HMIS # _____

Client Name _____

Staff Name _____

Date _____

Santa Cruz County HMIS – YHDP Status Assessment

The service provider should complete this form while interviewing a client. Complete a separate Standard Update form for each household member. This form must be completed each year a client has been enrolled in a specific program. The form should also be completed when staff know a client's status has changed so that key information gets updated.

Temporary or Permanent Address

If the client is living in temporary or permanent housing, please note the address of the residence. IMPORTANT REMINDER: when client moves into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, ensure the "Housing Move-In Date" on enrollment screen is completed.	**Street Address**	**City**
	State	**Zip Code**
Move-in Date (when needed to complete the Housing Move-In Date on the enrollment screen)	☐☐/☐☐/☐☐☐☐ Month Day Year	

Disabling Conditions

1) Does the client currently have a disabling condition? *A Disabling Condition is health condition that interferes with getting and/or keeping stable housing.* *This question is used with other information to determine if the client meets criteria for chronic homelessness.* ***All questions in this section MUST be answered even if the answer is "no" to this question.***	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name _____

Head of Household Name (if not Self) _____

2) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
3) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
4) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
5) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
6) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long. continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused
7) Does the client have a Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug use disorders	❑ Client Doesn't Know ❑ Client Refused
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client Doesn't Know ❑ Client Refused

Client Name _____

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Domestic Violence

1) Domestic Violence Victim/Survivor *Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"* ***If the answer is "no", skip to "Monthly Income – Cash Benefits" section*** ***If the answer is "yes", COMPLETE questions 2 and 3.***	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
2) Most Recent Occurrence *Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"*	❑ Within the past three months ❑ Three to six months ago (excluding six months exactly) ❑ Six months to one year ago (excluding one year exactly) ❑ One year ago or more ❑ Client Doesn't Know ❑ Client Refused
3) Current Status *Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"*	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits

Current income from any source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
Specify the type(s) and amount(s) of income the client currently receives. *Only regular, recurrent sources that are current today should be included. Income (e.g., SSI) received for a minor member of the household (under 18 years old) should be recorded with the HoH's information.* *DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Annual/Update form.*	❑ Earned Income $_____ ❑ Unemployment Insurance $_____ ❑ Supplemental Security Income SSI $_____ ❑ Social Security Disability Insurance SSDI $_____ ❑ VA Service-Connected Disability Pension$_____ ❑ VA Non-service connect disability pension $_____ ❑ Private Disability Insurance $_____ ❑ Worker's Compensation $_____ ❑ Temporary Assistance for Needy Families TANF/CalWORKs $_____ ❑ General Assistance (GA) $_____ ❑ Retirement income from Social Security $_____ ❑ Pension or Retirement Income from a Former Job $_____ ❑ Child Support $_____ ❑ Alimony and Other Spousal Support $_____ ❑ Other Cash Income $_____ If Other Specify: _____
Total Cash Income for Individual	**TOTAL**: $_____

Client Name _____

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Non-Cash Benefits

Currently receiving Non-Cash Benefits? *Is the client currently receiving one of the non-cash benefits listed below?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
If Yes, indicate all the non-cash benefits the client is receiving: *Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information .* *DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Annual/Update form.*	❑ Supplemental Nutrition Assistance Program (SNAP)/CalFresh ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ TANF/CALWORKS Childcare Services ❑ TANF/CALWORKS Transportation Services ❑ Other TANF/CALWORKS-Funded Services ❑ Other Non-Cash Benefit If Other Specify: _____

Health Insurance

Currently covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
If Yes, type(s) of insurance(s) *If the client is currently covered by multiple health insurances please select all that apply.*	❑ Medicaid (same as Medi-Cal) ❑ Medicare ❑ State Children's Health Insurance (CHIP) Program ❑ Veteran's Administration (VA) Medical Services ❑ Employer-Provided Health Insurance ❑ Health Insurance Obtained Through COBRA ❑ Private Pay Health Insurance ❑ State Health Insurance for Adults ❑ Indian Health Services Program ❑ Other Health Insurance If Other Specify: _____

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Pregnancy Status

Is the client pregnant?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
If yes, due date:	__ __ / __ __ / __ __ __ __ Month Day Year

Safe Living Space

1) Current home or living space is safe – as determined by the client	❑ No ❑ Client Doesn't Know ❑ Yes ❑ Client Refused
2) Current home or living space is safe – as determined by the project/caseworker	❑ No ❑ Client Doesn't Know ❑ Yes
3) Client has permanent connection to a caring adult	❑ No ❑ Client Doesn't Know ❑ Yes

Client Name _____

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