

Contra Costa HMIS Project RHY Update Form

Client Name: _____ SSN: _____ Date of Birth: ____/____/____

Program _____ Date Effective: ____/____/____

Client has had recent changes in their: <input type="checkbox"/> Employment Status <input type="checkbox"/> Income/Health Insurance <input type="checkbox"/> Disability Status <input type="checkbox"/> Housing Status	Employment Status	
	Is client Employed or Unemployed? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	If <u>employed</u>, type of employment? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours per week? _____ Where? _____

Monthly Income				
	Received in Past 30 Days?		Received in Past 30 Days?	
\$ _____ Earned income (ie. employment income)	Yes / No	\$ _____ Alimony or other spousal support	Yes / No	
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ SSI	Yes / No	
\$ _____ Private disability insurance	Yes / No	\$ _____ SSDI	Yes / No	
\$ _____ Child support	Yes / No	\$ _____ General Assistance	Yes / No	
\$ _____ Unemployment insurance	Yes / No	\$ _____ TANF	Yes / No	
\$ _____ Worker's compensation	Yes / No	\$ _____ Other Income Source: _____	Yes / No	
\$ _____ Parent/Partner	Yes / No	Total Monthly Income: \$ _____ (please indicate if \$0)		
\$ _____ Student Financial Aid	Yes / No			

Non Cash Benefits	Health Insurance
Received in Past 30 Days?	Currently covered?
<ul style="list-style-type: none"> - Supplemental Nutrition Assistance Program (Food stamps) Yes / No - TANF Child Care Services Yes / No - TANF Transportation Services Yes / No - Other TANF-funded services Yes / No - WIC Yes / No - Section 8, public housing, or other ongoing rental assistance Yes / No - Temporary rental assistance Yes / No - Other _____ Yes / No 	<ul style="list-style-type: none"> - Medicaid/Medi-Cal Yes / No - MEDICARE Yes / No - State Children's Health Insurance Program (SCHIP) Yes / No - Veteran's Administration (VA) Medical Services Yes / No - Employer-provided Health Insurance Yes / No - Health insurance obtained through COBRA Yes / No - Private Pay Health Insurance Yes / No - State Health Insurance for Adults Yes / No - Indian Health Services Program Yes / No

Are you pregnant? Yes No

Have you ever willingly performed or been threatened/coerced/manipulated to perform a sexual act in exchange for money/goods? Yes No

If yes:

- Has it been in the past 3 months? Yes No Client doesn't know Client refused
- How many times? 1-3 4-7 8-11 12 or more Client doesn't know Client refused
- Did someone ask/make you have sex? Yes No Client doesn't know Client refused

Ever been afraid to quit/leave work due to threats of violence to you or your family/friends? Yes No Client doesn't know Client refused

Ever been promised work where the work or payment ended up being different than what you expected? Yes No Client doesn't know Refused

If yes to either of the above, did you feel forced/pressured/tricked into continuing this job? Yes No Client doesn't know Client refused

Have you had any jobs like these in the last 3 months? Yes No Client doesn't know Client refused

Disabilities											
Yes/No	Severity Documented?	Long Term?	Receiving Aid?	Yes/No	Severity Documented?	Long Term?	Receiving Aid?	Yes/No	Severity Documented?	Long Term?	Receiving Aid?
1. Mental Health Problem _____	_____	_____	_____	4. HIV/AIDS _____	_____	_____	_____	7. Chronic Health Condition _____	_____	_____	_____
2. Alcohol Abuse _____	_____	_____	_____	5. Physical _____	_____	_____	_____	8. Other: _____	_____	_____	_____
3. Drug Abuse _____	_____	_____	_____	6. Developmental _____	_____	_____	_____				

Housing Status Updates		
Housing Status:		
<input type="checkbox"/> Category 1 – Homeless (i.e. streets, shelter, transitional housing) <input type="checkbox"/> Category 2 – At imminent risk of losing housing (within 14 days) <input type="checkbox"/> Category 3 – Homeless only under other federal statutes	<input type="checkbox"/> Category 4 – Fleeing domestic violence <input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Stably housed	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Housing Placement or New Housing Situation:		
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside) <input type="checkbox"/> Safe haven	<input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<p>* If client moved into a permanent housing situation, Move-in Date: ____/____/____ (mm/dd/yy)</p> <p>Address: _____ City _____ State _____ Zip _____</p> <p>If client entered into a Program, Program Name: _____</p>		