

NHC Partner Agencies Annual Assessment Form for HMIS: MULTI-PERSON HOUSEHOLDS

This assessment form should be completed by agency staff annually.

HMIS Instructions:

Be sure to use "Enter Data As" (EDA) for the appropriate Project Entry service provider.

If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter "don't know" or "refused" unless the Client doesn't know or refused an answer.

Assesment Date: ____ / ____ / ____ (Month/Day/Year)

SOURCES OF INCOME

Client ID #	Earned Income HUD	VA Connected Disability Comp HUD	Worker's Compensation HUD	VA Non-Service Disability (HUD)	Unemployment Insurance (HUD)	TANF Transpotaion HUD	SSI (HUD)	SSDI (HUD)	Other (Specify): _____	Total Monthly Amount
1 (HoH).	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	

Non-Cash Benefits

Non-Cash Benefits from any source Yes No

SOURCES OF INCOME

Client ID #	Temp Rent Assist HUD	SNAP HUD	TANF HUD	Section 8 HUD	WIC Program HUD	TANF Child Care HUD	Other TANF HUD	Other Specify
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount____

Health Insurance - Required of ALL Clients

HMIS Tips: Enter health insurance using the HUD Verification tool. A response is required for each health insurance source. Check Yes/No/Data Not Collected for each health insurance type.

Client ID#	Covered by health insurance	Medicaid (MA)	Medicare	Children's Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

Client Notes: