



Napa County Continuum of Care

**VA SSVF Adult Status Update and/or Annual Assessment**

Program Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Status Date: \_\_\_\_\_

**CLIENT STATUS UPDATE/ANNUAL ASSESSMENT**

**Status Update Assessment** is to be filled out every time there is a change in disabilities, income, non-cash benefits, or health insurance.

**Annual Assessment** is to be filled out once a year – 30 days before or after the anniversary of the program start date.

Separate Status Update and/or Annual Assessments should be completed for each client who is **over** the age of 17 or the Head of Household. This form should be used for all VA SSVF-funded programs. **Separate Status Update and/or Annual Assessments must be completed for children as well, but please be sure to use the Standard HMIS Child Status Update and/or Annual Assessment Form.**

1) Client Name	First	Last																		
2) Project Status Update or Annual Assessment Date	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="3">Year</td> </tr> </table>				/			/				Month			Day			Year		
		/			/															
Month			Day			Year														
3) Housing Move-in Date [Head of Household only]  <i>(Required for Permanent Housing Projects only)</i>  <b>IMPORTANT REMINDER:</b> When a client moves into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, ensure the "Housing Move-In Date" on enrollment screen is completed.	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="3">Year</td> </tr> </table>				/			/				Month			Day			Year		
		/			/															
Month			Day			Year														

**DOMESTIC VIOLENCE [Head of Household and Adults only]**

1) Survivor of Domestic Violence  <i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i>  <b>If the answer is "no", skip to "Monthly Income – Cash Benefits" section.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
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Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

<b>If the answer is "yes", COMPLETE questions 2 and 3.</b>	
<b>2) Most Recent Occurrence</b> <i>Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"</i>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data Not Collected
<b>3) Current Status</b> <i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

**MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]**

<b>Current income from any source?</b> <i>Is the client currently receiving any income from any source?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<b>Specify the type(s) and amount(s) of income the client currently receives.</b>  <i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i>  <i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i>	<input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: _____
<b>Total Monthly Cash Income for Individual</b>	<b>TOTAL: \$ _____</b>

Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

**NON-CASH BENEFITS [Head of Household and Adults only]**

<p><b>Currently receiving Non-Cash Benefits?</b> <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p><b>If Yes, indicate all the non-cash benefits the client is receiving:</b></p> <p><i>Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.</i></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh</p> <p><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p> <p><input type="checkbox"/> TANF/CALWORKS Childcare Services</p> <p><input type="checkbox"/> TANF/CALWORKS Transportation Services</p> <p><input type="checkbox"/> Other TANF/CALWORKS-Funded Services</p> <p><input type="checkbox"/> Other Non-Cash Benefit</p> <p>If Other Specify: _____</p>
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**HEALTH INSURANCE**

<p><b>Currently covered by health insurance?</b> <i>Is the client currently covered by health insurance?</i></p> <p><b>If Yes, type(s) of insurance(s):</b> <i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Client doesn't know   <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> Medicaid (same as Medi-Cal)</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Children's Health Insurance (CHIP) Program</p> <p><input type="checkbox"/> Veteran's Health Administration (VHA)</p> <p><input type="checkbox"/> Employer-Provided Health Insurance</p> <p><input type="checkbox"/> Health Insurance Obtained Through COBRA</p> <p><input type="checkbox"/> Private Pay Health Insurance</p> <p><input type="checkbox"/> State Health Insurance for Adults</p> <p><input type="checkbox"/> Indian Health Services Program</p> <p><input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p>
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**SSVF Required Information [Head of Household and Adults only]**

<p><b>Connection with SOAR</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p>
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Client Name \_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_