HMIS Annual Assessment Form

This questionnaire is to be administered by case workers. Do not hand this form to clients. Ask the bold face questions as they appear and use the instructions in parentheses for clarification. Questions that appear in all caps are not to be read aloud. Depending on your project type some questions on this form may not appear in the HMIS entry. **All HMIS data elements must be updated at every entry even if the client has complete answers in HMIS from a previous entry.**

Before you Begin- Please verify the following Universal Data Elements: **Name, Social Security Number, Date of Birth, Race, Ethnicity, Gender, Veteran Status, Residence Prior to Project Entry, Length of Time on Street or in Emergency Shelter,** and **Relationship to Head of Household**. Please take a thorough look at the existing record in HMIS to identify any missing or potentially flawed data and make note of missing information before you interview the client.

1. ANNIVERSARY DATE: ____/____/_____
   ANNUAL ASSESSMENT DATE: ___/____/_____

2. CLIENT ID:_____

3. CLIENT NAME:_____

4. **Are you receiving income from any source?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn't know
   - ☐ Client refused

5. CHECK SOURCES OF INCOME AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS:
   - ☐ Alimony/Spousal support $_____
   - ☐ Child Support $_____
   - ☐ Earned income $_____
   - ☐ General Assistance $_____
   - ☐ Other $_____
   - ☐ Pension/Retirement Income from another job $_____
   - ☐ Private Disability Insurance $_____
   - ☐ Retirement Income from Social Security $_____
   - ☐ SSDI $_____
   - ☐ SSI $_____
   - ☐ TANF (RI Works) $_____
   - ☐ Unemployment income $_____
   - ☐ VA Service-Connected Disability Compensation $_____

6. **Total monthly income from all sources:** $_____

7. **Are you receiving non-cash benefits such as SNAP (Food Stamps), WIC, TANF Child Care, TANF transportation, Other TANF services, Section 8, or other rental assistance?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn't know
   - ☐ Client refused

8. CHECK THE NON-CASH BENEFITS RECEIVED AND ENTER EXACT OR APPROXIMATE MONTHLY AMOUNTS
   - ☐ SNAP $_____
   - ☐ WIC
   - ☐ TANF Child Care Services
   - ☐ TANF Transportation Services
   - ☐ Other TANF-funded Services
   - ☐ Section 8, Public Housing, Other rental assistance
   - ☐ Other source $_____
   - ☐ Temporary rental assistance $_____

9. **Are you covered by Health Insurance?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn't know
   - ☐ Client refused

10. CHECK SOURCE OF HEALTH INSURANCE**:**
    - ☐ Medicaid
    - ☐ Medicare
    - ☐ State Children's Health Insurance Program
    - ☐ VA Medical Services
    - ☐ Employer-Provided Health Insurance
    - ☐ Health Insurance through COBRA
    - ☐ Private Pay Health Insurance
    - ☐ State Health Insurance for Adults
    - ☐ Indian Health Services Program
    - ☐ Other

11. **Are you a domestic violence victim/survivor?**
    - No
    - Yes
    - Client doesn't know
    - Client refused

12. *[If yes for domestic violence victim/survivor]*
    When did the experience occur?
    - Within the past three months
    - Three to six months ago
    - Six months to twelve months ago
    - One year or more ago
    - Client doesn't know
    - Client refused

13. *[If yes for domestic violence victim/survivor]*
    Are you currently fleeing?
    - No
    - Yes
    - Client doesn't know
    - Client refused

14. **Do you have a Disabling Condition?**
    - No
    - Yes
    - Client doesn't know
    - Client refused

ASK ABOUT EACH DISABILITY:	**Do any of the following apply to you?**	*[If yes]* **Is the disability expected to be long-continuing or of indefinite duration and substantially impair your ability to live independently?**	*[If yes]* **Is there documentation of the disability and its severity on file?**	*[If yes]* **Is the condition going to be long term?**	*[If yes]* **Are you currently receiving services/treatment for this condition?**
Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Both Drug and Alcohol Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Chronic Health Condition	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Developmental	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Drug Abuse	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
HIV/AIDS	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Mental Health Problem	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
Physical	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

NOTE ON DISABILITY: