Homeless Resource Council of the Sierras — HMIS Update Form

Project Update Date:_____/_____/_____ **Intake Staff Name:** _____

Project Name: _____ **HMIS Client ID** (Must have ID#)**:** _____

Client Name (First, Middle, Last)		**Date of Birth**	_____/_____/_____
Current Address or Location Description			
Zip Code		**Phone Number**	( )
Email Address		**Client Location**	☐CA-515 (CoC Code for Placer County) ☐CA-531 (CoC Code for Nevada County)

Income Received from Any Source?	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	***Answer Yes or No for ALL sources of income below, and if Yes, provide monthly dollar amount client is receiving.***		
Source of Income	**Receiving?**	**Amount**	**Source of Income**	**Receiving?**	**Amount**
Earned Income	☐Yes ☐No	$.	Temporary Assistance for Needy Families (TANF)	☐Yes ☐No	$.
Unemployment Insurance	☐Yes ☐No	$.	General Assistance (GA)	☐Yes ☐No	$.
Supplemental Security Income (SSI)	☐Yes ☐No	$.	Retirement Income from Social Security	☐Yes ☐No	$.
Social Security Disability Insurance (SSDI)	☐Yes ☐No	$.	Pension/Retirement from a former job	☐Yes ☐No	$.
VA Service – Connected Disability Compensation	☐Yes ☐No	$.	Child Support	☐Yes ☐No	$.
VA Non-Service Connected Disability Pension	☐Yes ☐No	$.	Alimony/Spousal Support	☐Yes ☐No	$.
Private Disability Insurance	☐Yes ☐No	$.	Other: _____		$.
Workers' Compensation	☐Yes ☐No	$.	**Total *Monthly* Income**		$.

Non-Cash Benefits Received?	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused		**Covered by Health Insurance?**	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused	
Answer Yes or No to all sources below:			***Answer Yes or No to all sources below:***		
Source of Non-Cash Benefit	**Yes**	**No**	**Source of Health Insurance**	**Yes**	**No**
Supplemental Nutritional Assistance Program (SNAP) (CalFresh or "Food Stamps")	☐	☐	MEDICAID (Medi-Cal)	☐	☐
Special Supplementation Nutritional Program for (WIC)	☐	☐	MEDICARE	☐	☐
TANF Child Care Services	☐	☐	State Children Health Insurance Program	☐	☐
TANF Transportation Services	☐	☐	VA Medical Services	☐	☐
Other TANF-Funded Services	☐	☐	Employer Provided Health Insurance	☐	☐
Other:_____	☐	☐	Health Insurance obtained through COBRA	☐	☐
			Private Pay Health Insurance	☐	☐
			State Health Insurance for Adults	☐	☐
			Indian Health Services Program	☐	☐
			Other:_____	☐	☐

Any Disabling Condition*	☐Yes ☐No ☐Client Doesn't Know ☐Client Refused				For each condition identified, provide an answer (X) below whether that condition is expected to be of long-continued/indefinite duration and substantially impedes ability to live independently.			
Provide answer (X) for <u>each</u> condition below:	**Yes**	**No**	**Client Doesn't Know**	**Client Refused**	**Yes**	**No**	**Client Doesn't Know**	**Client Refused**
Physical Disability	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Health Condition	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Problem	☐	☐	☐	☐	☐	☐	☐	☐
Substance Abuse Problem	☐Alcohol Abuse ☐Drug Abuse ☐Both Alcohol & Drug Abuse	☐	☐	☐	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐	**Answer YES to 'Any Disabling Condition' if answer above is YES to any condition, or if client has HIV/AIDS or a Developmental Disability or is a veteran with a qualifying injury/illness incurred during active service.*			
Developmental Disability	☐	☐	☐	☐				

DV/ SA/ HT/ Stalking Victim/Survivor	☐Yes ☐No	☐Client Doesn't Know ☐Client Refused
If yes to DV, when experience occurred	☐Within past three months ☐Three to six months ago ☐Six to twelve months ago	☐More than a year ago ☐Client Doesn't Know ☐Client Refused
If yes to DV, are you currently fleeing?	☐Yes ☐No	☐Client Doesn't Know ☐Client Refused

Permanent Housing Projects (RRH and PSH Only)		
Housing Move-In Date	_____/_____/_____	

PATH Projects Only			
Date of Status Determination		_____/_____/_____	
Client became enrolled in PATH	☐Yes ☐No	**If NO, reason not enrolled**	☐Client was found ineligible for PATH ☐Client was not enrolled for other reason(s)
Connected with SOAR		☐Yes ☐No	

Type of Residence	
Homeless Situation	
Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport, or anywhere outside) (1)	Transitional housing for homeless persons (inc. youth) (12)
Emergency shelter, including hotel/motel paid for with ES voucher, or RHY-funded Host Home Shelter (2)	Host home (non-crisis) (13)
Safe Haven (3)	Staying in family member's room, apartment or house (14)
Institutional Situations	Staying in friend's room, apartment or house (15)
Foster care home or foster care group home (4)	Rental by client, with VASH housing subsidy (16)
Hospital or other, non-psychiatric, medical facility (5)	Permanent housing (other than RRH) for formerly homeless persons (17)
Jail, prison, or juvenile detention facility (6)	Rental by client, with RRH or equivalent subsidy (18)
Long term care facility or nursing home (7)	Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) (19)
Psychiatric hospital or other psychiatric facility (8)	Rental by client in a public housing unit (20)
Substance abuse treatment facility/detox (9)	Rental by client, no ongoing housing subsidy (21)
Temporary and Permanent Housing Situation	Rental by client, with other ongoing housing subsidy (22)
Residential project or halfway house with no homeless criteria (ie. sober living with no lease/tenancy rights) (10)	Owned by client, no ongoing housing subsidy (23)
Hotel or motel paid for without an emergency voucher (11)	Owned by client, with ongoing housing subsidy (24)
	Client Doesn't Know (25)
	Client Refused (26)

Street Outreach / Night by Night Shelter Stays / PATH Street Outreach Only	*Adults and Head of Household only*
CONTACT DATE *[First Contact Date should be same as Project Entry date]*	_____/_____/_____
CURRENT LIVING SITUATION: **Refer to 'Type of Residence' list above and write the applicable number here.** *[PATH projects are limited to #1, #2, #3, "Other" or "Worker Unable to Determine"]*	Type of Residence (#): _____ or ☐Other *(use sparingly)* ☐Worker Unable to Determine
If 'Current Living Situation' response is NOT a Homeless (#1-3) Situation, answer question A: **A.** Is client going to have to leave their current living situation within 14 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
If Yes to question A, answer questions B-E: **B.** Has a subsequent residence been identified?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
C. Does individual or family have resources or support networks to obtain other permanent housing?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused
E. Has the client moved 2 or more times in the last 60 days?	☐Yes ☐Client Doesn't Know ☐No ☐Client Refused

LOCATION DETAILS		
Date of Engagement	_____/_____/_____	*Engagement is when an interactive client relationship results in client assessment or beginning of case plan. For street outreach, data quality is not measured until a date of engagement is recorded.*