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CNYHMIS Update/ Annual Assessment for Children under 18 (Children in Households) – ES, HP, TH & SSO

(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 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

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