HMIS Annual/Update Form

For persons in HMIS Projects: ***Outreach***

Client ID: _____

Information Date _____

Project Name: _____

Identification *- All fields required unless otherwise noted*

First Name _____ **Middle Name** _____

Last Name **Suffix**

Social Security Number (SSN)	**Birth Date (DOB)**	**Date of Engagement**
_____-_____-_____	_____/_____/_____	_____/_____/_____
Assessment Type	□ During Program Enrollment □ Annual Assessment	

Wellness Assessment

Health Insurance

□ Yes (Enter the Source)	□ No	□ Client Doesn't Know	□ Client Refused
Health Insurance Sources	□ Private Pay Health Insurance □ Medicare □ MEDICAID □ State Children's Health Insurance (SCHIP) □ VA Medical Services	□ Employer Provided Health Insurance □ Health Insurance obtained through COBRA □ State Health Insurance Adults (Medi-cal) □ Indian Health Services Program □ Other _____	
Veteran (Have you ever served in the U.S. Military?) ***18 and over***	□ Yes □ No	□ Client Doesn't Know	□ Client Refused

Barriers: (For During Program Enrollment Only)

	Barrier Present	**Condition is Indefinite**
Alcohol Use Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Chronic Health Condition	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Developmental Disability	□ Yes □ No □ Don't Know □ Client Refused	
Drug Use Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
HIV/AIDS	□ Yes □ No □ Don't Know □ Client Refused	
Mental Health Disorder	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused
Physical Disability	□ Yes □ No □ Don't Know □ Client Refused	□ Yes □ No □ Don't Know □ Client Refused

Domestic Violence: (For During Program Enrollment Only)

Domestic Violence Experience?	□ Yes (Answer questions below) □ No	□ Client Doesn't Know □ Client Refused
When Experience Occurred?	□ Within the past 3 months □ 3 months to 6 months ago □ 6 months to one year	□ One year ago or more □ Client Doesn't Know □ Client Refused
If yes, are you currently fleeing?	□ Yes □ No	□ Client Doesn't Know □ Client Refused

Financial Assessment			
Income Source □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Income (Monthly)**	**Non-Cash Resources** □ Yes (Check all Sources that Apply) □ No □ Client Doesn't Know □ Client Refused	**Stated Amounts (Monthly)**
□ Earned Income *(employment wages / cash)*	$	□ Special Supplemental Nutrition Program for Women, Infants and Children	$
□ Unemployment Insurance	$	□ Food Stamps (CalFresh) SNAP	$
□ Supplemental Security Income (SSI)	$	□ CalWorks Child Care/TANF Child Care Services	$
□ Social Security Disability Income (SSDI)	$	□ CalWorks Transportation (TANF)	$
□ Private Disability Insurance	$	□ Other CalWorks-Funded Services (TANF)	$
□ Workers Compensation	$	□ Other	$
□ VA Service-Connected Disability Compensation	$		
□ VA Non-Service-Connected Disability Pension	$		
□ Pension or Retirement income from a job	$		
□ TANF	$		
□ General Assistance	$		
□ Retirement (Social Security)	$		
□ Child Support	$		
□ Alimony	$		
□ Other Income	$		

Current Living Situation: Outreach Contact

Record the client's current living situation information below.

1. Living Situation:

- □ Place not meant for habitation
- □ Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter
- □ Safe Haven
- □ Foster care home or foster care group home
- □ Hospital or other residential non-psychiatric medical facility
- □ Jail, prison or juvenile detention facility
- □ Long-term care facility or nursing home
- □ Psychiatric hospital or other psychiatric facility
- □ Substance abuse treatment facility or detox center
- □ Residential project or halfway house with no homeless criteria
- □ Hotel or motel paid for without emergency shelter voucher
- □ Rental by client, with VASH subsidy
- □ Transitional housing for homeless persons (including homeless youth)
- □ Host Home (non-crisis)
- □ Staying or living in a family member's room, apartment or house
- □ Staying or living in a friend's room, apartment or house
- □ Rental by client, with GPD TIP subsidy
- □ Permanent housing (Other than RRH) for formerly homeless persons
- □ Rental by client, with RRH or equivalent subsidy
- □ Rental by client, with HCV voucher (tenant or project based)
- □ Rental by client in a public housing unit
- □ Rental by client, with no ongoing housing subsidy
- □ Rental by client, with other ongoing housing subsidy
- □ Owned by client, with ongoing housing subsidy
- □ Owned by client, no ongoing housing subsidy
- □ Other:_____
- □ Worker unable to determine
- □ Client doesn't know
- □ Client refused
- □ Data not collected

2. Is client going to have to leave their current living situation within 14 days?	□ Yes □ No	□ Client doesn't know □ Client refused
3. Has a subsequent residence been identified?	□ Yes □ No	□ Client doesn't know □ Client refused
4. Does individual or family have resources or support networks to obtain other permanent housing?	□ Yes □ No	□ Client doesn't know □ Client refused
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 refused
6. Has the client moved 2 or more times in the last 60 days?	□ Yes □ No	□ Client doesn't know □ Client refused

Record Contact

Contact Service: _____

(Please list the service provided)