

Annual Assessment Form – Print on Yellow Paper

You must re-ask these questions of clients who are still present after 12 months

Cash Assessment Questions (use this one page for **HEAD of HOUSEHOLD** and **All CHILDREN**)

- Include all children's income on this page, as belonging to the *Head of Household*
- List income for additional adults on the next page

INFORMATION DATE ON WHAT DATE DID YOU ACTUALLY ASK THESE QUESTIONS? (LIKELY TO BE A DIFFERENT DAY THAN CLIENT'S ENTRY)

<input type="radio"/> Same Date as Project Entry	<input type="radio"/> Different date than Project Entry		/		/	
		Month		Day		Year

IS THE HEAD OF HOUSEHOLD OR ANY CHILD RECEIVING REGULAR, ONGOING INCOME AS OF THE INFORMATION DATE?

<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Client does not know	<input type="radio"/> Client Refused to Provide
<p>IF NO – Do you need assistance in applying for cash benefits? <input type="radio"/> Yes <input type="radio"/> No</p>		<p>IF YES – Please indicate where the money comes from. <u>The individual amounts must equal the total monthly income.</u> Count any child's income as part of the Head of Household's income.</p>	

Fill in if YES	Source of Income	Monthly Amount round to nearest \$	HOPWA only Approx Start Date m/d/yyyy
<input type="radio"/>	Earned Income (i.e., employment income) earned by: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Unemployment Insurance assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Supplemental Security Income (SSI) assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Social Security Disability Income (SSDI) assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	VA compensation for "service connected disability" assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	VA compensation for "non-service connected disability" assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	Private disability insurance <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Worker's compensation assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Temporary Assistance for Needy Families (TANF) assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	General Assistance (GA) assigned to: <input checked="" type="radio"/> Unaccompanied Individuals	\$	
<input type="radio"/>	Retirement income from Social Security assigned to: <input checked="" type="radio"/> HoH	\$	
<input type="radio"/>	Veteran's pension assigned to <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Pension from a former job assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Child support assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	Alimony or other spousal support assigned to: <input checked="" type="radio"/> HoH of a family	\$	
<input type="radio"/>	Other source: _____ assigned to: <input type="radio"/> HoH by <input type="radio"/> Child	\$	
<input type="radio"/>	Food Stamps or food money on a benefits card assigned to: <input checked="" type="radio"/> HoH or Unac Ind.	\$	

Total from All Sources above, *HoH and children* \$ _____ .00

Total from *Add'l Adults in the Household* (GET from next page) + \$ _____ .00

Total of ALL Household Members (use for next question) = \$ _____ .00

INCOME CATEGORY (for ESG Homelessness Prevention projects, households must be below 30% AMI at entry.)

IS THE TOTAL MONTHLY HOUSEHOLD INCOME BELOW 30% AMI*? (SEE BELOW) YES NO

USE THE LINKS BELOW TO DETERMINE HOUSEHOLD'S INCOME CATEGORY (AMI= Area Median Income")

These income limits change each year and are also used to place applicants on the correct waitlist list for permanent housing. The links below are to the 2013 limits. The second link will make finding the 2014 limits easier when they are published (possibly as soon as Dec 2013)

http://www.huduser.org/portal/datasets/il/il13/index_il2013.html <http://www.huduser.org/portal/datasets/il.html>

Cash Assessment Questions for ANY AND ALL ADDITIONAL ADULTS

Make copies of this page if for each additional person aged 18 and over in this household.

INCOME FOR ANY ADDITIONAL ADULTS

ARE ANY ADDITIONAL ADULTS RECEIVING REGULAR, ONGOING INCOME AS OF THE INFORMATION DATE?

No
 Yes
 Client does not know
 Client Refused to Provide

ADULT'S NAME _____ ADULT'S SSN _____ - _____ - _____

IF **NO** – Do you need assistance in applying for cash benefits? Yes No

IF **YES** – Please indicate where the money comes from. **The individual amounts must equal the total monthly income.**

Fill In if YES	Source of Income	Monthly Amount round to nearest \$	HOPWA only Approx Start Date m/d/yyyy
<input type="radio"/>	Earned Income (i.e., job, employment income)	\$	
<input type="radio"/>	Unemployment Insurance	\$	
<input type="radio"/>	Supplemental Security Income (SSI)	\$	
<input type="radio"/>	Social Security Disability Income (SSDI)	\$	
<input type="radio"/>	VA compensation for "service connected disability"	\$	
<input type="radio"/>	VA compensation for "non-service connected disability"	\$	
<input type="radio"/>	Private disability insurance	\$	
<input type="radio"/>	Worker's compensation	\$	
<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	\$	
<input type="radio"/>	General Assistance (GA)	\$	
<input type="radio"/>	Retirement income from Social Security	\$	
<input type="radio"/>	Veteran's pension	\$	
<input type="radio"/>	Pension from a former job	\$	
<input type="radio"/>	Child support	\$	
<input type="radio"/>	Alimony or other spousal support	\$	
<input type="radio"/>	Other source	\$	
<input type="radio"/>	Food Stamps or money for food on a benefits card	\$	
Total from All Sources above		\$_____ .00	

Non-Cash Benefits Assessment Questions (one-time questions for All HH Members)

IS THIS HOUSEHOLD RECEIVING ONGOING BENEFITS AS OF THE INFORMATION DATE?

Yes No Client does not know Client refused to provide
IF NO – DO YOU NEED ASSISTANCE IN APPLYING FOR BENEFITS? Yes No
IF YES –Please indicate which of the following non-cash benefits have you received over the last 30 days

Fill In If YES	Source of non-cash benefit	HOPWA only Approx Start Date m/d/yyyy	HOPWA Only If no, explain
<input type="radio"/>	Food stamps or money for food on a benefits card Monthly Amount of Benefit = \$ _____ .00		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	MEDICAID or State-Funded Equivalent		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	MEDICARE health insurance program		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	AIDS Drug Assistance Program (ADAP)		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	COBRA Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Employer Provided Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Private Pay Health Insurance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Ryan White medical assistance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	State Children’s Health Insurance Program (SCHIP)		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Veteran’s Administration Medical Services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Permanent Rental Assistance -Section 8, Public Housing, or other		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Temporary Rental Assistance		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	TANF child care services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	TANF transportation services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Other TANF-Funded Services		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	WIC Nutrition Program for Women, Infants, and Children		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown
<input type="radio"/>	Other source (explain) _____		<input type="radio"/> All services full <input type="radio"/> Client not eligible <input type="radio"/> Applied: pending decision <input type="radio"/> Client refused the benefit <input type="radio"/> Benefit does not exist <input type="radio"/> Unknown

DISABILITY OF LONG TERM DURATION – SAY YES FOR ALL DISABILITIES, AS A PREDICTION IS IMPOSSIBLE

Yes No
 Client Does Not Know Client refused to provide\

If yes, indicate type

Substance Use: Alcohol only Substance use: Drugs only Substance Use: **Both Alcohol and Drug**
 Developmental Disability
 HIV/AIDS
 Mental Health Issues Physical Disability
 Other Chronic Health Condition _____
 (ex: diabetes, high blood pressure, Hep C, Alzheimers, COPD)

END OF Assessment QUESTIONS

