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| Logo  Description automatically generated | **FY24 CARES COLLABORATIVE HMIS RAPID REHOUSING 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

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| \*Annual Assessment Date | \*First Name | \*Last Name & Suffix |
| \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  |  |
| \*Has this client moved into permanent housing? | \*If YES, What date did they move in? |
| qNo qYes  | **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |
| \*Do you have any type of income? – **If Yes,** indicate and provide the monthly amount for all sources that apply below  |
| qNo qYes qEarned Income (i.e., employment pay) qSupplemental Security Income (SSI) qVA Service-Connected Disability Compensation qPrivate Disability Insurance qTemporary Assistance for Needy Families (TANF) qRetirement Income from Social SecurityqChild Support  | $\_\_\_\_\_\_ $\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_ | qUnemployment InsuranceqSocial Security Disability Insurance (SSDI) qVA Non-Service-Connected Disability PensionqWorker’s Compensation qGeneral Assistance qPension or Retirement Income from a Former Job qAlimony or Other Spousal Support  |  $\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_$\_\_\_\_\_\_ |
| q*Doesn’t Know* q*Prefers Not to Answer*  q*Not Collected*  |
| \*Are you receiving any type of non-cash benefits? – **If Yes**, indicate all sources that apply below |
| qNo qYesqSNAP (Food Benefits) qTANF Child Care Services  | qSpecial supplemental Nutrition Program for Women, Infants and Children (WIC) qTANF Transportation Services qOther TANF-Funded Services |
| q*Doesn’t Know* q*Prefers Not to Answer*  q*Not Collected*  |
| \*Are you covered by health insurance? – **If Yes**, indicate all sources below |
| qNo qYesqMEDICAID qVA Medical Services qPrivate Pay Health Insurance | qMEDICAREqEmployer-Provided Health Insurance qState Health Insurance for Adults | qState Children’s Health Insurance Program qHealth Insurance Through COBRA qIndian Health Services Program |
| q*Doesn’t Know* q*Prefers Not to Answer*  q*Not Collected*  |
| \*Are you a survivor of Domestic Violence? – If Yes, please answer the additional questions **Head of Household & Adults**  |
| qNo qYes gWhen did the experience occur qWithin the past 3 months q4-6 months ago q7-12 months ago qOver 1 year ago Is this person currently fleeing qNo qYes q*Doesn’t Know* q*Prefers Not to Answer*  q*Not Collected*  |

 **(End)**