(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)</i>		
Address: _____		
City, State, Zip Code: _____		
Email: _____		
Main Phone: _____		
Message Phone: _____		
<b>Assessment Type</b>	<input type="checkbox"/> During Program Enrollment	<input type="checkbox"/> Annual Assessment
<b>Wellness Assessment</b>		
<b>Health Insurance</b>		
<input type="checkbox"/> Yes (Enter Source) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
<b>Health Insurance Source</b> <i>(Check all that apply)</i>		
<input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Medicare		
<input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Net (Medi-Cal)-Adults		
<input type="checkbox"/> Health Net (Medi-Cal)-Children <input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults		
<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children <input type="checkbox"/> State Children's Health Insurance (Medi-Cal)		
<input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer Provided Health Insurance		
<input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal)		
<input type="checkbox"/> Indian Health Services Program (IHS) <input type="checkbox"/> Other: _____		
<b>Veterans</b> <i>(Have you ever served in the U.S. Military?) 18 and over</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
<b>Barriers</b> <i>(For During Program Enrollment Only)</i>		
	<b>Barrier Present</b>	<b>Condition Is Indefinite</b>
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer

<b>Domestic Violence Survivor</b> <i>(For During Program Enrollment Only)</i>	
<b>Domestic Violence Experience?</b>	
<input type="checkbox"/> Yes <i>(Answer questions below)</i> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>When Experience Occurred?</b>	
<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 6 months to one year ago <i>(excluding 1 year exactly)</i> <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 3 months to 6 months ago <i>(excluding 6 mos exactly)</i> <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>Financial Assessment</b>	
<b>Does client have any source of income?</b> <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Income Source	Monthly Amount
<input type="checkbox"/> Earned Income (employment wages/cash)	\$
<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Private Disability Insurance	\$
<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> VA Service-Connected Disability	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$
<input type="checkbox"/> Pension or Retirement Income from a job	\$
<input type="checkbox"/> TANF (CalWorks)	\$
<input type="checkbox"/> General Assistance	\$
<input type="checkbox"/> Retirement (Social Security)	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Alimony	\$
<input type="checkbox"/> Other Income	\$
<b>Does client have any Non-Cash Benefits?</b> <i>(If Yes, check all that apply)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Non-Cash Benefits	Monthly Amount
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$
<input type="checkbox"/> CalWorks Transportation (TANF)	\$
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$
<input type="checkbox"/> Other Sources	\$

## Current Living Situation: Outreach Contact

Record the client's current living situation information below

### 1. Living Situation

Literally Homeless	Institutional Situation	Temporary Housing	Permanent Housing
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> <b>Car/Truck/Van</b> <input type="checkbox"/> <b>RV</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Emergency Shelter, including hotel voucher or Host Home Shelter <input type="checkbox"/> Safe Haven  <i>*If selection made, continue to Contact Service</i>	<input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-Term Care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center  <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with now homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a family member's room apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house  <i>*If selection made, continue to question 2</i>	<input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <b>Subsidy Type:</b> <input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy <i>*If selection made, continue to question 2</i>
<input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer			

### 2. Is client going to have to leave their current living situation within 14 days?

Yes (Continue to questions 3-6)  No (Continue to Contact Service)  Client doesn't know  Client prefers not to answer

### 3. Has a subsequent residence been identified?

Yes  No  Client doesn't know  Client prefers not to answer

### 4. Does client or family have resources or support networks to obtain other permanent housing?

Yes  No  Client doesn't know  Client prefers not to answer

### 5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

Yes  No  Client doesn't know  Client prefers not to answer

### 6. Has the client moved 2 or more times in the last 60 days?

Yes  No  Client doesn't know  Client prefers not to answer

## Record Contact

Contact Services (Please list the service provided): \_\_\_\_\_