

HMIS Annual Assessment Form

Client Name / ID: _____

Name/Identification and Contact Information:

HMIS consent form signed? Yes No

Legal First Name: _____

Middle Name: _____

Legal Last Name: _____

Suffix: _____

Program Name: _____

Program Entry Date: ____/____/____

Case Manager: _____

Date of Assessment: ____/____/____

Income – Cash Sources:

Income Source (Check all that apply):	Stated Income:	Pay Interval:					
		Weekly	Every Other Week	Twice A Month	Monthly	Quarterly	Yearly
<input type="checkbox"/> No financial resources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Earned Income		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability (SSDI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veteran's Disability Payment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private Disability Insurance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Workers Compensation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General Assistance (GA or GR)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Retirement Income from Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Veteran's Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension from a former job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alimony or other spousal support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TANF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Don't Know		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refused		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income – Non-Cash Benefits:

Non-Cash Source (Check all that apply):			
<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused	
<input type="checkbox"/> Food Stamps or Benefits Card (CalFresh)	<input type="checkbox"/> WIC	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> CalWorks Child Care
<input type="checkbox"/> CalWorks Transportation	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Other CalWorks-Funded Services	<input type="checkbox"/> State Children's Health Insurance
<input type="checkbox"/> Temporary Rental Assistance	<input type="checkbox"/> VA Medical Services	<input type="checkbox"/> Section 8 or Rental Assistance	
<input type="checkbox"/> Other (Please Specify):			

Income – Notes:

Income Notes (Optional – Please specify which income source each note applies to):

HMIS Annual Assessment Form

Client Name / ID: _____

Assessment Questions – Disability (All clients, required questions are shaded):

Question	Check One Answer	Comments
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Do you have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Do you feel you have a mental health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Mental health problem: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if mental health question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

HMIS Annual Assessment Form

Client Name / ID: _____

Do you have a drug or alcohol problem?	<input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both drug and alcohol <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Substance Abuse: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently (Required if previous question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If yes, have you received services or treatment while in the program? (Required if substance abuse question is Yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Assessment Questions – Employment (Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded):

Question	Check One Answer	Comments
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Employment Tenure: (Required if employment question is Yes)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If currently working, number of hours worked in the past week? (Required if employment question is Yes)	____ Hours	
If the client is not currently employed, is the client looking for work? If employed, is the client looking for additional employment or increased hours at their current job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Assessment Questions – Education (Adults aged 18 and older, required questions are shaded):

Question	Check One Answer	Comments
Currently in school or working on any degree or certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Received vocational training or apprenticeship certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

HMIS Annual Assessment Form

Client Name / ID: _____

Highest Level of School Completed	<input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 5 th or 6 th Grade <input type="checkbox"/> 7 th or 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade, no diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post Secondary School <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
If client has received a high school diploma, GED, or enrolled in post-secondary education, what degrees has the client earned?	<input type="checkbox"/> None <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other Graduate/Professional Degree <input type="checkbox"/> Certificate of advanced training or skilled artisan <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Assessment Questions – General Health (All clients, required questions are shaded):

Question	Check One Answer	Comments
Compare to other people your age, would you say your health is excellent, very good, fair, or poor?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Assessment Questions – Children’s Education (All children between the ages of 5 and 17, required questions are shaded):

Question	Check One Answer	Comments
Is this child currently enrolled in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> N/A	
If yes, what is the name of this child's school(s)?		
If yes, what type of school is it?	<input type="checkbox"/> Public school <input type="checkbox"/> Parochial or other private school <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

HMIS Annual Assessment Form

Client Name / ID: _____

<p>If not enrolled, identify the problems in enrolling this child.</p>	<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool Programs <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
<p>If not enrolled, what is the date of this child's last school enrollment?</p>	<p>____/____/____</p>	
<p>Was/is this child connected to McKinney-Vento homeless Assistance Act school liaison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	

Client Signature Site

Date

Agency Staff Signature Site

Date

DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Initials of Staff completion	Comments
<p>Was the hard copy intake form completely filled out correctly?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): _____