

**Step 1: Basic Client Information**

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program and for clients whose permanent housing status has changed while enrolled in a Rapid Re-Housing program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birthdate:\* \_\_\_\_\_ Social Security Number:\* \_\_\_\_\_

**Step 2: Project Update/Annual Assessment**

Complete the project update/annual assessment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be updated or assessed.

Project Start Date:\* \_\_\_\_\_ Case Manager:\* \_\_\_\_\_

Housing Move-In Date:\* \_\_\_\_\_ (enter date client took occupancy of unit)

Assessment Type:\* ☐ Update ☐ Annual Assessment Date:\* \_\_\_\_\_

Covered by Health Insurance:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Type of Insurance:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Private Pay Health Insurance                       |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> State Health Insurance for Adults (HIP or HIP 2.0) |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Indian Health Service (Native American)            |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services                          | <input type="checkbox"/> Other Public                                       |
| <input type="checkbox"/> Health Insurance Obtained through COBRA                                 | <input type="checkbox"/> Other _____  |

Status:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Active            | <input type="checkbox"/> No   |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date: _____   | <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                                     |

HMIS Barriers Assessment:\*

**Alcohol Abuse**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**Developmental Disability**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**Drug Abuse**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**HIV/AIDS**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

**HIV/AIDS Continued**

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**Mental Health**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**Physical Disability**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

**Chronic Health Condition**

Barrier Present?

- |  |   |
|--|---|
| <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  |   |

Condition is Indefinite?

- |  |   |
|--|---|
| <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  |   |

Domestic Violence Assessment of Victim:\*

Is client a victim of domestic violence:\*

- |  |   |
|--|---|
| <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  |   |

Currently Fleeing:\*

- |  |   |
|--|---|
| <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  |   |

If yes, when experience occurred:\*

- |  |
|--|
| <input type="checkbox"/> Within the past three months                          |
| <input type="checkbox"/> Three to six months ago (excluding 6 months exactly)  |
| <input type="checkbox"/> Six months to one year ago (excluding 1 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                                    |

Financial Assessment:\*    Cash Income:.\*    ☐ Yes    ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ General Assistance (GA) \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Pension/Retirement Former Job \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Alimony/Spousal Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits:.\*    ☐ Yes    ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

*Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).*