



www.hhccny.org
housingandhomelesscoalition@gmail.com
@hhcofcny facebook.com/hhccny
315-428-2216

FY2024 DV Bonus Annual Assessment for Adults and Head of Households
(complete this form for ALL adults but include the children in the data entry portion)

Client Name: _____ HMIS Client ID#: _____ (optional)
Update/Annual Assessment Date: _____

Head of Household Only:

Enrollment CoC: _____ NY-505 (Onondaga/ Cayuga/ Oswego counties)
_____ NY-510 (Ithaca/ Tompkins County)

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

The following questions should be asked and updated for every new entry into housing:

Medical Insurance:

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 Health Administration (VHA)
___ 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

Income:

Do you have income? ___ Yes ___ No Total Monthly Income \$ _____

Income Source and amount: (Ask about each source individually)

- \$ ___ Alimony/ Spousal Support \$ ___ Child Support
\$ ___ Earned Income \$ ___ General Assistance
\$ ___ Pension or retirement income from another job
\$ ___ Private Disability Insurance \$ ___ Retirement Income from Social Security
\$ ___ Social Security Disability Income (SSDI) \$ ___ Social Security Income (SSI)
\$ ___ Temporary Assist for Needy Families TANF \$ ___ Unemployment Insurance
\$ ___ VA Non-Service-Connected Disability Pension \$ ___ VA Service-Connected Disability Compensation
\$ ___ Worker's Compensation

Non-Cash Benefits:



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Do you have Non-Cash Benefits? Yes No

Source of Non-Cash Benefits:

Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)

Special supplemental Nutrition Program for (WIC) (HUD)

TANF Child Care Services (HUD)

TANF Transportation Services (HUD)

Other TANF-Funded Services (HUD); If "Other" Specify: _____

Are you a Survivor of Domestic Violence? Yes No

If yes, when did it last occur: Within the past 3 months 3 to 6 months 6 to 12 months

More than 12 months Refused

Are you currently fleeing? Yes No