|  |  |
| --- | --- |
| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS PERMANENT SUPPORTIVE HOUSING ANNUAL ASSESSMENT** |

*Instructions: Fill out one form per client/household member. Starred (\*) questions require a response.*

**UNIVERSAL DATA ELEMENTS**

Questions below are required for: All Clients & Household Members

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Annual Assessment Date | \*First Name | | | | | \*Last Name & Suffix |
| Click or tap to enter a date. | Click or tap here to enter text. | | | | | Click or tap here to enter text. |
| \*Has this client moved into permanent housing? | | | | \*If YES, What date did they move in? | | |
| Choose an item. | | | | **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | | |
| \*Do you have any type of income? – **If Yes,** indicate and provide the monthly amount for all sources that apply below | | | | | | |
| No Yes  Earned Income (i.e., employment pay)…………………………………………………………………………… $ Click or tap here to enter text.  Supplemental Security Income (SSI)…………………………………………………………………………...…. $ Click or tap here to enter text.  VA Service-Connected Disability Compensation………………………………………………………………. $ Click or tap here to enter text.  Private Disability Insurance……………………………………………………………………………………………. $ Click or tap here to enter text.  Temporary Assistance for Needy Families (TANF)…………………………………………………………… $ Click or tap here to enter text.  Retirement Income from Social Security…………………………………………………………………………. $ Click or tap here to enter text.  Child Support………………………………………………………………………………………………………………… $ Click or tap here to enter text.  Unemployment Insurance………………………………………………………………………………………………. $ Click or tap here to enter text.  Social Security Disability Insurance (SSDI)………………………………………………………………………. $ Click or tap here to enter text.  VA Non-Service-Connected Disability Pension…………………………………………………………………. $ Click or tap here to enter text.  Worker’s Compensation…………………………………………………………………………………...……………. $ Click or tap here to enter text.  General Assistance…………………………………………………………………………………………………………. $ Click or tap here to enter text.  Pension or Retirement Income from a Former Job…………………………………………………………… $ Click or tap here to enter text.  Alimony or Other Spousal Support…………………………………………………………………………………. $ Click or tap here to enter text. | | | | | | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below | | | | | | |
| No Yes  SNAP (Food Benefits)  TANF Child Care Services | | | Special supplemental Nutrition Program for Women, Infants and Children (WIC)  TANF Transportation Services  Other TANF-Funded Services | | | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below | | | | | | |
| No Yes  MEDICAID  VA Medical Services  Private Pay Health Insurance | | MEDICARE  Employer-Provided Health Insurance  State Health Insurance for Adults | | | State Children’s Health Insurance Program  Health Insurance Through COBRA  Indian Health Services Program | |
| *Doesn’t Know* *Prefers Not to Answer* *Not Collected* | | | | | | |
| \*Are you a survivor of Domestic Violence? – If **Yes**, please answer the additional questions **Head of Household & Adults** | | | | | | |
| No Yes When did the experience occur Within the past 3 months 4-6 months ago 7-12 months ago Over 1 year ago  Is this person currently fleeing No Yes *Doesn’t Know* *Prefers Not to Answer*  *Not Collected* | | | | | | |

**(End)**