Gulf Coast Partnership CIS Annual Assessment & Update Form

This form can be used by all HUD project types. Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"

ASESSMENT 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)

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
- ☐ Yes
- ☐ Client doesn't know
- ☐ 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

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
☐ Yes
☐ Client doesn't know
☐ 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	☐

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: _____

PHYSICAL DISABILITY

Does the client currently have a physical disability?

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

[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

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

[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

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

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

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

[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

HIV/AIDS

Does the client currently have HIV/AIDS?

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

[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

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

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

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

[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

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

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- ☐ No
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Both alcohol and drug abuse
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

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

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

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

[IF YES] When did the experience 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 refused

[IF YES] Is the client currently fleeing?

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

HOMELESS INFORMATION

DATE OF CONTACT (e.g., 08/24/2017)

		/			/				
Month			Day			Year			

DATE OF ENGAGEMENT (e.g., 08/24/2017)

		/			/				
Month			Day			Year			

STAYING ON STREET OR EMERGENCY SHELTER?

- ☐ Yes
- ☐ No
- ☐ Worker unable to determine

HOUSING MOVE-IN DATE (e.g., 08/24/2017)

		/			/				
Month			Day			Year			