General Instructions

This is the update form for VA SSVF programs in Solano County.

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 for assistance.

CLIENT NAME:

DATE ADMINISTERED:

EXIT INFORMATION

PROJECT EXIT DATE (e.g., 05/25/2019)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				

REASON FOR LEAVING

☐	Completed Program	☐	Criminal activity/Violence
☐	Death	☐	Disagreement with rules/persons
☐	Left for housing opportunity before completing program	☐	Needs could not be met
☐	Non-compliance with program	☐	Non-payment of rent
☐	Reached maximum time allowed	☐	Unknown/Disappeared
☐	Other		

IF "OTHER," PLEASE SPECIFY

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NOTES ON CLIENT EXIT

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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?

- ☐ Yes
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

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

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- ☐ Yes
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

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

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

DISABILITY STATUS (CONT.)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- ☐ Yes
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ 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?

- ☐ Yes
- ☐ No
- ☐ 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.

- ☐ Yes
- ☐ No
- ☐ 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?

☐	Yes	☐	Client doesn't know
☐	No	☐	Client refused

INCOME AND BENEFITS (CONT.)

[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)	☐ Yes	
	☐ No	$. 0 0
Unemployment Insurance	☐ Yes	
	☐ No	$. 0 0
Supplemental Security Income (SSI)	☐ Yes	
	☐ No	$. 0 0
Social Security Disability Insurance (SSDI)	☐ Yes	
	☐ No	$. 0 0
VA Service-Connected Disability Compensation	☐ Yes	
	☐ No	$. 0 0
VA Non-Service-Connected Disability Pension	☐ Yes	
	☐ No	$. 0 0
Private disability insurance	☐ Yes	
	☐ No	$. 0 0
Worker's Compensation	☐ Yes	
	☐ No	$. 0 0
Temporary Assistance for Needy Families (TANF)	☐ Yes	
	☐ No	$. 0 0
General Assistance (GA)	☐ Yes	
	☐ No	$. 0 0
Retirement Income from Social Security	☐ Yes	
	☐ No	$. 0 0
Pension or retirement income from a former job	☐ Yes	
	☐ No	$. 0 0
Child support	☐ Yes	
	☐ No	$. 0 0
Alimony or other spousal support	☐ Yes	
	☐ No	$. 0 0
Other source If yes, specify source:_____	☐ Yes	
	☐ No	$. 0 0
Total monthly income from all sources		$. 0 0

CONNECTION WITH SOAR

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

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.

☐ Yes
☐ No
☐ Client doesn't know
☐ 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)	Yes ☐ No ☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes ☐ No ☐
TANF Child Care services *(or use local name)*	Yes ☐ No ☐
TANF transportation services *(or use local name)*	Yes ☐ No ☐
Other TANF-Funded Services *(or use local name)*	Yes ☐ No ☐
Other source If yes, specify source:_____	Yes ☐ No ☐

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐ Yes
☐ No
☐ Client doesn't know
☐ 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
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____