

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



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

\*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.

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



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

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



<b>Non cash benefit from any source:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Source of non-cash benefit	Receiving income from any source?	Start Date	End Date		
Supplemental Nutritional Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other TANF Funded Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

<b>Covered by health insurance:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Source of Health Insurance	Covered	Start Date	End Date		
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
State Children's Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Veteran's Admin Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Employer Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Private pay health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
State health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Indian health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					

**Note on Disability:**

---

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



<b>Domestic violence victim/survivor:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>If Yes for domestic violence victim/survive; when experiences occurred:</b>	<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 6-12 months	<input type="checkbox"/> Data Not Collected	
<b>If Yes for domestic violence/survivor, are you fleeing:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Have you ever been placed in foster care:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



### 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
<ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation</li> <li><input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter</li> <li><input type="checkbox"/> Safe Haven</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> <li><input type="checkbox"/> Client Doesn't Know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Data Not Collected</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)</li> <li><input type="checkbox"/> Host Home (non – crisis)</li> <li><input type="checkbox"/> Staying or living in a family member's room, apartment or house</li> <li><input type="checkbox"/> Staying or living in a friend's room, apartment or house</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH housing subsidy</li> <li><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</li> <li><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</li> <li><input type="checkbox"/> Rental by client in a public housing unit</li> <li><input type="checkbox"/> Rental by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Renter by client, with other ongoing subsidy</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> </ul>

# -Continuum of Care – RHY Annual Assessment

## Data Collection HMIS Form — (2021)



<b>Living Situation verified by: LA-503</b>					
<b>Is client going to have to leave their current living situation within 14 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>If 'YES' Is client going to have to leave their current living situation within 14 days? Answer the following questions.</b>					
<b>Has a subsequent residence been identified?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Does individual or family have resources or support networks to obtain other permanent housing?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Has the client moved 2 or more times in the last 60 days?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

**Date of Engagement**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Pregnant?**

Yes   
  No   
  Client doesn't know   
  Client refused   
  Data not collected

**If Yes, Projected Birth Date**

**Notes:**