

HMIS # _____
Client Name _____
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 Update 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.

<b>1) Does the client have a Physical Disability?</b>  <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<b>2) Does the client have a Developmental Disability?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<b>3) Does the client have a Chronic Health Condition?</b>  <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<b>4) Does the client have HIV – AIDS?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
<b>5) Does the client have a Mental Health Disorder?</b>  <i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer

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

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

<p><b>6) Does the client have a Substance Use Disorder?</b></p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug use disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

**Domestic Violence [Head of Household and Adults]**

<p><b>1) Survivor of Domestic Violence</b></p> <p><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></p> <p><b><i>If the answer is "no", skip to "Monthly Income – Cash Benefits" section</i></b></p> <p><b><i>If the answer is "yes", COMPLETE questions 2 and 3.</i></b></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><b>2) When experienced</b></p> <p><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 against you or a member of your family?"</i></p>	<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"/> Client prefers not to answer	
<p><b>3) Are you currently fleeing?</b></p> <p><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 because of the domestic violence situation?"</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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

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

**Monthly Income – Cash Benefits [Head of Household and Adults]**

<p><b>Income from Any Source?</b>  <i>Is the client currently receiving any income from any source?</i></p> <p><b>If yes, specify the type(s) and amount(s) of income the client currently receives.</b></p> <p><i>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.</i></p> <p><i>DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Annual/Update 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> <hr/> <p><input type="checkbox"/> Earned Income \$ _____</p> <p><input type="checkbox"/> Unemployment Insurance \$ _____</p> <p><input type="checkbox"/> Supplemental Security Income SSI (<i>SSI - received by persons who are disabled and do not have a significant work history</i>) \$ _____</p> <p><input type="checkbox"/> Social Security Disability Insurance SSDI (<i>SSDI - received by persons who are disabled and have a significant work history</i>) \$ _____</p> <p><input type="checkbox"/> VA Service-Connected Disability Pension \$ _____</p> <p><input type="checkbox"/> VA Non-service connect disability pension \$ _____</p> <p><input type="checkbox"/> Private Disability Insurance \$ _____</p> <p><input type="checkbox"/> Worker's Compensation \$ _____</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF/CalWORKs) \$ _____</p> <p><input type="checkbox"/> General Assistance (GA) \$ _____</p> <p><input type="checkbox"/> Retirement income from Social Security \$ _____</p> <p><input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____</p> <p><input type="checkbox"/> Child Support \$ _____</p> <p><input type="checkbox"/> Alimony and Other Spousal Support \$ _____</p> <p><input type="checkbox"/> Other Cash Income \$ _____</p> <p>If Other Specify: _____</p>
<b>Total Cash Income for Individual</b>	<b>TOTAL: \$</b> _____

**Non-Cash Benefits [Head of Household and Adults]**

<p><b>Receiving Non-Cash Benefits?</b>  <i>Is the client currently receiving one of the listed non-cash benefits?</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 Annual/Update 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> <hr/> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/CalFresh)</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>
--	---

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

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

