CLARITY HMIS: HHS-RHY PROGRAM STATUS UPDATE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PROJECT STATUS DATE​ *​[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |  |  *­*  |  |  |  *­*  |  |  |  |  |

 Month DayYear

# **IN PERMANENT HOUSING** ​[Permanent Housing Projects, for Heads of Households]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING |
| Housing Move-In Date: (See *Note\**) | *\*If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

RHY BCP STATUS [*If not collected at Entry]*

|  |  |
| --- | --- |
| Date of status determination  |  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| FYSB “Youth Eligible for RHY Services” |
| ○  | No  | ○  | Yes  |
| If ‘No’ for “Youth Eligible for RHY Services” - Reason services are not funded by BCP grant  |
| ○ | Out of age range  | ○  | Ward of the criminal justice system – immediate reunification  |
| ○ | Ward of the State – Immediate Reunification  | ○ | Other  |
|  |  |  |
| Runaway Youth? *[If ‘Yes’ to ‘Youth Eligible for RHY Services’]* | ○ | Client doesn’t know  |
| ○ | No | ○ | Client Refused |
| ○ | Yes | ○ | Data not collected |

PHYSICAL DISABILITY ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

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

CHRONIC HEALTH CONDITION ​*[All Clients]*

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

|  |
| --- |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

MENTAL HEALTH PROBLEM ​*[All Clients]*

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

|  |
| --- |
| IF “YES” TO MENTAL HEALTH CONDITION – SPECIFY |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

SUBSTANCE ABUSE PROBLEM ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Both alcohol and drug abuse  |
| ○ | Alcohol abuse  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug abuse  | ○ | Data not collected  |
| IF “ALCOHOL ABUSE” “DRUG ABUSE” OR “BOTH ALCOHOL AND DRUG ABUSE” – SPECIFY  |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

#

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY  |
| Income Source | Amount | Income Source | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |   |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |   |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security |   |
| ○ | Social Security Disability Insurance (SSDI)  |  | ○ | Pension or Retirement Income from a Former Job |   |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support |   |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support |   |
| ○ | Private Disability Insurance |  | ○ | Other Income source  |   |
| ○ | Worker’s Compensation |  |  |
| Total Monthly Income for Individual:  |   |

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

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

|  |
| --- |
| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY  |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Childcare Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify):  | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify): | ○ | Indian Health Services Program |
| ○ | **Amerigroup** | ○ | **HPN** |

RHY SPECIFIC YOUTH INFORMATION

PREGNANCY STATUS ​*[Female Adults and Head of Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” for Pregnancy Status |
| Due Date | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |

**CURRENTLY ENROLLED IN SCHOOL?** ​[*Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO SCHOOL ENROLLMENT** |
|  **Name of School:** |
| **Voc Training or Apprenticeship?** |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **Highest Level of School Completed?** |
| ○ | No Schooling Completed | ○ | 11th Grade | ○ |  Client doesn’t know |
| ○ | Nursery School to 4th Grade | ○ | 12th Grade, no diploma | ○ |  Client refused |
| ○ | 5th Grade or 6th Grade | ○ | High School Diploma | ○ |  Data not collected |
| ○ | 7th Grade or 8th Grade | ○ | GED |
| ○ | 9th Grade | ○ |    Post Secondary School |
| ○ | 10th Grade |



Signature of applicant stating all information is true and correct Date