

HMIS Data Collection Template for ANNUAL ASSESSMENT – CoC Program

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”
Fill out separate form for each household member and clip together.

Assessment Date (e.g., 08/24/2014) [All clients]

		/			/				
Month			Day			Year			

CLIENT (name or other identifier)

INCOME AND SOURCES [Head of household and adults]

Income from any source?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused



[IF YES] Answer Yes or No for each of the following sources. If the response for a source is 'Yes', enter an amount. If unsure of the exact amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Social Security Disability Income (SSDI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Private disability insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Worker's Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	No <input type="checkbox"/>				

	Yes	<input type="checkbox"/>	\$.	0	0
Pension or retirement income from a former job	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$.	0	0
Child support	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$.	0	0
Alimony or other spousal support	No	<input type="checkbox"/>							
	Yes	<input type="checkbox"/>	\$.	0	0
Other source	No	<input type="checkbox"/>							
If yes, specify source: _____	Yes	<input type="checkbox"/>	\$.	0	0
Total monthly income	Monthly income from all sources		\$.	0	0

NON-CASH BENEFITS [Head of household and adults]

Non-cash benefits from any source?

No

Client doesn't know

Yes

Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance. If yes, specify source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____

HEALTH INSURANCE *[All Clients]***Covered by health insurance**

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)