**HMIS Update and Annual Assessment Form**  
Client Name / HMIS ID: __________________

### Program Status Update – All clients, all fields required unless otherwise noted

1. **Client Name:** __________________
2. **Date of Birth:** _______/_______/_______
3. **Program Name:** __________________
4. **Program Start Date:** _______/_______/_______

| 1. Status Date | _______/_______/_______ |
| 4. Client Location (CoC) |
| ☐ CA-600 – Los Angeles |
| ☐ CA-602 – Orange County |
| ☐ CA-606 – Long Beach |
| ☐ CA-607 – Pasadena |
| ☐ CA-611 – Ventura County |
| ☐ CA-612 – Glendale |
| ☐ CA-614 – San Luis Obispo County |

### Housing Move-In – Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household

6. **Has the client moved-in to permanent housing?**
   - ☐ No
   - ☐ Yes: Housing Move-In Date: _______/_______/_______

### CES for Families – DPSS Eligibility Status – CES for Families projects only, all fields required unless otherwise noted

14. **DPSS Eligibility Status**
   - ☐ CalWorks (Prevention)
   - ☐ WtW – HSP Eligible
   - ☐ WtW
   - ☐ Non-WtW
   - ☐ WtW – Family Stabilization
   - ☐ Non-CalWorks

### Disabling Conditions and Barriers - All fields required unless otherwise noted

21. **Do you have a physical disability?**
   - ☐ No
   - ☐ Yes**
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected

   If question #21 was answered as “Yes” (**), then the following questions are **required**:

   21a. **Do you expect this condition to be of long–continued and indefinite duration**
   **AND**
   **substantially impair your ability to live independently?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected

22. **Have you ever been told you have a learning disability or developmental disability?**
   - ☐ No
   - ☐ Yes**
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected

   If question #22 was answered as “Yes” (**), then the following questions are **required**:

   22a. **Do you expect this to be of long–continued and indefinite duration**
   **AND**
   **substantially impair your ability to live independently?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected

23. **Do you have a chronic health condition?**
   A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: **heart disease** (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); **severe asthma**; **diabetes**; **arthritis-related conditions** (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); **adult onset cognitive impairments** (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); **severe headache/migraine**; **cancer**; **chronic bronchitis**; **liver condition**; **stroke**; **or emphysema**.

   - ☐ No
   - ☐ Yes**
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected

   If question #23 was answered as “Yes” (**), then the following questions are **required**:

   23a. **Do you expect this condition to be of long–continued and indefinite duration**
   **AND**
   **substantially impair your ability to live independently?**
   - ☐ No
   - ☐ Yes
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Data not collected
24. Have you been diagnosed with AIDS or have you tested positive for HIV?  
- [ ] No  - [ ] Yes**  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected  

If question #24 was answered as “Yes” (**), then the following questions are **required:**

24a. Do you expect this to substantially impair your ability to live independently?  
- [ ] No  - [ ] Yes  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected

25. Do you feel you currently have a mental health problem?  
- [ ] No  - [ ] Yes**  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected  

If question #25 was answered as “Yes” (**), then the following questions are **required:**

25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?  
- [ ] No  - [ ] Yes  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected

26. Do you currently have a drug or alcohol problem?  
- [ ] No  - [ ] Alcohol*  - [ ] Drug*  - [ ] Both*  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected

If question #26 was answered as “Alcohol”, “Drug”, or “Both” (**), then the following questions are **required:**

26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?  
- [ ] No  - [ ] Yes  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected

27. Have you been a victim of domestic violence or a victim of intimate partner violence?  
- [ ] No  - [ ] Yes**  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected  

If question #27 was answered as “Yes” (**), then the following question is **required:**

27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?  
- [ ] Within the past three months  
- [ ] Three to six months ago  
- [ ] From six to twelve months ago  
- [ ] More than a year ago  
- [ ] Client doesn’t know  
- [ ] Client refused  
- [ ] Data not collected

27b. Are you currently fleeing?  
- [ ] No  - [ ] Yes  - [ ] Client doesn’t know  - [ ] Client refused  - [ ] Data not collected

**Employment** - For adults 18 and older and/or Head of Household, all fields required unless otherwise noted.

35. Are you currently employed?  
- [ ] No*  - [ ] Yes**  - [ ] Client doesn’t know  - [ ] Client refused  

If question #35 was answered as “No” (*), then the following question is **required:**

35a. Are you…. (read options to the right)  
- [ ] Looking for work  - [ ] Not looking for work  
- [ ] Unable to work

If question #35 was answered as “Yes” (**), then the following question is **required:**

35b. What type of employment do you have?  
- [ ] Full-time  - [ ] Seasonal / sporadic (including day labor)  
- [ ] Part-time
### Cash Income for Individual
- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

36. Do you receive any cash income?
- ☐ No
- ☐ Client doesn’t know
- ☐ Data not collected
- ☐ Yes
- ☐ Client refused

If question #36 was answered as “Yes”, then the following question is required:

#### Income Source and Monthly Income
*What sources of income do you have, and how much do you get on a monthly basis?*

<table>
<thead>
<tr>
<th>Source</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income (employment wages / cash)</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>$</td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td>$</td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td>$</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$</td>
</tr>
</tbody>
</table>

36a. Income Documentation
*Do you have documents that verify income?*

- ☐ GR Form
- ☐ Pay Stub
- ☐ Utility Allowance
- ☐ Child Support Forms
- ☐ Social Security Forms
- ☐ SSI Forms
- ☐ CalWORKs Form
- ☐ Unemployment Insurance Forms
- ☐ W-2 Forms
- ☐ SSDI Form
- ☐ Workmans Comp
- ☐ Self Employment Docs
- ☐ Pension Letter/Stub
- ☐ Unemployment Forms
- ☐ Self Declaration
- ☐ Employer Printout/Letter
- ☐ VA Documentation
- ☐ Other (Specify: ____________________)

### Non-Cash Benefits
- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted

37. Do you receive any non-cash benefits?
- ☐ No
- ☐ Client doesn’t know
- ☐ Data not collected
- ☐ Yes
- ☐ Client refused

If question #37 was answered as “Yes”, then the following question is required:

#### Non-Cash Benefits
*What non-cash benefits do you receive? (Check all that apply)*

- ☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP)
- ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- ☐ CalWorks child care services
- ☐ CalWorks transportation services
- ☐ Other CalWorks-funded services
- ☐ Other source (Specify: ____________________)

### Health Insurance
- All clients, all fields required unless otherwise noted

38. Are you covered by any type of health insurance?
- ☐ No
- ☐ Client doesn’t know
- ☐ Data not collected
- ☐ Yes
- ☐ Client refused

If question #37 was answered as “Yes”, then the following questions are required:

#### Health Insurance
*(Check all that apply):*

- ☐ Medi-Cal (MEDICAID)
- ☐ MEDICARE
- ☐ State Children’s Health Insurance Program (SCHIP)
- ☐ VA medical services
- ☐ Employer-provided health insurance
- ☐ COBRA
- ☐ Private pay health insurance
- ☐ State Health Insurance for Adults
- ☐ Indian Health Services Program
- ☐ Other health insurance (Specify: ____________________)

38a. Health Insurance Provider
- ☐ Health Net
- ☐ Molina
- ☐ My Health LA (DHS)
- ☐ Anthem Blue Cross
- ☐ Kaiser Permanente
- ☐ VA
- ☐ L.A. Care
- ☐ Care 1st Health Plan
- ☐ Other
- ☐ Unknown
## Health and Education – All clients, all fields required unless otherwise noted

**44. Are you pregnant?**
- [ ] No
- [X] Yes*
- [ ] Client doesn’t know
- [ ] Client refused

If question #44 was answered as “Yes” (*), then the following question is **required**:

**44a. What is your due date?**

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### ILP & RHY ONLY: 46. What is the highest educational level you have completed?

- [ ] Less than Grade 5
- [ ] Grade 5-6
- [ ] Grade 7-8
- [ ] Grade 12/High school diploma
- [ ] School program does not have grade levels
- [ ] GED
- [ ] Some College
- [ ] Associate degree
- [ ] Bachelor’s degree
- [ ] Graduate degree
- [ ] Vocational certification
- [ ] Client Doesn’t Know
- [ ] Client refused
- [ ] Data not collected

### ILP & RHY ONLY: 74. What is your current school status?

- [ ] Attending school regularly*
- [ ] Attending school irregularly*
- [ ] Graduated from high school
- [ ] Obtained GED
- [ ] Dropped out
- [ ] Suspended
- [ ] Expelled
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

If question #74 was answered as “Attending school” (*), then the following question is **required for ILP only**:

**ILP ONLY: 74a. What is your current educational program type?**

- [ ] High School/GED
- [ ] Vocational Program
- [ ] Certificate/License Program
- [ ] Community College
- [ ] 4-Year College/University
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

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### SOAR Connection – SSVF and PATH and projects only, all fields required unless otherwise noted

**75. Is the client connected with SOAR?**
- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected