HMIS ADMISSION RECORD UPDATE ADULTS AND HOUSEHOLD MEMBERS UNDER 18

This is information that must be updated within the admission record.

*EFFECTIVE DATE			PRIMARY WORKER		
/	/				
*FIRST NAME			MIDDLE NAM	1E	*LAST NAME (and Suffix)
*PHYSICAL DI					
	☐ Yes	☐ Client Doesn't	Know	☐ Client Refused	☐ Data Not Collected
IF YES:					
Expected to substantially impair ability to live independently:					
□ No	☐ Yes	☐ Client Doesn't	Know	☐ Client Refused	☐ Data Not Collected
*DEVELOPMENTAL DISABILITY					
	☐ Yes	☐ Client Doesn't	Know	☐ Client Refused	☐ Data Not Collected
IF YES:					
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:					
	☐ Yes	☐ Client Doesn't		☐ Client Refused	☐ Data Not Collected
*CHRONIC HEALTH CONDITION					
	☐ Yes	☐ Client Doesn't	□ Data Not Collected		
IF YES:					
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:					
□ No	☐ Yes	☐ Client Doesn't	Know	☐ Client Refused	□ Data Not Collected
*HIV/AIDS					
	□ Yes	☐ Client Doesn't	Know	☐ Client Refused	□ Data Not Collected
IF YES:	<u> </u>	a Olichi Bocshi Milow			
Expected to substantially impair ability to live independently:					
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	00		111011		= Bata Not Bollootea
*MENTAL HEALTH					
□ No	☐ Yes	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected			
IF YES:					
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:					
□ No	☐ Yes	☐ Client Doesn't	Know	Client Refused	□ Data Not Collected
*CUDCTANCE ADJUCE DOOD FM					
*SUBSTANCE ABUSE PROBLEM D. Alaskal Abuses D. D. Dran Abuses D. Dran Abuses					
☐ Alcohol Abuse ☐ Drug Abuse ☐ No ☐ Client Doesn't		□ Both Alcohol and Drug Abuse Know □ Client Refused		g Abuse ☐ Data Not Collected	
IF YES:		- Olichi Docant	TCHOW	- Client Relused	a Data Not Collected
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:					
	☐ Yes	Client Doesn't		☐ Client Refused	□ Data Not Collected
*HAS CLIENT BEEN PLACED INTO PERMANENT HOUSING IF YES: DATE RESIDENCE UNIT					
DNs DVs					