HMIS #	HMIS YH	IDP ADULT OR HoH	H STATUS/ANNUAL ASSESSMENT OCTOBER 20
Client Name			
Staff Name			
Date			
and/or Annual Assessme A service provider must complete a YHDD has been enrolled in a YHDP program, rethe program for 1 year, the service provide form can be used for either the Status Assessments should be completed for each Assessments must be completed for child Annual Assessment Form. Project Status Update Date Month Day Ye Disabling Conditions (All Fig. 1) Project Status Conditions Project Status Condit	P Adult Status Upegardless of wheter must complete essment or Annuant type when enternational client who is over dren as well, but the Responses re	chate Assessment every ther their information has a YHDP Adult Annual all Assessment because the tring this data into the Haser the age of 17 or the Haser to use to	ad of Household Status Update by 90 days an adult client or the Head of Household has changed. After the client has been enrolled in tal Assessment in lieu of a Status Assessment. This the same information is collected, however, please HMIS. Separate YHDP Status Update and/or Annual Head of Household. Status Update and/or Annual the Standard HMIS Child Status Update and/or
A Disabling Condition is a health condition 1) Does the client have a Physical Di		s with getting and/or ke	☐ Client doesn't know☐ Client prefers not to answer
If Yes, is it expected to be of long, considering indefinite duration and substantially client's ability to live independently	v impair the	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer
2) Does the client have a Developmen Disability?	ntal	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
3) Does the client have a Chronic He Condition?	ealth	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
If Yes, is it expected to be of long, co indefinite duration and substantially client's ability to live independently	v impair the	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
4) Does the client have HIV – AIDS?	,	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
5) Does the client have a Mental Hea	alth Disorder?	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
If Yes, is it expected to be of long, considering indefinite duration and substantially client's ability to live independently	v impair the	☐ Yes ☐ No	☐ Client doesn't know☐ Client prefers not to answer
			Client Name
	Head	of Household Name	e (if not Self)

6)	Yes, is it expected to be of long, continued and adefinite duration and substantially impair the		☐ Drug us	use disorder e disorder cohol & Drug use	☐ Client doesn't know☐ Client prefers not to answer☐ Client doesn't know☐ Client prefers not to answer☐ Client doesn't know☐ Client doesn't know☐ Client prefers not to answer☐ Client doesn't know☐	
	enem s donny to tire independently:	ient's ability to live independently?			☐ Client prefers not to answer	
Do	Domestic Violence [Head of Household and Adults]					
1)	Survivor of Domestic Violence Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or lifethreatening 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.		/es		☐ Client doesn't know ☐ Client prefers not to answer	
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 prefers not to answer 				
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?"	□ Y □ N		☐ Client doesn't know ☐ Client prefers not to answer		
	Client Name					
	Head of Household Name (if not Self)					

Monthly Income – Cash Benefits [Head of Household and Adults]

Current income from any source? Is the client currently receiving any income from any source?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
Specify the type(s) and amount(s) of income	☐ Earned Income \$
the client currently receives.	☐ Unemployment Insurance \$
Only regular, recurrent sources that are current	☐ Supplemental Security Income SSI \$
today should be included. Income (e.g., SSI) received for a minor member of the household	□ Social Security Disability Insurance SSDI \$
(under 18 years old) should be recorded with the	□ VA Service-Connected Disability Pension\$
HoH's information.	□ VA Non-service connect disability pension \$
DO NOT include Income received by other adults	☐ Private Disability Insurance \$
(18 years and older) in the household; record their income on their Annual/Update form.	☐ Worker's Compensation \$
The second of th	☐ 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: \$
Non-Cash Benefits [Head of House	ehold and Adults]
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 prefers not to answer
If Yes, indicate all the non-cash benefits the	☐ Supplemental Nutrition Assistance Program (SNAP)/CalFresh
client is receiving:	☐ Special Supplemental Nutrition Program for Women, Infants, and Children
Only regular, recurrent sources that are current	(WIC)
today should be included. Record non-cash benefits received by a minor member (under 18	☐ TANF/CALWORKS Childcare Services
years of age) of the household under the HoH's	☐ TANF/CALWORKS Transportation Services
information	☐ Other TANF/CALWORKS-Funded Services
DO NOT include benefits received by other adults	☐ Other Non-Cash Benefit
(18 years and older) in the household; record their benefits on their Annual/Update form.	If Other Specify:
	Client Name
	Client Name Head of Household Name (if not Self)

Health Insurance

Currently covered by health insurance? Is the client currently covered by health insurance?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer	
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 Health Administration (VHA) □ 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:	

Pregnancy Status [Head of Household and Adults]

Is the client pregnant?		☐ Client doesn't know	
	o □ Client	t prefers not to answer	
If yes, due date:	/ /		
	Month Day	Year	

Reminder: Housing Move-in Date [Head of Household]

(Required for Permanent Housing Projects)

IMPORTANT REMINDER: If the client moved 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 with the date the client/household moved into the permanent unit.

Client Name	
Head of Household Name (if not Self)	