



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

ABODE SERVICES

HMIS Status or Annual Assessment Form

For HMIS Staff ONLY

Is this the HoH? Yes No
If no, client's HMIS ID of HoH: _____
Data entered in HMIS on _____ by _____

Status Assessment - To be filled out every time there is a change in disability, income, non-cash benefits or health insurance.
Whole Person Care clients require a Status AND Self-Sufficiency Assessment every 6 months.
Annual Assessment – To be filled out once a year within 30 days before/after anniversary of Program Start Date.

Program(s) Name: _____ Case Worker/Intake Person: _____ Date of Status or Annual Assessment: _____

CLIENT PROFILE

First Name: _____ Middle Name: _____ Last Name: _____
Social Security No. _____ Birth Date: _____

STATUS OR ANNUAL ASSESSMENT QUESTIONS

CLIENT HEALTH STATUS – MANDATORY FOR WHOLE PERSON CARE CLIENTS

In general, how would you rate your overall health? Excellent Very Good Good Fair Poor
In general, how would you rate your overall mental or emotional health? Excellent Very Good Good Fair Poor

DISABLING CONDITIONS AND BARRIERS

Physical Disability Yes No Client Doesn't Know Refused Data not collected
If yes, is Physical Disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
 Yes No Client Doesn't Know Refused Data not collected

Developmental Disability Yes No Client Doesn't Know Refused Data not collected

Chronic Health Condition Yes No Client Doesn't Know Refused Data not collected
If yes, is Chronic Health Condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
 Yes No Client Doesn't Know Refused Data not collected

HIV - AIDS Yes No Client Doesn't Know Refused Data not collected

Mental Health Disorder Yes No Client Doesn't Know Refused Data not collected
If yes, is the Mental Health Disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
 Yes No Client Doesn't Know Refused Data not collected

Substance Abuse Disorder No Alcohol Abuse Drug Abuse Both Alcohol and Drug Abuse Client Doesn't Know Refused Data not collected
If yes, is Substance Abuse Disorder expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
 Yes No Client Doesn't Know Refused Data not collected

Has the Client ever been a victim of Domestic Violence Victim/Survivor? Yes No Client Doesn't Know Refused Data not collected
If yes, how long ago has client have the most recent experience?
 Within the past 3 months 3-6 months ago 6-12 months ago One year ago or more Client Doesn't Know Refused Data not collected
Is client currently fleeing? Yes No Client Doesn't Know Client Refused Data not collected

TOTAL OF ALL INCOME DURING THE LAST 30 DAYS FOR INDIVIDUAL

Income from Any Source? Yes No Client Doesn't Know Refused Data not collected

<input type="checkbox"/> Earned Income \$ _____	<input type="checkbox"/> Retirement from Social Security \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Pension from a Former Job \$ _____	<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____
<input type="checkbox"/> General Assistance \$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____
<input type="checkbox"/> TANF/CalWorks \$ _____	<input type="checkbox"/> Social Security Income (SSI) \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Spousal Support \$ _____	<input type="checkbox"/> Other Income \$ _____ Source: _____

NON-CASH BENEFITS

Is Client receiving Non-Cash Benefits from Any Source? Yes No Client Doesn't Know Refused Data not collected

<input type="checkbox"/> CalFresh (Food Stamps/SNAP)	<input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children)	<input type="checkbox"/> TANF/CalWorks Transportation Services
<input type="checkbox"/> TANF/CalWorks Childcare Services	<input type="checkbox"/> Other TANF/CalWorks-Funded Services	<input type="checkbox"/> Other Non-Cash Benefits – Source: _____

HEALTH INSURANCE

Is Client covered by Health Insurance? Yes No Client Doesn't Know Refused Data not collected

<input type="checkbox"/> Employer Provided	<input type="checkbox"/> Medical/Medicaid	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Healthy Kids (CHI) (State Children's HIP)	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Obtained through COBRA	<input type="checkbox"/> Veteran Administration (VA) Medical Services
		<input type="checkbox"/> Other: Specify _____

SELF-SUFFICIENCY MATRIX

MANDATORY for Whole Person Care clients

DOMAIN	1	2	3	4	5
Income	<input type="checkbox"/> No income.	<input type="checkbox"/> Inadequate income and/or spontaneous or inappropriate spending.	<input type="checkbox"/> Can meet basic needs with subsidy; appropriate spending.	<input type="checkbox"/> Can meet basic needs and manage debt without assistance.	<input type="checkbox"/> Income is sufficient, well managed; has discretionary income and is able to save.
Employment (0=Not eligible for employment; e.g. SSDI, etc.)	<input type="checkbox"/> No job.	<input type="checkbox"/> Temporary, part-time or seasonal; inadequate pay, no benefits.	<input type="checkbox"/> Employed full time; inadequate pay; few or no benefits.	<input type="checkbox"/> Employed full time with adequate pay and benefits.	<input type="checkbox"/> Maintains permanent employment with adequate income and benefits.
Housing	<input type="checkbox"/> Homeless or threatened with eviction.	<input type="checkbox"/> In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	<input type="checkbox"/> In stable housing that is safe but only marginally adequate.	<input type="checkbox"/> Household is in safe, adequate subsidized housing.	<input type="checkbox"/> Household is safe, adequate, unsubsidized housing.
Food	<input type="checkbox"/> No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	<input type="checkbox"/> Household is on food stamps.	<input type="checkbox"/> Can meet basic food needs, but requires occasional assistance.	<input type="checkbox"/> Can meet basic food needs without assistance.	<input type="checkbox"/> Can choose to purchase any food household desires.
Childcare (0=Client does not have or care for children needing childcare)	<input type="checkbox"/> Needs childcare, but none is available/accessible and/or child is not eligible.	<input type="checkbox"/> Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	<input type="checkbox"/> Affordable subsidized childcare is available, but limited.	<input type="checkbox"/> Reliable, affordable childcare is available, no need for subsidies.	<input type="checkbox"/> Able to select quality childcare of choice.
Children's Education (0=Client does not have or care for children needing education)	<input type="checkbox"/> One or more school-aged children not enrolled in school.	<input type="checkbox"/> One or more school-aged children enrolled in school, but not attending classes.	<input type="checkbox"/> Enrolled in school, but one or more children only occasionally attending classes.	<input type="checkbox"/> Enrolled in school and attending classes most of the time.	<input type="checkbox"/> All school-aged children enrolled and attending on a regular basis.
Adult Education	<input type="checkbox"/> Literacy problems and/or no high school diploma/GED are serious barriers to employment.	<input type="checkbox"/> Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	<input type="checkbox"/> Has high school diploma/GED.	<input type="checkbox"/> Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	<input type="checkbox"/> Has completed education/training needed to become employable. No literacy problems.
Legal	<input type="checkbox"/> Current outstanding tickets or warrants.	<input type="checkbox"/> Current charges/trial pending, noncompliance with probation/parole.	<input type="checkbox"/> Fully compliant with probation/parole terms.	<input type="checkbox"/> Has successfully completed probation/parole within past 12 months, no new charges filed.	<input type="checkbox"/> No active criminal justice involvement in more than 12 months and/or no felony criminal history.
Health Care	<input type="checkbox"/> No medical coverage with immediate need.	<input type="checkbox"/> No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	<input type="checkbox"/> Some members (e.g. Children) have medical coverage.	<input type="checkbox"/> All members can get medical care when needed, but may strain budget.	<input type="checkbox"/> All members are covered by affordable, adequate health insurance.

DOMAIN	1	2	3	4	5
Life Skills	<input type="checkbox"/> Unable to meet basic needs such as hygiene, food, activities of daily living.	<input type="checkbox"/> Can meet a few but not all needs of daily living without assistance.	<input type="checkbox"/> Can meet most but not all daily living needs without assistance.	<input type="checkbox"/> Able to meet all basic needs of daily living without assistance.	<input type="checkbox"/> Able to provide beyond basic needs of daily living for self and family.
Mental Health	<input type="checkbox"/> Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	<input type="checkbox"/> Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	<input type="checkbox"/> Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	<input type="checkbox"/> Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	<input type="checkbox"/> Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse	<input type="checkbox"/> Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	<input type="checkbox"/> Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	<input checked="" type="checkbox"/> Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	<input type="checkbox"/> Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	<input type="checkbox"/> No drug use/alcohol abuse in last 6 months.
Family Relations	<input type="checkbox"/> Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	<input type="checkbox"/> Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	<input type="checkbox"/> Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	<input type="checkbox"/> Strong support from family or friends. Household members support each other's efforts.	<input type="checkbox"/> Has healthy/expanding support network; household is stable and communication is consistently open.
Mobility	<input type="checkbox"/> No access to transportation, public or private; may have car that is inoperable.	<input type="checkbox"/> Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	<input type="checkbox"/> Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	<input type="checkbox"/> Transportation is generally accessible to meet basic travel needs.	<input type="checkbox"/> Transportation is readily available and affordable; car is adequately insured.
Community Involvement	<input type="checkbox"/> Not applicable due to crisis situation; in "survival" mode.	<input type="checkbox"/> Socially isolated and/or no social skills and/or lacks motivation to become involved.	<input type="checkbox"/> Lacks knowledge of ways to become involved.	<input type="checkbox"/> Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	<input type="checkbox"/> Actively involved in community.
Safety	<input type="checkbox"/> Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	<input type="checkbox"/> Safety is threatened/temporary protection is available; level of lethality is high	<input type="checkbox"/> Current level of safety is minimally adequate; ongoing safety planning is essential	<input type="checkbox"/> Environment is safe, however, future of such is uncertain; safety planning is important	<input type="checkbox"/> Environment is apparently safe and stable
Parenting Skills (0=N/A)	<input type="checkbox"/> There are safety concerns regarding parenting skills	<input type="checkbox"/> Parenting skills are minimal	<input type="checkbox"/> Parenting skills are apparent but not adequate	<input type="checkbox"/> Parenting skills are adequate	<input type="checkbox"/> Parenting skills are well developed