

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

HMIS Annual/Update Form

For Person in HMIS Projects: **ALL except Outreach**

| Identification – All fields required unless otherwise noted | | |
|---|---|---|
| First Name: _____ | | Middle Name: _____ |
| Last Name: _____ | | Suffix: _____ |
| Social Security Number (SSN) | Birth Date (DOB) | Housing Move-In Date (Rapid Rehousing ONLY) |
| _____-_____-_____ | ____/____/____ | ____/____/____ |
| 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 | <input type="checkbox"/> During Program Enrollment <input type="checkbox"/> Annual Assessment | |
| Wellness Assessment | | |
| Health Insurance | | |
| <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 | | |
| 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 | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | |
| Connection with SOAR? (SSVF Only) | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 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"/> 3 months to 6 months ago <i>(excluding 6 mos exactly)</i> | |
| <input type="checkbox"/> 6 months to one year ago <i>(excluding 1 year exactly)</i> | <input type="checkbox"/> One year ago or more | |
| <input type="checkbox"/> Client doesn't know | <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 | \$ | |
| Pregnancy Status <i>(RHY Only)</i> | | |
| <input type="checkbox"/> Yes* (Due Date _____) <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | |

| Current Living Situation: <i>Record the client's current living situation information below (FOR SSO & CES ONLY)</i> | | | |
|---|--|--|--|
| 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"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <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? | | | |
| <input type="checkbox"/> Yes (<i>Continue to questions 3-6</i>) <input type="checkbox"/> No (<i>Continue to Contact Service</i>) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | | |
| 3. Has a subsequent residence been identified? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | | |
| 4. Does client or family have resources or support networks to obtain other permanent housing? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | | |
| 5. Has the client has a lease or ownership interest in a permanent housing unit in the last 60 days? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | | |
| 6. Has the client moves 2 or more times in the last 60 days? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer | | | |
| Record Contact | | | |
| Contact Services (<i>Please list the service provided</i>): _____ | | | |