

Contra Costa HMIS Project  
**HMIS Update Form**

Client Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program \_\_\_\_\_ Date Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Client has had recent changes in their:</b> <input type="checkbox"/> Employment Status <input type="checkbox"/> Income/Health Insurance <input type="checkbox"/> Disability Status <input type="checkbox"/> Housing Status	<b>Employment Status</b>	
	Is client <b>employed</b> or <b>unemployed</b> ? <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	If <b>employed</b> , 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 (i.e. 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
\$ _____ Retirement income from Social Security	Yes / No	<b>Total Monthly Income: \$ _____ (please indicate if \$0)</b>	
\$ _____ VA service-connected disability compensation	Yes / No		
\$ _____ VA non service-connected disability pension	Yes / No		

Non Cash Benefits	Health Insurance
Received in Past 30 Days?	Currently covered?    HOPWA: If no, reason?
<ul style="list-style-type: none"> <li>- Supplemental Nutrition Assistance Program (Food stamps)    Yes / No</li> <li>- TANF Child Care Services    Yes / No</li> <li>- TANF Transportation Services    Yes / No</li> <li>- Other TANF-funded services    Yes / No</li> <li>- WIC    Yes / No</li> <li>- Temporary rental assistance    Yes / No</li> <li>- Other _____    Yes / No</li> </ul>	<ul style="list-style-type: none"> <li>- Medicaid/Medi-Cal    Yes / No</li> <li>- MEDICARE    Yes / No</li> <li>- State Children's Health Insurance Program (SCHIP)    Yes / No</li> <li>- Veteran's Administration (VA) Medical Services    Yes / No</li> <li>- Employer-provided Health Insurance    Yes / No</li> <li>- Health insurance obtained through COBRA    Yes / No</li> <li>- Private Pay Health Insurance    Yes / No</li> <li>- State Health Insurance for Adults    Yes / No</li> <li>- Indian Health Services Program    Yes / No</li> </ul>
*HOPWA Only: If not covered, indicate reason (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable).	

Disabilities (please answer Yes or No to each of the following)					
	Yes/No	Long term?		Yes/No	Long term?
Physical			Mental health problem		
Developmental			Alcohol abuse		
Chronic health condition			Drug abuse		
HIV/AIDS			Other		

**Do you have a disabling condition?** This means : Do you have a condition of expected long duration that substantially limits your ability to live on your own

Yes                     
  No                     
  Client doesn't know                     
  Client refused

Housing Status Updates		
<b>Housing Placement or New Housing Situation:</b>		
<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
* For RRH and PH use only,                      Address: _____                      If client entered into a Program, Program Name: _____ <b>Housing Move-in Date:</b> _____ ____/____/____ (mmm/dd/yy)                      City                      State                      Zip		

For HOPWA Programs			
<b>Receiving Public HIV/AIDS Medical Assistance?</b> Yes / No <b>If no, reason?</b> <input type="checkbox"/> Applied: decision pending <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Applied: client not eligible <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client did not apply <input type="checkbox"/> Client refused	<b>Receiving AIDS Drug Assistance Program (ADAP)?</b> Yes / No <b>If no, reason?</b> <input type="checkbox"/> Applied: decision pending <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Applied: client not eligible <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client did not apply <input type="checkbox"/> Client refused		