NHC Partner Agencies Annual Assessment Form for HMIS: INDIVIDUAL CLIENTS   [+Use for additional household members who join later.]

This asessment form should be completed by agency staff anually.

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.

Client ID# _____

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

Total Monthly Income:$ _____   **Income from Any Source Yes (HUD)   No (HUD)**

Monthly Income Amount	Source of Income	Receiving Income Source?		Start Date*	End Date, if Applicable
$	**Earned Income (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**VA Service Connected Disability (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**Worker's Compensation HUD**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**VA Non-Service Disability (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**Unemployment Insurance (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**TANF Transportaion HUD**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**SSI (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	**SSDI (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *
$	Other (Specify): _____	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____ *	____/_____/_____ *

NORTHLAKE
HOMELESS COALITION

Non-Cash Benefits

Non-Cash Benefits from any source ☐ Yes   ☐ No

Amount of Non-Cash Benefit	Source of Non-Benefit	Receiving Benefit?		Start Date*	End Date, if Applicable
$	**Temp Rental (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	.____/_____/_____*	____/_____/_____*
$	**Temp Rental (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**Worker's Compensation HUD**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**VA Non-Service Disability (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**Unemployment Insurance (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**TANF Transportaion HUD**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**SSI (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	**SSDI (HUD)**	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*
$	Other (Specify): _____	☐ Yes ☐ No	☐ DK ☐ R ☐ NC	____/_____/_____*	____/_____/_____*

NORTHLAKE HOMELESS COALITION

Health Insurance

HEALTH INSURANCE INFORMATION - Required of ALL Clients

Covered by Health Insurance ☐ Yes   ☐ No   ☐ Client doesn't know   ☐ Client refused ☐ Data not collected

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. Start date is the program entry dateor a date prior to the project entry date.

Health Insurance Detail	**Start Date***	**Health Insurance Type**	**Covered?**	**End Date, if Applicable**
	____/_____/_____ *	MEDICAID	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	MEDICARE	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	State Children's Health Insurance Prog	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	Veteran's Administration (VA) Medical Services	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	Employer-Provided Health Insurance Health	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	Insurance obtained through COBRA	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	Private Pay Health Insurance	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	State Health Insurance for Adults	☐ Yes ☐ No ☐ NC	____/_____/_____ *
	____/_____/_____ *	Other, specify: _____	☐ Yes ☐ No ☐ NC	____/_____/_____ *

Client Notes:

NORTHLAKE HOMELESS COALITION