

# HMIS Standard Update Form for VA SSVF projects

Effective 2/1/2022

Intake Date

		/			/		
--	--	---	--	--	---	--	--

Entry Date

		/			/		
--	--	---	--	--	---	--	--

ServicePoint  
(HoH) ID:

--	--	--	--	--	--

Project Name

--

HoH First Name

Middle

--	--

Last

Suffix

Alias

--	--	--

☐ Full Name Reported

☐ Partial, Street or Code Name

☐ Client doesn't know

☐ Client Refused

Social Security  
Number:

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☐ Full SSN reported

☐ Approx or Partial SSN

☐ Client doesn't know

☐ Client refused

Date of Birth:

		/			/		
--	--	---	--	--	---	--	--

☐ Full DOB  
reported

☐ Approx or Partial DOB

☐ Client doesn't  
know

☐ Client refused

Race (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous

☐ Black, African American, or African

☐ Native Hawaiian or Pacific Islander

☐ Asian

☐ White

☐ Client doesn't know

☐ Client refused

Gender

☐ Female

☐ Male

☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

☐ Transgender

☐ Questioning

☐ Client doesn't know

☐ Client refused

Ethnicity

☐ Non-Hispanic/Non-Latin(o)(a)(x)

☐ Hispanic/Latin(o)(a)(x)

☐ Client doesn't know

☐ Client refused

Veteran Status

☐ No

☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child

☐ HoH's spouse or partner

☐ HoH's other  
relation member

☐ Other: non-relation  
member

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Housing Move-in Date

		/			/		
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## Health Insurance

- ☐ No ☐ Client doesn't know  
☐ Yes (identify source below) ☐ Client

## Source

- ☐ Medicaid ☐ Medicare  
☐ State Children's Health Insurance (KCHIP) ☐ VA Medical Services  
☐ Employer-Provided Health Insurance ☐ Health Insurance obtained through COBRA  
☐ Private Pay Health Insurance ☐ State Health Insurance for Adults  
☐ Indian Health Services Program ☐ Other: \_\_\_\_\_

## Disability

**Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**

- ☐ No ☐ Yes (indicate type(s) below) ☐ Client doesn't know ☐ Client refused

	Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Chronic Health Condition <input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Developmental <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Income	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (identify source and amounts)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	Amount:
<input type="checkbox"/> Earned income (i.e., employment income)	\$ ____ . 00
<input type="checkbox"/> Unemployment Insurance	\$ ____ . 00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ ____ . 00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ ____ . 00
<input type="checkbox"/> Retirement Income from Social Security	\$ ____ . 00
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ ____ . 00
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ ____ . 00
<input type="checkbox"/> Worker's Compensation	\$ ____ . 00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$ ____ . 00
<input type="checkbox"/> General Assistance (GA)	\$ ____ . 00
<input type="checkbox"/> Private disability Insurance	\$ ____ . 00
<input type="checkbox"/> Pension or retirement income from a former job	\$ ____ . 00
<input type="checkbox"/> Child Support	\$ ____ . 00
<input type="checkbox"/> Alimony or other spousal support	\$ ____ . 00
<input type="checkbox"/> Other source: _____	\$ ____ . 00
<b>Total Monthly Income:</b> \$ _____	

Non-Cash Benefits	
<input type="checkbox"/> No/None at all	<input type="checkbox"/> Yes (Identify source below)
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
Source	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	
<input type="checkbox"/> Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/> TANF Child Care services	
<input type="checkbox"/> TANF transportation services	
<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> Other: _____	

Domestic Violence	
<b>Are you, or have you been a survivor of domestic or intimate partner violence?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>If YES, how long ago did you have this experience?</b>	
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 1 year ago or more
<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 months to 1 year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>If Yes, are you currently fleeing?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

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## SOAR Connection

### Connection with SOAR

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

<b>Employed?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>If yes, Type of Employment</b>	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Data not collected
<b>In No, Why not Employed</b>	
<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work
<input type="checkbox"/> Unable to work	<input type="checkbox"/> Data not collected