

# HMIS DATA COLLECTION: INCOME ASSESSMENT

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

PROGRAM ENTRY DATE / SERVICE DATE (e.g., 05/24/2010)

		/			/				
Month			Day			Year			

CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))														N/A	Client does not know	Client refused to provide answer	
First name																<input type="checkbox"/>	<input type="checkbox"/>
Middle name															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name																<input type="checkbox"/>	<input type="checkbox"/>
Suffix															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NON-CASH BENEFITS

Which of the following non-cash benefits have you received over the last 30 days?

Received benefit?		Source of non-cash benefit
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Formerly known as Food Stamps)
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID Health Insurance Program
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE Health Insurance Program
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (SCHIP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care Services
<input type="checkbox"/>	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or Other Rental Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other Source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Rental Assistance

**CASH INCOME**

Please state whether you have received income from the following sources within the last 30 days. If you have received income from a source, state the amount of income you received in the last 30 days.

Source of Income	Receiving income		Amount from source (round to nearest dollar)					
	from source?							
Alimony or Other Spousal Support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
A Veteran's Disability Payment	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Child Support	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Earned Income (i.e., Employment Income)	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
General Assistance	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Pension from a Former Job	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Private Disability Insurance	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
Self Employment Wages	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
Supplemental Security Income (SSI)	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
Unemployment Insurance	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Worker's Compensation	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Veteran's Pension	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
Other Source	No	<input type="checkbox"/>						
	Yes	<input type="checkbox"/>	\$					. 0 0
<b>Total Monthly Income</b>	<b>Monthly Income from All Sources</b>		\$					. 0 0