HMIS Annual Assessment/Update Form

Name/Identification and Contact Information: HMIS consent form signed? ☐ Yes ☐ No

Legal First Name: _____ Middle Name: _____

Legal Last Name: _____ Suffix: _____

Project Name: _____ Project Entry Date: ____/____/____

Case Manager: _____ Date of Assessment: ____/____/____

Income – Cash Sources:

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
☐ No financial resources							
☐ Earned Income		☐	☐	☐	☐	☐	☐
☐ Unemployment Insurance		☐	☐	☐	☐	☐	☐
☐ Supplemental Security Income (SSI)		☐	☐	☐	☐	☐	☐
☐ Social Security Disability (SSDI)		☐	☐	☐	☐	☐	☐
☐ VA Service-Connected Disability Compensation		☐	☐	☐	☐	☐	☐
☐ Private Disability Insurance		☐	☐	☐	☐	☐	☐
☐ Workers Compensation		☐	☐	☐	☐	☐	☐
☐ General Assistance (GA or GR)		☐	☐	☐	☐	☐	☐
☐ Retirement Income from Social Security		☐	☐	☐	☐	☐	☐
☐ VA Non-Service-Connected Disability Pension		☐	☐	☐	☐	☐	☐
☐ Pension from a former job		☐	☐	☐	☐	☐	☐
☐ Child Support		☐	☐	☐	☐	☐	☐
☐ Alimony or other spousal support		☐	☐	☐	☐	☐	☐
☐ Other Source		☐	☐	☐	☐	☐	☐
☐ TANF		☐	☐	☐	☐	☐	☐
☐ Client Doesn't Know							
☐ Client Refused							
☐ Data not Collected							

Income – Non-Cash Benefits:

Non-Cash Benefits (Check all that apply):			
☐ None	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Food Stamps (CalFresh) Amount: _____	☐ CalWorks Child Care	☐ Temporary Rental Assistance	
	☐ CalWorks Transportation	☐ Section 8 or Rental Assistance	☐ Medically Needy Amount: _____
☐ WIC	☐ Other CalWorks-Funded Services	☐ Other _____	

Health Insurance (Check all that apply):			
☐ No Health Insurance	☐ Client Doesn't Know	☐ Client Refused	☐ Data not Collected
☐ Medi-Cal	☐ MEDICARE	☐ State Children's Health Ins.	☐ VA Medical Services
☐ Employer Provided Health Ins.	☐ COBRA Health Ins.	☐ Private Health Ins.	☐ Indian Health Services Program
☐ Other_____			

HMIS Annual Assessment/Update Form

***Assessment Questions** – All clients, required questions are shaded*

Question	Check One Answer		Comments
1. Is this an update or annual assessment?	☐ Project Update ☐ Project Annual Assessment		
2. Do you have a physical disability?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
2a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 2 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
2b. Do you have documentation of the disability and severity on file? (Required if question 2 is 'Yes')	☐ No	☐ Yes	
2c. Are you currently receiving services/treatment for this disability? (Required if question 2 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
3. Do you have a developmental disability?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
3a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 3 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
3b. Do you have documentation of the disability and severity on file? (Required if question 3 is 'Yes')	☐ No	☐ Yes	
3c. Are you currently receiving services/treatment for this disability? (Required if question 3 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
4. Do you have a chronic health condition?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
4a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 4 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
4b. Do you have documentation of the disability and severity on file? (Required if question 4 is 'Yes')	☐ No	☐ Yes	
4c. Are you currently receiving services/treatment for this disability? (Required if question 4 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
5. Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	

HMIS Annual Assessment/Update Form

5a. Do you expect this to substantially impair your ability to live independently? (Required if question 5 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
5b. Do you have documentation of the disability and severity on file? (Required if question 5 is 'Yes')	☐ No	☐ Yes	
5c. Are you currently receiving services/treatment for this disability? (Required if question 5 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
6. Do you feel you currently have a mental health problem?	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
6a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 6 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
6b. Do you have documentation of the disability and severity on file? (Required if question 6 is 'Yes')	☐ No	☐ Yes	
6c. Are you currently receiving services/treatment for this disability? (Required if question 6 is 'Yes')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
6d. How was the mental health condition confirmed? (Required for PATH only if question 6 is 'Yes')	☐ Unconfirmed; presumptive or self-report ☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records		
6e. Does the client have a serious mental illness? If so, how was it confirmed? (Required for PATH only if question 6 is 'Yes')	☐ No ☐ Unconfirmed; presumptive or self-report ☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records ☐ Client Doesn't Know ☐ Client Refused		
7. Do you have an alcohol and/or drug abuse problem?	☐ No ☐ Alcohol ☐ Drug ☐ Both	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
7a. Do you expect this to be of long–continued and indefinite duration AND substantially impair your ability to live independently? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	☐ No ☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	
7b. Do you have documentation of the disability and severity on file? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	☐ No	☐ Yes	

HMIS Annual Assessment/Update Form

7c. Are you currently receiving services/treatment for this disability? (Required if question 7 is 'Alcohol', 'Drug', or 'Both')	□ No □ Yes □ Client Doesn't Know □ Client Refused □ Data not Collected	
7d. How was the substance abuse condition confirmed? (Required for PATH only if question 7 is 'Alcohol', 'Drug', or 'Both')	□ Unconfirmed; presumptive or self-report □ Confirmed through assessment and clinical evaluation □ Confirmed by prior evaluation or clinical records	
8. Have you been a victim of domestic violence or a victim of intimate partner violence?	□ No □ Yes □ Client Doesn't Know □ Client Refused □ Data not Collected	
8a. When did this experience occur? (Required if question 8 is 'Yes')	□ Within the past three months □ Three to six months ago (excluding six months exactly) □ From six to twelve months ago (excluding one year exactly) □ More than a year ago □ Client Doesn't Know □ Client Refused □ Data not Collected	
8b. Are you currently fleeing? (Required if question 8 is 'Yes')	□ No □ Yes □ Client Doesn't Know □ Client Refused □ Data not Collected	

***PATH** – For PATH Funded Projects, Required questions are shaded*

20. Connection with SOAR?	□ No □ Yes □ Client Doesn't Know □ Client Refused □ Data not Collected	

Client Signature _____ Site _____ Date _____

Agency Staff Signature _____ Site _____ Date _____

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/_____

Question	Answer	Initials of Staff completion	Comments
Was the hard copy intake form completely filled out correctly?	□ Yes □ No		

Staff Name (verifying completion of Data Entry): _____