

# HMIS UPDATE Data Collection Form for Solano County HMIS Projects

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## General Instructions

This is the update form for ALL projects in Solano County except for SSVF funded programs.

Updates should be made any time there is a change in the following data elements:

- Income
- Disability status
- Non-Cash Benefits
- Medical Insurance
- Housing Move-In Date
- Domestic Violence

All HUD funded projects must have an Annual Update for each program participant within 15 days of the participant's anniversary of their entry date. This update must be conducted regardless of whether the information has changed for the client since entry or the most recent update.

All HUD funded Rapid Re-Housing Projects must have a 30-day update for each program participant. This update must be conducted regardless of whether the information has changed for the client since entry or the most recent update.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to [solanoHMIS@homebaseccc.org](mailto:solanoHMIS@homebaseccc.org) for assistance.

**CLIENT NAME:**

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**DATE ADMINISTERED:**

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## CURRENT LIVING SITUATION

What was the situation the client was living in immediately prior to project start? Adult members of the same household may have different prior living situations.

<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Interim Housing *	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with VASH subsidy
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Rental by client, with GPD TIP subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH)
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Staying or living in a friend's room, apartment or house
<input type="checkbox"/> Client refused	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Other

\* *Interim housing is not a type of housing but rather a housing situation for a client that meets the following criteria:*

1. *Must have been chronically homeless at start in interim housing,*
2. *Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,*
3. *Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), and*
4. *Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.*

## CURRENT LIVING SITUATION (CONT.)

### HOUSING MOVE-IN DATE

*This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client.*

*Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.*

		/			/				
Month			Day			Year			

### LOCATION LAST HOUSED

*This field asks for the location where the client was most recently housed. Select the location from a list of municipalities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.*

<input type="checkbox"/>	Benicia
<input type="checkbox"/>	Birds Landing
<input type="checkbox"/>	Dixon
<input type="checkbox"/>	Fairfield
<input type="checkbox"/>	Green Valley
<input type="checkbox"/>	Rio Vista
<input type="checkbox"/>	Suisun City
<input type="checkbox"/>	Vacaville
<input type="checkbox"/>	Vallejo

<input type="checkbox"/>	Other area in Solano County
<input type="checkbox"/>	Alameda County
<input type="checkbox"/>	Contra Costa County
<input type="checkbox"/>	Napa County
<input type="checkbox"/>	Sacramento County
<input type="checkbox"/>	San Francisco County
<input type="checkbox"/>	Yolo County
<input type="checkbox"/>	Other area in California (non-Solano)
<input type="checkbox"/>	Other area outside of California

## DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

### PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused



**[IF YES]** Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

### DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused



**[IF YES]** Is the developmental disability expected to substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

### CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused



**[IF YES]** Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

### HIV/AIDS

Does the client currently have HIV/AIDS?

No

Yes

Client doesn't know

Client refused



**[IF YES]** Is HIV/AIDS expected to substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

## DISABILITY STATUS (CONT.)

### MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- No  
 Yes

- Client doesn't know  
 Client refused



**[IF YES]** Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

- No  
 Yes

- Client doesn't know  
 Client refused

### SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No  
 Alcohol abuse  
 Drug abuse  
 Both alcohol and drug abuse

- Client doesn't know  
 Client refused



**[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse]** Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

- No  
 Yes

- Client doesn't know  
 Client refused

### DISABLING CONDITION

Does the client currently have a disabling condition?

*A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.*

- No  
 Yes  
 Client doesn't know  
 Client refused

## INCOME AND BENEFITS

### INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



**[IF YES]** Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?	If yes, monthly 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 Insurance (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 If yes, specify source: _____	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
<b>Total monthly income from all sources</b>			\$		. 0 0

## INCOME AND BENEFITS (CONT.)

### NON-CASH BENEFITS

#### Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

<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 non-cash benefit source.

Source of income	Receiving Benefits from source?
Supplemental Nutrition Assistance Program (SNAP)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No <input type="checkbox"/> Yes <input type="checkbox"/>
TANF Child Care services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
TANF transportation services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other TANF-Funded Services (or use local name)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other source If yes, specify source: _____	No <input type="checkbox"/> Yes <input type="checkbox"/>

### HEALTH INSURANCE

Is the client currently covered by health insurance?

<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 health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
<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 (or use local name)
<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)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

## DOMESTIC VIOLENCE EXPERIENCE

### DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

No

Yes

Client doesn't know

Client refused



**[IF YES] When did the experience occur?**

Within the past three months

Three to six months ago (excluding six months exactly)

Six months to one year ago (excluding one year exactly)

One year ago or more

Client doesn't know

Client refused

**[IF YES] Is the client currently fleeing?**

No

Yes

Client doesn't know

Client refused