## Status Update/Annual Assessment

<table>
<thead>
<tr>
<th>Project Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Name</td>
<td></td>
</tr>
<tr>
<td>Project Status Date</td>
<td></td>
</tr>
</tbody>
</table>

### Disabling Conditions and Barriers

**Do you have a physical disability?**

- □ No
- □ Yes

*If yes for Physical Disability, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- □ No
- □ Yes
- □ Client doesn’t know
- □ Client refused
- □ Data not collected

**Do you have a developmental disability?**

- □ No
- □ Yes

- □ Client doesn’t know
- □ Client refused
- □ Data not collected

**Do you have a chronic health condition?**

- □ No
- □ Yes

*If yes for Chronic Health Condition, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- □ No
- □ Yes
- □ Client doesn’t know
- □ Client refused
- □ Data not collected

**Have you been diagnosed with AIDS or have you tested positive for HIV?**

- □ No
- □ Yes

- □ Client doesn’t know
- □ Client refused
- □ Data not collected

**Do you have a mental health problem?**

- □ No
- □ Yes

*If yes for Mental Health Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

- □ No
- □ Yes
- □ Client doesn’t know
- □ Client refused
- □ Data not collected

**Do you have a substance abuse problem?**

- □ No
- □ Alcohol Abuse
- □ Drug Abuse
- □ Both Alcohol and Drug

- □ Client doesn’t know
- □ Client refused
- □ Data not collected
### If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

### Are you a survivor of domestic or intimate partner violence?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

### If Yes for survivor of domestic or intimate partner violence

<table>
<thead>
<tr>
<th>When did this experience occur?</th>
<th></th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Client doesn’t know</td>
<td>Yes</td>
<td>Client refused</td>
<td>Data not collected</td>
<td></td>
</tr>
</tbody>
</table>

### Are you currently fleeing?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

### MONTHLY INCOME AND SOURCES

<table>
<thead>
<tr>
<th>Income from Any Source</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

#### IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

<table>
<thead>
<tr>
<th>Income Source (Check all that apply)</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td></td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td></td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td></td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Income (SSDI)</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td></td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td></td>
</tr>
<tr>
<td>Pension or retirement income from a former job</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td></td>
</tr>
<tr>
<td>Alimony or other spousal support</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>Other Cash Income (Specify:____________________)</td>
<td></td>
</tr>
</tbody>
</table>

### NON-CASH BENEFITS

<table>
<thead>
<tr>
<th>Receiving Non-Cash Benefits?</th>
<th>No</th>
<th>Client doesn’t know</th>
<th>Yes</th>
<th>Client refused</th>
<th>Data not collected</th>
</tr>
</thead>
</table>

#### IF “YES” TO RECEIVING NON-CASH BENEFITS—INDICATE ALL SOURCES THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>Supplemental Nutrition Assistance Program (SNAP)</th>
<th>TANF Transportation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>Other TANF-Funded Services</td>
</tr>
<tr>
<td></td>
<td>TANF Childcare Services</td>
<td>Other Non-Cash Benefits (Specify Source):_________________________</td>
</tr>
</tbody>
</table>
## HEALTH INSURANCE

**Covered by Health Insurance?**
- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

### IF “YES” TO COVERED BY HEALTH INSURANCE—INDICATE ALL SOURCES THAT APPLY

- [ ] MEDICAID
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] MEDICARE
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] State Children’s Health Insurance Program
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] Veteran’s Administration (VA) Medical Services
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] Employer-provided Health Insurance
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] Insurance Obtained through COBRA
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected

- [ ] Private Pay Health Insurance
  - [ ] Applied; decision pending
  - [ ] Applied; client not eligible
  - [ ] Client did not apply
  - [ ] Insurance type N/A for this client
  - [ ] Client doesn’t know
  - [ ] Client refused
  - [ ] Data not collected
If not covered by State Health Insurance for Adults, **REASON**

- [ ] Applied; decision pending
- [ ] Applied; client not eligible
- [ ] Client did not apply
- [ ] Insurance type N/A for this client
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

If not covered by Indian Health Services Program, **REASON**

- [ ] Applied; decision pending
- [ ] Applied; client not eligible
- [ ] Client did not apply
- [ ] Insurance type N/A for this client
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

<table>
<thead>
<tr>
<th>Other Health Insurance</th>
<th>(Specify Source): ____________________</th>
</tr>
</thead>
</table>

I certify that the information above is correct to the best of my knowledge.

______________________________________________________________________________  __________
Client Signature                        Date

______________________________________________________________________________  __________
Agency Staff Signature                   Date

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

Date entered into HMIS: ___/___/_____

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the hard copy of the Status Update/Annual Assessment form completely filled out correctly?</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

Staff Name (verifying completion of Data Entry): ___________________________________________