General Instructions

This is the update form for VA programs in Solano County. This form should be filled out for all household members and entered into HMIS accordingly.

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 30 days of the anniversary of the head of household's 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.

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 that 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. If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

CURRENT LIVING SITUATION

START DATE

		/			/				
Month			Day			Year			

END DATE

		/			/				
Month			Day			Year			

INFORMATION DATE

		/			/				
Month			Day			Year			

CURRENT LIVING SITUATION

☐	Place not meant for habitation	☐	Rental by client, with GPD TIP housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter	☐	Rental by client, with VASH housing subsidy
☐	Safe Haven	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Foster care home or foster care group home	☐	Rental by client, with RRH of equivalent subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Rental by client, with HCV voucher (tenant or project based)
☐	Jail, prison, or juvenile detention facility	☐	Rental by client in a public housing unit
☐	Long-term care facility or nursing home	☐	Rental by client, no ongoing housing subsidy
☐	Psychiatric hospital or other psychiatric facility	☐	Rental by client, with other ongoing housing subsidy
☐	Substance abuse treatment facility or detox center	☐	Owned by client, with ongoing housing subsidy
☐	Residential project or halfway house with no homeless criteria	☐	Owned by client, no ongoing housing subsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Other
☐	Transitional housing for homeless persons (including homeless youth)	☐	Worker unable to determine
☐	Host Home (non-crisis)	☐	Client doesn't know
☐	Staying or living in a friend's room, apartment or house	☐	Client refused
☐	Staying or living in a family member's room, apartment or house		

If **OTHER**, *specify:* _____

CURRENT LIVING SITUATION (CONTINUED)

PROVIDER VERIFYING LIVING SITUATION

☐	BayNorth Church of Christ	☐	Mission Samoa
☐	Berkeley Food & Housing Project	☐	Nation's Finest
☐	Caminar, Inc.	☐	Northern California Family Center
☐	Catholic Charities of Yolo-Solano	☐	On the Move
☐	City of Fairfield Homeless Outreach	☐	Resource Connect Solano
☐	City Vallejo Housing Authority	☐	SHELTER, Inc.
☐	Community Action North Bay	☐	Solano County Healthy & Social Services
☐	Edge Community Church	☐	VA of Northern California
☐	Fighting Back Partnership	☐	Vacaville Solano Services
☐	Lutheran Social Services	☐	Volunteers of America

Is the client going to have to leave their current living situation within 14 days?

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

If **YES**, *please specify.*	Yes	No	Client doesn't know	Client refused
Has a subsequent residence been identified?	☐	☐	☐	☐
Does the client have resources or support networks to obtain other permanent housing?	☐	☐	☐	☐
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	☐	☐	☐	☐
Has the client moved two or more times in the last 60 days?	☐	☐	☐	☐

LOCATION DETAILS: _____

HOUSING STATUS

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.

Is the client in permanent housing as of the entry date?

☐	Yes	☐	No

If **YES**, *what is the housing move-in date?*

		/			/				

DISABILITIES

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.

SUBSTANCE USE DISORDER

☐	Yes: Alcohol use disorder **only**	☐	No
☐	Yes: Drug use disorder **only**	☐	Client doesn't know
☐	Yes: Both alcohol **and** drug use disorders	☐	Client refused

If YES for <u>alcohol use disorder</u>, <u>drug use disorder</u>, or <u>both alcohol and drug use disorder</u>, *is the disability expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?*

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

IF **YES**, *DISABILITY START DATE*

		/			/				

Month Day Year

NOTE ON DISABILITY

_____

_____

_____

_____

CHRONIC HEALTH CONDITION

☐	Yes	☐	No
☐	No	☐	Client doesn't know

If YES for <u>chronic health condition</u>, *is the disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*

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

IF **YES**, *DISABILITY START DATE*

		/			/				

Month Day Year

NOTE ON DISABILITY

_____

_____

_____

_____

DEVELOPMENTAL

☐	Yes	☐	No
☐	No	☐	Client doesn't know

If YES for <u>developmental disability</u>, *is the disability expected to substantially impair the client's ability to live independently?*

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

IF **YES**, *DISABILITY START DATE*

		/			/				

Month Day Year

NOTE ON DISABILITY

_____

_____

_____

_____

DISABILITIES (CONTINUED)

HIV/AIDS

☐	Yes	☐	No
☐	No	☐	Client doesn't know

If YES for HIV/AIDS, *is the disability expected to substantially impair the client's ability to live independently?*

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

IF **YES**, *DISABILITY START DATE*

		/			/				
Month			Day			Year			

NOTE ON DISABILITY

_____

_____

_____

_____

MENTAL HEALTH DISORDER

☐	Yes	☐	No
☐	No	☐	Client doesn't know

If YES for mental health disorder, *is the disability expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?*

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

IF **YES**, *DISABILITY START DATE*

		/			/				
Month			Day			Year			

NOTE ON DISABILITY

_____

_____

_____

_____

PHYSICAL

☐	Yes	☐	No
☐	No	☐	Client doesn't know

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

IF **YES**, *DISABILITY START DATE*

		/			/				
Month			Day			Year			

DISABLING CONDITION

A disabling condition is any of the above-indicated disabilities 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 impair ability to live independently. ***Does the client currently have a disabling condition?***

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

INCOME

Record regular, recurrent sources that are current (i.e. not terminated). Income received for a minor member of the household should be recorded under the Head of Household's information. If the client has income, enter the monthly amount received. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any income from any source?

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

If **YES**, *answer 'Yes' or 'No' for each income source.*

Source of income	Receiving income from source?		If YES, date client began receiving income	If YES, monthly amount from source (round to nearest dollar)
Alimony or other spousal support	Yes	☐		$. 0 0
	No	☐		
Child support	Yes	☐		$. 0 0
	No	☐		
Earned income (*i.e.*, employment income)	Yes	☐		$. 0 0
	No	☐		
General Assistance (GA)	Yes	☐		$. 0 0
	No	☐		
Pension or retirement income from a former job	Yes	☐		$. 0 0
	No	☐		
Private Disability Insurance	Yes	☐		$. 0 0
	No	☐		
Retirement Income from Social Security	Yes	☐		$. 0 0
	No	☐		
Social Security Disability Insurance (SSDI)	Yes	☐		$. 0 0
	No	☐		
Supplemental Security Income (SSI)	Yes	☐		$. 0 0
	No	☐		
Temporary Assistance for Needy Families (TANF)	Yes	☐		$. 0 0
	No	☐		
Unemployment Insurance	Yes	☐		$. 0 0
	No	☐		
VA Non-Service-Connected Disability Pension	Yes	☐		$. 0 0
	No	☐		
VA Service-Connected Disability Compensation	Yes	☐		$. 0 0
	No	☐		
Worker's Compensation	Yes	☐		$. 0 0
	No	☐		
Other source (specify): _____	Yes	☐		$. 0 0
	No	☐		
Total monthly income from all sources				$. 0 0

What is the client's income as a percentage of Area Median Income (AMI)?

☐	< 30%	☐	30–50%	☐	> 50%

Does the client have a connection with SSI/SSDI, Outreach, Access, and Recovery (SOAR)?

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

NON-CASH BENEFITS

Only record regular, recurrent sources that are current (i.e. not terminated). Non-cash benefits received for a minor member of the household should be recorded under the Head of Household's information. Answer 'No' for sources that have been terminated, even if they were received in the past.

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

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

If **YES**, *answer 'Yes' or 'No' for each non-cash benefit source.*

Source of Non-Cash Benefit	Receiving source?		If YES, date client began receiving source	If YES, monthly amount from source (round to nearest dollar)
Supplemental Nutrition Assistance Program, (*i.e.* CalFresh or Food Stamps)	Yes	☐		$. 0 0
	No	☐		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes	☐		$. 0 0
	No	☐		
TANF Child Care services	Yes	☐		$. 0 0
	No	☐		
TANF Transportation Services	Yes	☐		$. 0 0
	No	☐		
Other TANF-Funded Services	Yes	☐		$. 0 0
	No	☐		
Other: _____	Yes	☐		$. 0 0
	No	☐		

HEALTH INSURANCE

Only record regular, recurrent sources that are current (i.e. not terminated). Answer 'No' for sources that have been terminated, even if they were received in the past.

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.*

Source of Health Insurance	Receiving health insurance source?		If YES, date client began receiving source	For HOPWA, specify private pay insurance source, if applicable	For HOPWA, specify reason not covered, if applicable
Medicaid (*i.e.* Medi-Cal)	Yes	☐			
	No	☐			
Medicare	Yes	☐			
	No	☐			
State Children's Health Insurance Program (CHIP)	Yes	☐			
	No	☐			
Veteran's Administration (VA) Medical Services	Yes	☐			
	No	☐			
Employer-Provided Health Insurance	Yes	☐			
	No	☐			
Health insurance obtained through COBRA	Yes	☐			
	No	☐			
Private Pay Health Insurance	Yes	☐			
	No	☐			
State Health Insurance for Adults	Yes	☐			
	No	☐			
Indian Health Services Program	Yes	☐			
	No	☐			
Other: _____	Yes	☐			
	No	☐			

WELL-BEING

INFORMATION DATE Month / Day / Year	Does the client perceive that their life has value and worth?	Does the client perceive that they have support from others who will listen to their problems?	Does the client perceive they have a tendency to bounce back after hard times?
Strongly disagree	☐	☐	☐
Somewhat disagree	☐	☐	☐
Neither agree nor disagree	☐	☐	☐
Somewhat agree	☐	☐	☐
Strongly agree	☐	☐	☐
Client refused	☐	☐	☐
Client doesn't know	☐	☐	☐

How frequently does the client feel nervous, tense, worried, frustrated, or afraid?

☐	Not at all	☐	Several times a month	☐	At least every day	☐	Client refused
☐	Once a month	☐	Several times a week	☐	Client doesn't know		

EMPLOYMENT

Is the client employed?

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

If **YES**, *specify the type of employment.*

☐	Full-time	☐	Client doesn't know
☐	Part-time	☐	Client refused
☐	Seasonal/sporadic (including day labor)		

If **NO**, *specify the reason the client is not employed.*

☐	Looking for work	☐	Client doesn't know
☐	Unable to work	☐	Client refused
☐	Not looking for work		

DOMESTIC VIOLENCE

Is the client a domestic violence victim or survivor?

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

If **YES**, *when did the experience occur?*

☐	Within the past three months	☐	One year ago or more
☐	Three to six months ago (excluding six months exactly)	☐	Client doesn't know
☐	Six months to one year ago (excluding one year exactly)	☐	Client refused

If **YES**, *is the client currently fleeing?*

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

CONTACT INFORMATION

Address _____ *Apt / Unit* _____

City _____ *State* _____ *ZIP Code* _____ *County* _____

County _____

What is the data quality of the client's residence or last permanent address?

☐	Full address reported	☐	Client doesn't know
☐	Incomplete or estimated address reported	☐	Client refused

Phone number _____ *Email address* _____

START DATE

		/			/				
Month			Day			Year			

END DATE (if applicable)

		/			/				
Month			Day			Year			

Landlord's Name _____ *Landlord's Address* _____

Landlord's City _____ *Landlord's State* _____ *Landlord's Phone* _____

EMERGENCY CONTACT

Contact's Name _____ *Contact's Address* _____

Contact's City _____ *Contact's State* _____ *Landlord Phone* _____

Second Phone Number _____ *Relationship to Client* _____

START DATE

		/			/				
Month			Day			Year			

END DATE (if applicable)

		/			/				
Month			Day			Year			