Client ID: _____
Project Name: _____
Information Date: _____
Staff Name: _____

HMIS Annual/Update Form

For Children in HMIS Projects

Identification – ***All fields required unless otherwise noted***

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix:** _____

Social Security Number (SSN)	Birth Date (DOB)	Name of Head of Household
_____-____-_____	_____/_____/_____	

Mailing Address and Contact Information *(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)* ☐ **Check to default HOH Information**

Address: _____
City, State, Zip Code: _____
Email: _____
Main Phone: _____
Message Phone: _____

Assessment Type	☐During Program Enrollment ☐Annual Assessment

Wellness Assessment

Health Insurance

☐Yes *(Enter Source)* ☐No ☐Client doesn't know ☐Client prefers not to answer

Health Insurance Source *(Check all that apply)*

☐Private Pay Health Insurance
☐MEDICAID
☐Health Net (Medi-Cal)-Children
☐Health Plan of San Joaquin (Medi-Cal)-Children
☐Veteran's Health Administration (VHA)
☐Health Insurance obtained through COBRA
☐Indian Health Services Program (IHS)
☐Medicare
☐Health Net (Medi-Cal)-Adults
☐Health Plan of San Joaquin (Medi-Cal)-Adults
☐State Children's Health Insurance (Medi-Cal)
☐Employer Provided Health Insurance
☐State Funded Insurance for Adults (Medi-Cal)
☐Other:

Barriers *(For During Program Enrollment Only)*

	Barrier Present	Condition Is Indefinite
☐Alcohol Use Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Chronic Health Condition	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Developmental Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	
☐Drug Use Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐HIV/AIDS	☐Yes ☐No ☐Doesn't know ☐Client Prefers Not to Answer	
☐Mental Health Disorder	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer
☐Physical Disability	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer	☐Yes ☐No ☐Doesn't know ☐Client prefers not to answer