

HMIS Annual/Update Form

For Person in HMIS Projects: **Outreach**

Client ID: _____
Project Name: _____
Staff Name: _____
Information Date: _____

Identification – All fields required unless otherwise noted

First Name: _____	Middle Name: _____	
Last Name: _____	Suffix: _____	
Social Security Number (SSN) _____	Birth Date (DOB) _____	Date of Engagement _____

Mailing Address and Contact Information (Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)

Address: _____
 City, State, Zip Code: _____
 Email: _____
 Main Phone: _____
 Message Phone: _____

Assessment Type During Program Enrollment Annual Assessment

Wellness Assessment

Health Insurance

Yes (Enter Source) No Client doesn't know Client prefers not to answer

Health Insurance Source (Check all that apply)

<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: _____

Veterans (Have you ever served in the U.S. Military?) 18 and over

Yes No Client Doesn't Know Client Prefers Not to Answer

Barriers (For During Program Enrollment Only)

	Barrier Present	Condition Is Indefinite
<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

Domestic Violence Survivor <i>(For During Program Enrollment Only)</i>	
Domestic Violence Experience?	
<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	
When Experience Occurred?	
<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
If Yes, are you currently fleeing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
Financial Assessment	
Does client have any source of income? <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	\$
Does client have any Non-Cash Benefits? <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"/> Car/Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other <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 Subsidy Type: <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): _____