

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

HMIS Annual/Update Form

For Person in HMIS Projects: **ALL except Outreach**

Identification – All fields required unless otherwise noted		
First Name: _____	Middle Name: _____	
Last Name: _____	Suffix: _____	
Social Security Number (SSN): _____ - _____ - _____		
Birth Date (DOB): ____/____/____		
Housing Move-In Date (Rapid Rehousing ONLY): ____/____/____		
Mailing Address and Contact Information <i>(Includes, not limited to, service organizations, access centers, emergency shelter, transitional housing, client residence)</i>		
Address: _____		
City, State, Zip Code: _____		
Email: _____		
Main Phone: _____		
Message Phone: _____		
Assessment Type <input type="checkbox"/> During Program Enrollment <input type="checkbox"/> Annual Assessment		
Wellness Assessment		
Health Insurance		
<input type="checkbox"/> Yes <i>(Enter Source)</i> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Health Insurance Source <i>(Check all that apply)</i>		
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> Medicare	
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Health Net (Medi-Cal)-Adults	
<input type="checkbox"/> Health Net (Medi-Cal)-Children	<input type="checkbox"/> State Kaiser (Medi-Cal)-Adults	
<input type="checkbox"/> State Kaiser (Medi-Cal)-Children	<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Adults	
<input type="checkbox"/> Health Plan of San Joaquin (Medi-Cal)-Children	<input type="checkbox"/> State Children's Health Insurance (Medi-Cal)	
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> Employer Provided Health Insurance	
<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> State Funded Insurance for Adults (Medi-Cal)	
<input type="checkbox"/> Indian Health Services Program (IHS)	<input type="checkbox"/> Other: _____	
Veterans <i>(Have you ever served in the U.S. Military?) 18 and over</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Connection with SOAR? <i>(SSVF Only)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Barriers <i>(For During Program Enrollment Only)</i>		
	Barrier Present	Condition Is Indefinite
<input type="checkbox"/> Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	

<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know <input type="checkbox"/> Client prefers not to answer
Domestic Violence Survivor <i>(For During Program Enrollment Only)</i>		
Domestic Violence Experience?		
<input type="checkbox"/> Yes <i>(Answer questions below)</i> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
When Experience Occurred?		
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3 months to 6 months ago <i>(excluding 6 mos exactly)</i>	
<input type="checkbox"/> 6 months to one year ago <i>(excluding 1 year exactly)</i>	<input type="checkbox"/> One year ago or more	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer	
If Yes, are you currently fleeing?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Financial Assessment		
Does client have any source of income? <i>(If Yes, check all that apply)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Income Source	Monthly Amount	
<input type="checkbox"/> Earned Income (employment wages/cash)	\$	
<input type="checkbox"/> Unemployment Insurance	\$	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Private Disability Insurance	\$	
<input type="checkbox"/> Worker's Compensation	\$	
<input type="checkbox"/> VA Service-Connected Disability	\$	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	
<input type="checkbox"/> Pension or Retirement Income from a job	\$	
<input type="checkbox"/> TANF (CalWorks)	\$	
<input type="checkbox"/> General Assistance	\$	
<input type="checkbox"/> Retirement (Social Security)	\$	
<input type="checkbox"/> Child Support	\$	
<input type="checkbox"/> Alimony	\$	
<input type="checkbox"/> Other Income	\$	
Does client have any Non-Cash Benefits? <i>(If Yes, check all that apply)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		
Non-Cash Benefits	Monthly Amount	
<input type="checkbox"/> Special Supplemental Nutrition Program for Woman, Infants, and Children	\$	
<input type="checkbox"/> Food Stamps (CalFresh) SNAP	\$	
<input type="checkbox"/> CalWorks Child Care/TANF Child Care Services	\$	
<input type="checkbox"/> CalWorks Transportation (TANF)	\$	
<input type="checkbox"/> Other CalWorks-Funded Services (TANF)	\$	
<input type="checkbox"/> Other Sources	\$	
Pregnancy Status <i>(RHY Only)</i>		
<input type="checkbox"/> Yes* <i>(Due Date _____)</i> <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer		

Current Living Situation: *Record the client's current living situation information below (FOR SSO & CES ONLY)*

Literally Homeless

- Place not meant for habitation
 - Car/Truck/Van
 - RV
 - Other
- Emergency Shelter, including hotel voucher or Host Home Shelter
- Safe Haven

**If selection made, continue to Contact Service*

Institutional Situation

- Foster Care Home or Foster Care Group Home
- Jail, prison, or juvenile detention facility
- Psychiatric hospital or other psychiatric facility
- Hospital or other residential non-psychiatric medical facility
- Long-Term Care facility or nursing home
- Substance abuse treatment facility or detox center

**If selection made, continue to question 2*

Temporary Housing

- Residential project or halfway house with no homeless criteria
- Transitional Housing for homeless persons (including homeless youth)
- Staying or living in a family member's room apartment, or house
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house

**If selection made, continue to question 2*

Permanent Housing

- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
 - Subsidy Type:**
 - GPD TIP housing subsidy
 - RRRH or equivalent subsidy
 - Public Housing Unit
 - Emergency Housing Voucher
 - Foster Youth to Independence Initiative (FYI)
 - Other permanent housing dedicated for formerly homeless persons
 - VASH housing subsidy
 - HCV voucher (tenant or project based) (not dedicated)
 - Rental by client, with other ongoing housing subsidy
 - Family Unification Program Voucher (FUP)
 - Permanent Supportive Housing
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing subsidy

**If selection made, continue to question 2*

Other: _____ Client doesn't know Client prefers not to answer

2. Is client going to have to leave their current living situation within 14 days?

- Yes (*Continue to questions 3-6*) No (*Continue to Contact Service*) Client doesn't know Client prefers not to answer

3. Has a subsequent residence been identified?

- Yes No Client doesn't know Client prefers not to answer

4. Does client or family have resources or support networks to obtain other permanent housing?

- Yes No Client doesn't know Client prefers not to answer

5. Has the client has a lease or ownership interest in a permanent housing unit in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer

6. Has the client moves 2 or more times in the last 60 days?

- Yes No Client doesn't know Client prefers not to answer

Record Contact

Contact Services (*Please list the service provided*): _____