

HMIS Interim (Annual Assessment) Form for VA GPD projects

Effective 2/1/2022

Intake Date

		/			/		
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Entry Date

		/			/		
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ServicePoint

(HoH) ID:

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Project Name

--

HoH First Name

--

Middle

--

Last

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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:

		/			/		
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☐ 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 or Asian American

☐ 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-Latino(a)(o)(x)

☐ Hispanic/Latino(a)(o)(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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Health Insurance	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes (identify source below)	<input type="checkbox"/> Client
Source	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> State Children's Health Insurance (KCHIP)	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> 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?						
<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate type(s) below)	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 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"/>

****Only answer the following questions for Adults and HoH. ****

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
Total Monthly Income: \$	

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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	
Are you, or have you been a survivor of domestic or intimate partner violence?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If YES, how long ago did you have this experience?	
<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
If Yes, are you currently fleeing?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused

Foster Care	Zip Code of Last Permanent Address
<input type="checkbox"/> Yes	<div><div></div><div></div><div></div><div></div><div></div></div>
<input type="checkbox"/> No	

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Client's Prior Living Situation - Prior to Project Entry			
(Select one Living Situation and answer the corresponding questions in the order in which they appear)			
Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
<input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer	Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)? <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the institutional situation less than 90 days? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	Length of Stay in Prior Living Situation (i.e. the housing situation identified above) <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> One year or longer Did you stay in the housing situation less than 7 nights? <input type="checkbox"/> Yes (If YES – Complete SECTION III) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> N/A (Complete SECTION IV Below)	On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven? <input type="checkbox"/> Yes (If YES – Complete SECTION IV) <input type="checkbox"/> No (If NO – End Homeless History Interview)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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On the night <u>before your previous stay</u> , was that on the streets, in an Emergency Shelter, or Safe Haven? <input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate start of homelessness: <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____										

Veteran Information

Year entered military service:

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World War II

Korean War

Vietnam War

Persian Gulf War

Afghanistan

Iraq Freedom

Iraq Dawn

Other Peace-keeping Operations or Military Interventions

Branch of the Military

Discharge Status

Year separated from military service:

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☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Yes ☐ No ☐ Client refused

☐ Army ☐ Air Force ☐ Navy

☐ Marines ☐ Coast Guard

☐ Client doesn't know ☐ Client refused

☐ Data not collected

☐ Honorable

☐ General under honorable conditions

☐ Under other than honorable conditions

☐ Bad Conduct

☐ Dishonorable

☐ Uncharacterized

☐ Client doesn't know

☐ Client refused

☐ Data not collected

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VAMC Station Number	
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SOAR Connection

Connection with SOAR

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

Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know
Is the Veteran Active or Inactive?	<input type="checkbox"/> Active - ES/TH <input type="checkbox"/> Active – Unsheltered <input type="checkbox"/> Inactive (Non-Perm Housing) <input type="checkbox"/> Inactive (Permanently Housed) <input type="checkbox"/> Inactive (unknown/missing)
Does this veteran have a confirmed status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
Is this client VHA Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
Is this client SSVF Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Confirmed
What date was the permanent housing plan created?	<input type="text"/> / <input type="text"/> / <input type="text"/>
What is the client permanent housing plan?	<input type="checkbox"/> SSVF – RRH <input type="checkbox"/> Other – RRH <input type="checkbox"/> HUD – VASH <input type="checkbox"/> Other – PSH <input type="checkbox"/> Other – PH <input type="checkbox"/> Self – Resolve/No Assist <input type="checkbox"/> None Currently
What is the expected permanent housing date?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is this client chronically homeless per HUD's definition?	<input type="checkbox"/> Chronic <input type="checkbox"/> Non-chronic <input type="checkbox"/> Unknown
Does this client has a total of 12+ months homeless in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this client been homeless 4 or more times in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this client entering TH to address a clinical need?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Completing (Printed Name):

Date:

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