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**CNYHMIS Update/ Annual Assessment for Children under 18 (Children in Households) – All Project Types**

(Please complete this form for ALL Children under 18 years of age)

**Client Name:** \_\_\_\_\_ **HMIS Client ID#:** \_\_\_\_\_ (optional)

**Update/ Annual Assessment Date:** \_\_\_\_\_

**Do you have Health Insurance/ Medical Assistance?** \_\_\_ Yes \_\_\_ No

Source of Health Insurance/ Medical Assistance:

- |  |  |   |
|--|--|---|
| ___ Medicaid                                       | ___ Medicare                             | ___ State Children’s Health Insurance Program |
| ___ Veteran’s Administration (VA) Medical Services | ___ Employer – Provided Health Insurance |   |
| ___ Health Insurance obtained through COBRA        | ___ State Health Insurance for Adults    |   |
| ___ Indian Health Care                             | ___ Other                                |   |

Medicaid ID# \_\_\_\_\_

Medicaid Insurance Company: \_\_\_ Total Care \_\_\_ Blue Cross Blue Shield \_\_\_ Fidelis  
 \_\_\_ United Healthcare \_\_\_ Molina Healthcare

**Disabling Condition:**

**Do you have a DISABILITY of long duration?** \_\_\_ Yes \_\_\_ No

For each disability, check “LCI” if it is expected to be of long, continued, and indefinite duration, substantially impairs the individual’s ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

**Disability Type:**

- |  |  |                                   |
|--|--|-----------------------------------|
| ___ Yes ___ LCI Alcohol Use Disorder     | ___ Yes ___ LCI BOTH Alcohol & Drug Use Disorder | ___ Yes ___ LCI Drug Use Disorder |
| ___ Yes ___ LCI Chronic Health Condition | ___ Yes ___ LCI Developmental                    | _____ HIV/AIDS                    |
| ___ Yes ___ LCI Mental Health Disorder   | ___ Yes ___ LCI Physical Health                  |                                   |