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HHS RHY Emergency Shelter and Street Outreach Annual/ Update Assessment (Single Youth or Head of Household)

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

HMIS Client ID#: _____

Head of Household ONLY:

Housing Move In Date: ___/___/___ (Complete for Rapid Re-housing Programs)

Answer for all adults and head of households:

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

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: (please write in the monthly amount below for each source)

\$ _____ Alimony/ Spousal Support	\$ _____ Child Support
\$ _____ Earned Income	\$ _____ General Assistance
\$ _____ Pension/Retirement income from a 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



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\$_____ VA Service-Connected Disability Compensation \$_____ Worker's Compensation

Non-Cash Benefits:

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: _____

Current Living Situation: (Street Outreach ONLY)

Start Date: ___/___/___ End Date: ___/___/___ Information Date: ___/___/___

Current Living Situation:

Homeless Situation (chose only one):

- ___ Place not meant for human habitation
- ___ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ___ Safe Haven
- ___ Interim Housing

Institutional Situation:

- ___ Foster care home/foster care group home
- ___ Hospital or other residential non-psychiatric 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/detox center

Transitional and Permanent Housing Situation:

- ___ Hotel or motel paid without emergency voucher
- ___ Owned by client, no on-going housing subsidy
- ___ Owned by client, with on-going housing subsidy
- ___ Permanent housing (other than RRH) for formerly homeless persons
- ___ Rental by client, with ongoing housing subsidy
- ___ Residential project or halfway house with no homeless criteria
- ___ Staying in family member's room/apartment/house
- ___ Staying in friend's room/apartment/house
- ___ Transitional housing for homeless persons (including homeless youth)

Other:

- ___ Other



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- Worker unable to determine
- Client Doesn't Know
- Client Refused
- Data Not Collected

If "Rental by client, with ongoing subsidy" was selected, please choose subsidy type:

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent
- HCV voucher (tenant or project based)(not dedicated)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- other permanent housing dedicated for formerly homeless persons.

If "Other," specify: _____

Living Situation Verified By: _____ (CoC Code)

Is client going to have to leave their current living situation within 14 days? Yes No

If 'Yes' to "Is client going to have to leave their current living situation within 14 days?" answer the following questions:

Has a subsequent residence been identified? Yes No

Does individual or family have resources or support networks to obtain other permanent housing? Yes No

Has the client had a lease or ownership interest in permanent housing unit in the last 60 days? Yes No

Has the client moved 2 or more times in the last 60 days? Yes No

Date of Engagement: ___/___/___ (Complete upon client entering Service Plan development or fully completed initial assessment)

Pregnant? Yes No If yes, Projected Birth Date: ___/___/___