

Sonoma County Continuum of Care

Assessment Type: HUD Assessment (Entry/Update/Annual/Exit) Form for Heads of Households (HoH), Adults over 18, and minor Children

HMIS Case Number: _____	Project Name: _____
Assessment Date: _____	Assessment Time: _____
Assessment Taken By: _____	
HMIS Data Entry Date: _____	Entered By: _____

Page #1 Universal Information

A-1. At what point is this data being collected? * Project Start Project Update
 Project Annual Assessment Project Exit

A-2. For which enrollment is this assessment being taken? * *Select the Project Start date option from the drop-down menu in ETO.*

A-3. From what enrollment is this client being dismissed? * *Select the Project Start date option from the drop-down menu in ETO.*

A-4. What is the client's relationship to the head of household? * Self (head of household)
 Head of household's child Head of household's spouse or partner
 Head of household's other relation member (other relation to head of household)
 Other: non-relation member

A-5. Continuum Code - HUD-assigned CoC Codes for this Project's Location: CA-504

A-6. HUD assigned CoC code for the client's location at project start? * *Copy the CoC Code "CA-504" show above into the field in ETO.*

A-40. Did the client move into permanent housing at this time? * Yes No

A-42. Housing Move-In Date * mm/dd/yyyy format: ____/____/____

A-71. Translation Assistance Needed? * Yes No Client doesn't know Client prefers not to answer Data not collected

A-72. Preferred Language? * Arabic Chinese French Hindi Korean Portuguese
 Russian Spanish Tagalog Vietnamese Different Preferred Language Client doesn't know Client prefers not to answer Data not collected

A-73. If Different Preferred Language, please specify? * _____

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Page #2 Living Situation

A-74. What was the client's residence prior to project entry?*

Homeless Situations

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter Safe Haven

Institutional Situations

Foster care home or foster care group home Hospital or other residential nonpsychiatric medical facility Jail, prison, or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center

Temporary Housing Situations

Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis) Staying or living in a friend's room, apartment, or house Staying or living in a family member's room, apartment, or house

Permanent Housing Situations

Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy

Other Situations

Client doesn't know Client prefers not to answer Data not collected

A-77. Length of Stay in the Prior Living Situation*:

One night or less Two to six nights One week or more, but less than one month One month or more, but less than 90 days 90 days or more, but less than one year One year or longer Client doesn't know Client prefers not to answer Data not collected

A-82. Approximate date homelessness started* mm/dd/yyyy format: _____/_____/_____

A-86. Regardless of where they stayed last night -- Number of times the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today* : One time Two times Three times Four or more times Client doesn't know Client prefers not to answer Data not collected

A-88. Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years*: One month (this time is the first month) _____ months (2 through 12) More than 12 months Client doesn't know Client prefers not to answer Data not collected

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PAGE #5. Income and Benefits

A-175. Is the client currently receiving income from any source?*: [] Yes [] No
[] Client doesn't know [] Client prefers not to answer [] Data not collected

A-176. Is the client currently receiving earned income (i.e. employment income)?*: [] Yes [] No

A-177. Earned Income Monthly Amount*: _____

A-178. Is the client currently receiving unemployment insurance?*: [] Yes [] No

A-179. Unemployment Insurance Monthly Amount*: _____

A-180. Is the client currently receiving Supplemental Security Income (SSI)?*: [] Yes [] No

A-181. Supplemental Security Income (SSI) Monthly Amount*: _____

A-182. Is the client currently receiving Social Security Disability Insurance (SSDI)?*: [] Yes [] No

A-183. Social Security Disability Insurance (SSDI) Monthly Amount*: _____

A-184. Is the client currently receiving VA Service-Connected Disability Compensation?*:

[] Yes [] No

A-185. VA Service-Connected Disability Compensation Monthly Amount*: _____

A-186. Is the client currently receiving VA Non-Service-Connected Disability Pension?*: [] Yes [] No

A-187. VA Non-Service-Connected Disability Pension Monthly Amount*: _____

A-188. Is the client currently receiving private disability insurance?*: [] Yes [] No

A-189. Private Disability Insurance Monthly Amount*: _____

A-190. Is the client currently receiving worker's compensation?*: [] Yes [] No

A-191. Worker's Compensation Monthly Amount*: _____

A-192. Is the client currently receiving Temporary Assistance for Needy Families (TANF) ?*:

[] Yes [] No

A-193. Temporary Assistance Needy Families Monthly Amount*: _____

A-194. Is the client currently receiving General Assistance (GA) ?*: [] Yes [] No

A-195. General Assistance (GA) Monthly Amount*: _____

A-196. Is the client currently receiving retirement income from Social Security?*: [] Yes [] No

A-197. Retirement Income from Social Security Monthly Amount*: _____

A-198. Is the client currently receiving a pension or retirement income from a former job?*:

[] Yes [] No

A-199. Monthly Pension or Retirement Income Amount*: _____

A-200. Is the client currently receiving child support?*: [] Yes [] No

A-201. Child Support Monthly Amount*: _____

A-202. Is the client currently receiving alimony and other spousal support?*: [] Yes [] No

A-203. Alimony or Spousal Support Monthly Amount*: _____

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PAGE #5. Income and Benefits (cont.)

A-204. Is the client currently receiving income from any other source?*: Yes No

A-205. Other Source Monthly Amount*: _____

A-206. Please specify other income source.*: _____

A-209. Is the client currently receiving non-cash benefits from any source?*: Yes No

Client doesn't know Client prefers not to answer Data not collected

A-210. Is the client currently receiving benefits from Supplemental Nutrition Assistance Program (SNAP) (previously known as food stamps)?*: Yes No

A-211. Is the client currently receiving benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?*: Yes No

A-212. Is the client currently receiving benefits from TANF Child Care services?*: Yes No

A-213. Is the client currently receiving benefits from TANF transportation services?*: Yes No

A-214. Is the client currently receiving benefits from other TANF-funded services?*: Yes No

A-217. Is the client currently receiving benefits from any other source?*: Yes No

A-218. Please specify other non-cash benefit source.*: _____

PAGE #6. Health Insurance

A-219. Is the client currently covered by health insurance?*: Yes No Data not collected

A-220. Is the client covered by MEDICAID?*: Yes No Data not collected

A-222. Is the client currently covered by MEDICARE?*: Yes No Data not collected

A-224. Is the client currently covered by a state children's health insurance program?*: Yes No
 Data not collected

A-226. Is the client currently covered by Veteran's Health Administration (VHA) medical services?*:
 Yes No Data not collected

A-228. Is the client currently covered by employer provided health insurance?*: Yes No
 Data not collected

A-230. Is the clients current health insurance obtained through COBRA?*: Yes No
 Data not collected

A-232. Is the client currently covered by private pay health insurance?*: Yes No
 Data not collected

A-234. Is the client currently covered by state health insurance for adults?*: Yes No
 Data not collected

A-236. Is the client currently covered by the Indian Health Services Program?*: Yes No
 Data not collected

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PAGE #6. Health Insurance (cont.)

A-238. Is the client currently covered by another type of insurance not listed above?*: Yes No
 Data not collected

A-239. Other Insurance*: _____

PAGE #7 Health Information

A-240. Does the client currently have a physical disability?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-241. Is the clients physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-244. Does the client currently have a developmental disability?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-247. Does the client currently have a chronic health condition?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-248. Is the client's chronic health condition expected to be of long continued and indefinite duration and substantially impair the ability to live independently?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-251. Does the client currently have HIV/AIDS?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-254. Mental Health Disorder: ?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-255. Expected to be of long continued and indefinite duration and substantially impairs ability to live independently?*: Yes No Client doesn't know Client prefers not to answer Data not collected

A-260. Substance Use Disorder: ?*: No Alcohol use disorder Drug use disorder
 Both alcohol and drug use disorder Client doesn't know Client prefers not to answer
 Data not collected

A-261. Expected to be of long continued and indefinite duration and substantially impairs ability to live independently?*: Yes No Client doesn't know Client prefers not to answer
 Data not collected

A-266. Is the client a survivor of domestic violence?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

A-267. When did the client's last episode of domestic violence occur?*: Within the past three months Three to six months ago (excluding six months exactly)
 Six months to one year ago (excluding one year exactly) One year ago, or more
 Client doesn't know Client prefers not to answer Data not collected

A-268. Are you currently fleeing?*: Yes No
 Client doesn't know Client prefers not to answer Data not collected

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PAGE #9 Exit Information

A-282. Where did the client go upon exit?*

Homeless Situations

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter Safe Haven

Institutional Situations

Foster care home or foster care group home Hospital or other residential nonpsychiatric medical facility Jail, prison, or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center

Temporary Housing Situations

Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis) Staying or living with family, temporary tenure (e.g., room, apartment, or house) Staying or living with friends, temporary tenure (e.g., room, apartment, or house) Moved from one HOPWA funded project to HOPWA TH

Permanent Housing Situations

Staying or living with family, permanent tenure Staying or living with friends, permanent tenure Moved from one HOPWA funded project to HOPWA PH Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy Owned by client, with ongoing housing subsidy Owned by client, no ongoing housing subsidy

Other Situations

No exit interview completed Other Deceased Client doesn't know Client prefers not to answer Data not collected

A-284. Please specify where the client went upon exit.*:
