



2018 HMIS UNIVERSAL FORM

ANNUAL ASSESSMENT (REQUIRED FOR ALL CLIENTS)

UPDATE THIS INFORMATION WITHIN THE FACE SHEET ONLY

[EFFECTIVE DATE] MUST BE THE YEARLY ANNIVERSARY OF THE HEAD
OF HOUSEHOLD'S [ADMISSION DATE / PROJECT START DATE] – REGARDLESS OF ANY OTHER INFORMATION DATES

*EFFECTIVE DATE	PRIMARY WORKER (CASE WORKER)	
____/____/____		
*FIRST NAME	MIDDLE NAME	*LAST NAME & SUFFIX

***HEALTH INSURANCE**

*COVERED BY HEALTH INSURANCE			
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected			
IF YES: CHECK ALL THAT APPLY			
MEDICAID	<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program.....	<input type="checkbox"/> No <input type="checkbox"/> Yes	VA Medical Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Health Insurance through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	State Health Insurance for Adults.....	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes		

----- COMPLETE REMAINING QUESTIONS FOR ADULTS & HEADS OF HOUSEHOLD ONLY -----

***INCOME & SOURCES (ALL PROJECTS EXCEPT RHY-SOP)**

INCOME FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK & FILL IN MONTHLY AMOUNT FOR ALL THAT APPLY	
<input type="checkbox"/> Earned Income (i.e. employment income)	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI).....	\$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____
<input type="checkbox"/> Private Disability Insurance	\$ _____
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) ...	\$ _____
<input type="checkbox"/> Retirement Income from Social Security	\$ _____
<input type="checkbox"/> Child Support.....	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____
<input type="checkbox"/> Social Security Disability Insurance (SSDI).....	\$ _____
<input type="checkbox"/> VA Non-Service Connected Disability Pension	\$ _____
<input type="checkbox"/> Worker's Compensation.....	\$ _____
<input type="checkbox"/> General Assistance (GA)	\$ _____
<input type="checkbox"/> Pension or Retirement Income from Former Job .	\$ _____
<input type="checkbox"/> Alimony and Other Spousal Support.....	\$ _____

***NON-CASH BENEFITS (ALL PROJECTS)**

NON-CASH BENEFITS FROM ANY SOURCE	
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
IF YES: CHECK ALL THAT APPLY	
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children
<input type="checkbox"/> TANF Child Care Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services

***DOMESTIC VIOLENCE (ALL PROJECTS EXCEPT RHY, PATH, & SSVF)**

*DOMESTIC ABUSE VICTIM/SURVIVOR		
<input type="checkbox"/> No <input type="checkbox"/> Yes (SEE BELOW) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		
IF YES: WHEN EXPERIENCE OCCURRED		IF YES: ARE YOU CURRENTLY FLEEING?
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 6 months to 1 year ago	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 1 year ago or more	

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