HMIS Data Collection Template for ANNUAL ASSESSMENT – CoC Program

This form can be used by all CoC-funded project types.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients*, and *Head of Household and All Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

ASSESSMENT DATE (e.g., 08/24/2017)
The Assessment 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.

		/			/			

Month   Day   Year

CLIENT (name or other identifier)

HEALTH INSURANCE
Is the client currently covered by health insurance?

☐ No   ☐ Client doesn't know

☐ Yes   ☐ 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: _____

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

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.

☐ No   ☐ Client doesn't know

☐ Yes   ☐ 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)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐

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?

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

⬇

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