-Continuum of Care – Annual Assessment

Data Collection HMIS Form –– (2021)

Client ID:	**Annual Assessment Review Date:**
First, Mi., Last Name, Suf:	
Housing Move In Date:	**Client Location: LA-503**

*Note: Annual Assessment is done on clients in a program for 365 or more days. Annual Assessment Review Date should be noted in the system as one-day before 1-year anniversary date in the system. Example: Client Entry Date: 1/5/2018; Client Annual Assessment Review Date: 1/4/2019

Notes: Please make sure to end date any old monthly income, non-cash benefit, disability, health insurance, or coordinated entry event before adding new source and date (Beyond This Point). Neglecting to end date old information, will impact your data negatively.

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Total Monthly Income: $________________ (Income from any source)	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected				
Source of Income	**Receiving income from any source?**	**Amount of income**	**How often:**	**Start Date**	**End Date**
Alimony or other spousal support	☐ Yes ☐ No ☐ Data Not Completed				
Child support	☐ Yes ☐ No ☐ Data Not Completed				
Earned income	☐ Yes ☐ No ☐ Data Not Completed				
Other	☐ Yes ☐ No ☐ Data Not Completed				
Pension or retirement income from another job	☐ Yes ☐ No ☐ Data Not Completed				
Private disability insurance	☐ Yes ☐ No ☐ Data Not Completed				
Retirement income from social security	☐ Yes ☐ No ☐ Data Not Completed				
SSDI	☐ Yes ☐ No ☐ Data Not Completed				
SSI	☐ Yes ☐ No ☐ Data Not Completed				
TANF	☐ Yes ☐ No ☐ Data Not Completed				
Unemployment insurance	☐ Yes ☐ No ☐ Data Not Completed				
VA Non- service connected disability pension	☐ Yes ☐ No ☐ Data Not Completed				
Worker's compensation	☐ Yes ☐ No ☐ Data Not Completed				

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Non cash benefit from any source:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of non-cash benefit	**Receiving income from any source?**	**Start Date**	**End Date**
Supplemental Nutritional Assistance Program (Food Stamps)	☐ Yes ☐ No ☐ Data Not Completed		
Special Supplemental Nutrition Program for WIC	☐ Yes ☐ No ☐ Data Not Completed		
TANF Child Care Services	☐ Yes ☐ No ☐ Data Not Completed		
TANF Transportation Services	☐ Yes ☐ No ☐ Data Not Completed		
Other TANF Funded Services	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

Covered by health insurance:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Source of Health Insurance	**Covered**	**Start Date**	**End Date**
Medicaid	☐ Yes ☐ No ☐ Data Not Completed		
Medicare	☐ Yes ☐ No ☐ Data Not Completed		
State Children's Health	☐ Yes ☐ No ☐ Data Not Completed		
Veteran's Admin Medical	☐ Yes ☐ No ☐ Data Not Completed		
Employer Provided Health Insurance	☐ Yes ☐ No ☐ Data Not Completed		
Health Insurance obtained through COBRA	☐ Yes ☐ No ☐ Data Not Completed		
Private pay health insurance	☐ Yes ☐ No ☐ Data Not Completed		
State health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Indian health insurance	☐ Yes ☐ No ☐ Data Not Completed		
Other	☐ Yes ☐ No ☐ Data Not Completed		

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Disability Type	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Alcohol abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Both Alcohol and Drug Abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Drug Abuse	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Chronic Health Condition	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Developmental	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
HIV/AIDS	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Mental Health	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					
Physical	☐ Yes ☐ No ☐ Client don't know ☐ Client refused ☐ Data not completed					

Note on Disability:

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Domestic violence victim/survivor:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If Yes for domestic violence victim/survive; when experiences occurred:	☐ Within the past 3 months ☐More than 1 year ago		☐ 3-6 months ☐ Client doesn't know	☐ 6-12 months ☐ Client refused	☐ Data Not Collected
If Yes for domestic violence/survivor, are you fleeting:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Have you ever been placed in foster care:	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Street Outreach, Coordinated Entry and Emergency Shelter - BEYOND THIS POINT

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Current Living Situation

Required by Street Outreach, Coordinated Entry and Emergency Shelter

Required when a Project Start Date is entered, Date of Engagement is recorded. Data is recorded for Head of Household on each occurrence/update.

Information Date: ____________/_____________/____________

Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
☐ Place not meant for habitation ☐ Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth ☐ Host Home (non – crisis) ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Rental by client, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐ Renter by client, with other ongoing subsidy ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy

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Living Situation verified by: LA-503					
Is client going to have to leave their current living situation within 14 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
If 'YES' Is client going to have to leave their current living situation within 14 days? Answer the following questions.					
Has a subsequent residence been identified?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Does individual or family have resources or support networks to obtain other permanent housing?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Has the client moved 2 or more times in the last 60 days?	☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected
Date of Engagement	______________/_______________/_____________				
Coordinated Entry Assessment					
Date of Event:					
Notes:					

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Event :

Access Events	Referral Events
☐ Referral to Prevention Assistance project	☐ Referral to post-placement/follow-up case management
☐ Problem Solving/Diversion/Rapid Resolution intervention or service	☐ Referral to Street Outreach project or services
☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	☐ Referral to Housing Navigation project or services
☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	☐ Referral to Non-continuum services: Ineligible for continuum services
	☐ Referral to Non- continuum services: No availability in continuum services
	☐ Referral to Emergency Shelter bed opening
	☐ Referral to Transitional Housing bed/unit opening
	☐ Referral to Joint TH-RRH project/unit/resource opening
	☐ Referral to RRH project resource opening
	☐ Referral to PSH project resource opening
	☐ Referral to Other PH project/unit/resource opening

If 'Event' answer was 'Problem Solving/Diversion/Rapid Resolution intervention or service result', please answer the following question:

Problem Solving/ Diversion/ Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative:	☐ Yes ☐ No

If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:

Referral to post- placement/follow-up case management result- Enrolled in Aftercare project:	☐ Yes ☐ No

If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:

Location of Crisis housing or Permanent Housing Referral:

If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question (Next page):

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Referral Result:	☐ Successful referral: client accepted	☐ Unsuccessful referral: client rejected	☐ Unsuccessful referral: provider rejected
If 'Event' answer was 'Referral to an ES, TH, Joint TH-RRH, RRH, PSH or Other PH opening', please answer the following question:			
Data of Result:			

Notes: