



Los Angeles Collaborative
HMIS Update and Annual Assessment
Form

Version 10.1

HMIS Update and Annual Assessment Form

Client Name / HMIS ID: _____

Program Status Update – All clients, all fields required unless otherwise noted

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Client Name: _____

Date of Birth: ____/____/____

Program Name: _____

Program Start Date: ____/____/____

1. Status Date	____/____/____		
4. Client Location (CoC)	<input type="checkbox"/> CA-600 – Los Angeles	<input type="checkbox"/> CA-607 – Pasadena	<input type="checkbox"/> CA-614 – San Luis Obispo County
	<input type="checkbox"/> CA-602 – Orange County	<input type="checkbox"/> CA-611 – Ventura County	
	<input type="checkbox"/> CA-606 – Long Beach	<input type="checkbox"/> CA-612 – Glendale	

Note: Any address collected at status/annual should be entered on the entry screen for Rapid Re-housing, Permanent Housing and Street Outreach projects only, and on the exit form for non-Permanent Housing programs when a client exits to a PH Exit Destination. Move-in date should always be recorded on the entry form, only required for the Head of Household.

New participant move in Information? No Yes**

If the question above, "New Participant Move in Information?" is answered "Yes" (**), the following question is **required**:

IMPORTANT: Move-In Date/Address must be updated in HMIS from the Program Entry Screen.

6a. Housing Move-In Date	____/____/____
6b. Permanent Home Address	
6c. Apartment/Unit#	
6d. City	
6e. State	
6f. Zip	
6g. Monthly rent for this household (inclusive of any rental subsidies)	\$ _____
Is this a shared housing destination?	<input type="checkbox"/> No <input type="checkbox"/> Yes**

If the question above, "Is this a shared housing destination?" is answered "Yes" (**), the following question is **required**:

Does the participant share the room they sleep in? No Yes

Disabling Conditions and Barriers - All fields required unless otherwise noted

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21. Do you have a physical disability?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #21 was answered as "Yes" (**), then the following questions are **required**:

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21a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
22. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
23. Do you have a chronic health condition? <i>A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #23 was answered as "Yes" (**), then the following questions are required :	
23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
24. Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
25. Do you feel you currently have a mental health disorder?	<input type="checkbox"/> No <input type="checkbox"/> Yes** <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #25 was answered as "Yes" (**), then the following questions are required :	
25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
26. Do you <i>currently</i> have a drug or alcohol disorder?	<input type="checkbox"/> No <input type="checkbox"/> Alcohol* <input type="checkbox"/> Drug* <input type="checkbox"/> Both* <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are required :	
26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Disability Summary

Physical disability <i>(Please summarize condition to the right)</i>	
Developmental disability <i>(Please summarize condition to the right)</i>	
Chronic health condition <i>(Please summarize condition to the right)</i>	

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HIV/AIDS <i>(Please summarize condition to the right)</i>	
Mental health condition <i>(Please summarize condition to the right)</i>	
Substance abuse <i>(Please summarize condition to the right)</i>	
Number of disabilities <i>(Please summarize condition to the right)</i>	

27. Have you been a victim of domestic violence or a victim of intimate partner violence?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #27 was answered as "Yes" (**), then the following question is **required**:

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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27b. Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Employment - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

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35. Are you currently employed?	<input type="checkbox"/> No* <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #35 was answered as "No" (*), then the following question is **required**:

35a. Are you.... <i>(read options to the right)</i>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work	<input type="checkbox"/> Not looking for work
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If question #35 was answered as "Yes" (**), then the following question is **required**:

35b. What type of employment do you have?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal / sporadic (including day labor)
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Cash Income for Individual - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

36. Do you receive any cash income?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused	
If question #36 was answered as "Yes" (**), then the following question is required :				
Income Source and Monthly Income: <i>What sources of income do you have, and how much do you get on a monthly basis?</i>				
<input type="checkbox"/> Earned Income (employment wages / cash)	\$	<input type="checkbox"/> Temporary Assistance for Needy Families (CalWorks)	\$	
<input type="checkbox"/> Unemployment Insurance	\$	<input type="checkbox"/> General Assistance (GA) / General Relief (GR)	\$	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Retirement Income from Social Security	\$	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> Pension or retirement income from a former job	\$	
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	<input type="checkbox"/> Child Support	\$	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$	<input type="checkbox"/> Alimony and other spousal support	\$	
<input type="checkbox"/> Private Disability Insurance	\$	<input type="checkbox"/> Other Source (Specify: _____)	\$	
<input type="checkbox"/> Worker's Compensation	\$			
Total Monthly Cash Income for Individual		\$		
36a. Cash Income Documentation <i>Do you have documents that verify income?</i>	<input type="checkbox"/> GR Form	<input type="checkbox"/> CalWORKs Form	<input type="checkbox"/> Pension Letter/Stub	
	<input type="checkbox"/> Pay Stub	<input type="checkbox"/> Unemployment Insurance Forms	<input type="checkbox"/> Unemployment Forms	
	<input type="checkbox"/> Utility Allowance	<input type="checkbox"/> W-2 Forms	<input type="checkbox"/> Self Declaration	
	<input type="checkbox"/> Child Support Forms	<input type="checkbox"/> SSDI Form	<input type="checkbox"/> Employer Printout/Letter	
	<input type="checkbox"/> Social Security Forms	<input type="checkbox"/> Workmans Comp	<input type="checkbox"/> VA Documentation	
	<input type="checkbox"/> SSI Forms	<input type="checkbox"/> Self Employment Docs	<input type="checkbox"/> Other (Specify: _____)	

Non-Cash Benefits - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused	
If question #37 was answered as "Yes" (**), then the following question is required :				
Non-Cash Benefits <i>What non-cash benefits do you receive? (Check all that apply)</i>	<input type="checkbox"/> Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP)			
	<input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)			
	<input type="checkbox"/> CalWORKs child care services			
	<input type="checkbox"/> CalWORKs transportation services			
	<input type="checkbox"/> Other CalWORKs-funded services			
	<input type="checkbox"/> Other source (Specify: _____)			

Health Insurance - All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?		<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
		<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused	
If question #38 was answered as "No" (*), then the following questions are required :				
Reason	<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused		
	<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected		
	<input type="checkbox"/> Insurance type N/A for this client			
If question #38 was answered as "Yes" (**), then the following questions are required :				

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Health Insurance (Check all that apply):	<input type="checkbox"/> Medi-Cal (MEDICAID) <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) <input type="checkbox"/> VA medical services <input type="checkbox"/> Employer-provided health insurance <input type="checkbox"/> COBRA	<input type="checkbox"/> Private pay health insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other health insurance (Specify: _____)
38a. Health Insurance Provider	<input type="checkbox"/> Health Net <input type="checkbox"/> Molina <input type="checkbox"/> My Health LA (DHS) <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> VA	<input type="checkbox"/> L.A. Care <input type="checkbox"/> Care 1 st Health Plan <input type="checkbox"/> SCAN Health Plan <input type="checkbox"/> Other <input type="checkbox"/> Unknown

Health and Education – All clients, all fields required unless otherwise noted

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44. Are you pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #44 was answered as "Yes" (**), then the following question is **required**:

44a. What is your due date?	____/____/____
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46. What is the highest educational level you have completed? (If a part of RHY, SSVF, VASH, or ILP Program, please answer)	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grade 5-6 <input type="checkbox"/> Grade 7-8 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college	<input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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74. What is your current school status? (RHY or ILP Program, please answer)	<input type="checkbox"/> Attending school regularly* <input type="checkbox"/> Attending school irregularly* <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Obtained GED <input type="checkbox"/> Dropped out	<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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If question #74 was answered as "Attending school" (*), then the following question is **required for ILP only**:

74a. What is your current educational program type?	<input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational Program <input type="checkbox"/> Certificate/Licence Program <input type="checkbox"/> Community College <input type="checkbox"/> 4-Year College/University	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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SOAR Connection – SSVF and PATH and projects only, all fields required unless otherwise noted

75. Is the client connected with SOAR?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

HOPWA – Medical Assistance; if answered “yes”(**) to #24, this sections is **required**

84. Receiving public HIV/AIDS medical assistance?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #84 was answered as “No” (*), then the following question is **required**:

84a. Reason	<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Insurance type N/A for this client	

85. Receiving AIDS Drug Assistance Program (ADAP)?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #85 was answered as “No” (*), then the following question is **required**:

85a. Reason	<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Insurance type N/A for this client	

86. Receiving Ryan White-funded Medical or Dental Assistance?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #86 was answered as “No” (*), then the following question is **required**:

86a. Reason	<input type="checkbox"/> Applied; decision pending	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Applied; client not eligible	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Client did not apply	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Insurance type N/A for this client	

HOPWA – T-cell (CD4) and Viral load

87. T-cell (CD4) count available?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes**	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected

If question #87 was answered as “Yes” (**), then the following question is **required**:

87a. T-cell count	
87b. How was the data obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other

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88. Viral load available?	<input type="checkbox"/> Not available	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Available**	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Undetectable**	<input type="checkbox"/> Data not collected

If question #87 was answered as "Available" or "Undetectable" (**), then the following question is **required**:

88a. Viral load		
88b. How was the data obtained?	<input type="checkbox"/> Not available	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Available**	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Undetectable**	<input type="checkbox"/> Data not collected

Has the participant been prescribed anti-retroviral drugs?
<input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected