Client Name
G. 6634
Staff Name
Date

## Santa Cruz County HMIS – YHDP Adult or Head of Household Status Update and/or Annual Assessment

A service provider must complete a YHDP Adult Status Update Assessment every 90 days an adult client or the Head of Household has been enrolled in a YHDP program, regardless of whether their information has changed. After the client has been enrolled in the program for 1 year, the service provider must complete a YHDP Adult Annual Assessment in lieu of a Status Assessment. This form can be used for either the Status Assessment or Annual Assessment because the same information is collected, however, please be sure to select the appropriate Assessment type when entering this data into the HMIS. Separate YHDP Status Update and/or Annual Assessments should be completed for each client who is over the age of 17 or the Head of Household. 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.

**Project Status Undate Date** 

Month Day Year  Disabling Conditions (All Responses required)  A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.					
	Does the client have a Physical Disability?	☐ Yes	☐ Client doesn't know		
		□ No	☐ Client prefers not to answer		
	If Yes, is it expected to be of long, continued and	☐ Yes	☐ Client doesn't know		
	indefinite duration and substantially impair the client's ability to live independently?	□No	☐ Client prefers not to answer		
2)	Does the client have a Developmental	☐ Yes	☐ Client doesn't know		
	Disability?	□ No	☐ Client prefers not to answer		
3)	Does the client have a Chronic Health Condition?	☐ Yes	☐ Client doesn't know		
		□No	☐ Client prefers not to answer		
indefinite duration and	If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the	☐ Yes	☐ Client doesn't know		
	client's ability to live independently?	□No	☐ Client prefers not to answer		
4)	Does the client have HIV – AIDS?	☐ Yes	☐ Client doesn't know		
		□No	☐ Client prefers not to answer		
5)	Does the client have a Mental Health Disorder?				
5)	Does the client have a Mental Health Disorder?	☐ Yes	☐ Client doesn't know		
		□ No	☐ Client prefers not to answer		
	If Yes, is it expected to be of long, continued and	☐ Yes	☐ Client doesn't know		
	indefinite duration and substantially impair the client's ability to live independently?	□No	☐ Client prefers not to answer		
		1			
	Client Name				
	Head of Household Name (if not Self)				
	nead of nodsellold Name (if flot sell)				

6)	Does the client have a Substance Use Disorde	er?	□ No	☐ Client doesn't know	
			☐ Alcohol use disorder	☐ Client prefers not to answer	
			☐ Drug use disorder		
	If Yes, is it expected to be of long, continued and	1	☐ Both Alcohol & Drug use		
	indefinite duration and substantially impair the client's ability to live independently?		disorders		
			☐ Yes	☐ Client doesn't know	
			□No	☐ Client prefers not to answer	
				-	
Do	omestic Violence [Head of Househole	d an	d Adults]		
1)	Survivor of Domestic Violence	□Y	es	☐ Client doesn't know	
	Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or lifethreatening conditions against you or a	ΠN	Io	☐ Client prefers not to answer	
	member of your family, including a child, that				
	has happened in the place you were living?"				
	If the answer is "no", skip to "Monthly				
	Income – Cash Benefits" section				
	If the answer is "yes", COMPLETE				
	questions 2 and 3.				
2)	When experienced	υ	Vithin the past three months		
Ask the client "How long ago was your most recent experience of domestic violence, dating"  Three to six months ago (excluding six months exactly)		ix months exactly)			
	violence, sexual assault, stalking or other	□s	☐ Six months to one year ago (excluding one year exactly)		
dangerous or life-threatening conditions against you or a member of your family?"		☐ One year ago or more			
			lient doesn't know		
		ПC	lient prefers not to answer		
3)	Are you currently fleeing?	□Y	es ☐ Client doesn't know	v	
	Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence	□N	Io ☐ Client prefers not to		
	situation, or are you afraid to return to the place you are living because of the domestic violence situation?"		answer		
	Client Name			ne	
	1	Head	of Household Name (if not Sel	fl	
	Head of Household Name (if not Self)				

<b>Monthly Income – Cash Benefits [Hea</b>	nd of Household and Adults]
Income from Any Source? Is the client currently receiving any income from any source?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
If yes, specify the type(s) and amount(s) of income the client currently receives.  Only regular, recurrent sources that are current today should be included. Income (e.g., SSI) received for a minor member of the household (under 18 years old) should be recorded with the HoH's information.  DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Annual/Update form.	□ Earned Income \$ □ Unemployment Insurance \$ □ Supplemental Security Income SSI (SSI - received by persons who are disabled and do not have a significant work history) \$ □ Social Security Disability Insurance SSDI (SSDI - received by persons who are disabled and have a significant work history) \$ □ VA Service-Connected Disability Pension\$ □ VA Non-service connect disability pension \$ □ Private Disability Insurance \$ □ Worker's Compensation \$ □ Temporary Assistance for Needy Families (TANF/CalWORKs) \$ □ General Assistance (GA) \$ □ Retirement income from Social Security \$ □ Pension or Retirement Income from a Former Job \$
Total Cash Income for Individual	☐ Child Support \$ ☐ Alimony and Other Spousal Support \$ ☐ Other Cash Income \$ If Other Specify:  TOTAL: \$
Non-Cash Benefits [Head of House	
Receiving Non-Cash Benefits?  Is the client currently receiving one of the listed non-cash benefits?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
If Yes, indicate all the non-cash benefits the client is receiving:  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  DO NOT include benefits received by other adults (18 years and older) in the household; record	□ Supplemental Nutrition Assistance Program (SNAP/CalFresh) □ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) □ TANF/CALWORKS Childcare Services □ TANF/CALWORKS Transportation Services □ Other TANF/CALWORKS-Funded Services □ Other Non-Cash Benefit If Other Specific
(18 years and older) in the household; record their benefits on their Annual/Update form.	If Other Specify:
	Head of Household Name (if not Self)

## **Health Insurance**

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☐ Medicaid (Medi-Cal)			
☐ Medicare			
☐ State Children's Health Insurance (CHIP) Program			
☐ Veteran's Health Administration (VHA)			
☐ Employer-Provided Health Insurance			
☐ Health Insurance Obtained Through COBRA			
☐ Private Pay Health Insurance			
☐ State Health Insurance for Adults			
If Other Specify:			

## Pregnancy Status [Head of Household and Adults]

Is the client pregnant?	□ Yes	☐ Client doesn't know
	□No	☐ Client prefers not to answer
If yes, due date:	Month Day	/ Year

Reminder: Housing Move-in Date [Head of Household]

(Required for Permanent Housing Projects)

IMPORTANT REMINDER: If the client moved 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 with the date the client/household moved into the permanent unit.

Client Name	
Head of Household Name (if not Self)	