



# LANE COUNTY HMIS PLUS UPDATE/INTERIM REVIEW FORM

| Agency | Project Name | Client ID # | Update/Review Date |
|--------|--------------|-------------|--------------------|
|        |              |             | / /                |

### TYPE OF ASSESSMENT

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 30-Day Review | <input type="checkbox"/> 90-Day Review  | <input type="checkbox"/> 6-Month Review | <input type="checkbox"/> Annual Assessment             |
| <input type="checkbox"/> 60-Day Review | <input type="checkbox"/> 120-Day Review | <input type="checkbox"/> 9-Month Review | <input type="checkbox"/> Update (used for adding HMID) |

### HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix)

### EXISTING HOUSEHOLD INFO

|   |  |
|---|--|
| <input type="checkbox"/> full<br><input type="checkbox"/> partial | Is this form adding client(s) to an existing household? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, HMIS Client ID (HoH) _____ |
|---|--|

### HEAD OF HOUSEHOLD CONTACT INFO

| Name | Housing status | Email | Address | Contact #   |
|------|----------------|-------|---------|---|
|      |                |       |         | <input type="checkbox"/> Cell Phone<br><input type="checkbox"/> Message Phone |

Housing Status selections: Unsheltered or Emergency Shelter, Doubled up, Transitional Housing Project, Housed

### HOUSEHOLD MEMBERS IN THIS UPDATE (LIST NAMES AND CLIENT IDS)

| NAMES | CLIENT # |
|-------|----------|
|       |          |
|       |          |
|       |          |
|       |          |

### HOUSING MOVE-IN DATE

|     |
|-----|
| / / |
|-----|

### HOUSEHOLD TYPE

|  |
|--|
| <input type="checkbox"/> Adult Only              |
| <input type="checkbox"/> Adult(s) and Child(ren) |
| <input type="checkbox"/> Child(ren) Only         |
|  |
|  |

### HOUSEHOLD SIZE AND INCOME same for every HH member

|  |   |
|--|---|
| Household Size:  | Household Income:   |
| Level of Family Income:  | Percent of Median Family Income:                                  |
| <input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%    | <input type="checkbox"/> 0-30% <input type="checkbox"/> 30-50%    |
| <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-175%  | <input type="checkbox"/> 50-80% <input type="checkbox"/> Over 80% |
| <input type="checkbox"/> 176-200% <input type="checkbox"/> 201-250% <input type="checkbox"/> Over 250% |   |

**ARE ANY ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME?**

YES  NO

Income for a child is recorded as income for the adult who receives the funds.

| Source  | Amount | Recipient(s) | Source  | Amount | Recipient(s) |
|---|--------|--------------|---|--------|--------------|
| <input type="checkbox"/> Alimony or other spousal support | \$     |              | <input type="checkbox"/> Social Security Income (SSI)                 | \$     |              |
| <input type="checkbox"/> Cash assistance / TANF           | \$     |              | <input type="checkbox"/> Social Sec Disability Income (SSDI)          | \$     |              |
| <input type="checkbox"/> Child support                    | \$     |              | <input type="checkbox"/> Unemployment                                 | \$     |              |
| <input type="checkbox"/> Earned income                    | \$     |              | <input type="checkbox"/> VA Service Connected Disability Compensation | \$     |              |
| <input type="checkbox"/> Pension from a former job        | \$     |              | <input type="checkbox"/> VA Non-Service Connected Disability Pension  | \$     |              |
| <input type="checkbox"/> Retirement from Social Security  | \$     |              | <input type="checkbox"/> Workers' Compensation                        | \$     |              |
| <input type="checkbox"/> Private Disability Insurance     | \$     |              | <input type="checkbox"/> General Assistance                           | \$     |              |
| <input type="checkbox"/> Other sources _____              | \$     |              | <input type="checkbox"/> Other sources _____                          | \$     |              |

**TOTAL MONTHLY INCOME**  
(Record separately for each adult.)

\$

**ARE ADULTS IN THE HOUSEHOLD CURRENTLY RECEIVING NON-CASH BENEFITS?**

YES  NO

Income for a child is recorded as income for the adult who receives the funds.

| Source                                      | Recipient(s) | Source  | Recipient(s) |
|---|--------------|---|--------------|
| <input type="checkbox"/> SNAP (Food Stamps) |              | <input type="checkbox"/> TANF child care services     |              |
| <input type="checkbox"/> WIC                |              | <input type="checkbox"/> TANF transportation services |              |
| <input type="checkbox"/> Other _____        |              | <input type="checkbox"/> Other TANF-funded services   |              |

**DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE?**

YES  NO

| Source   | Recipient(s) | Source   | Recipient(s) |
|--|--------------|--|--------------|
| <input type="checkbox"/> Medicaid  |              | <input type="checkbox"/> Employer-provided Health Insurance      |              |
| <input type="checkbox"/> Medicare  |              | <input type="checkbox"/> Health insurance obtained through COBRA |              |
| <input type="checkbox"/> State Children's Health Insurance Program (SCHIP) |              | <input type="checkbox"/> Private Pay Health Insurance            |              |
| <input type="checkbox"/> Veterans Administration (VA) Medical Services     |              | <input type="checkbox"/> State Health Insurance for Adults       |              |
| <input type="checkbox"/> Indian Health Services Program                    |              | <input type="checkbox"/> Other _____                             |              |

**HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS**

| Name | Disability of long duration that substantially limits the client's ability to live on their own   |
|------|---|
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health<br><input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse |
|      | <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Chronic health condition <input type="checkbox"/> Mental health<br><input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Alcohol and drug abuse |
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**DO NOT ask any DV Questions of someone who is accompanied by another Adult**

**ARE ANY ADULTS AFFECTED BY DOMESTIC VIOLENCE?**

YES  NO

| Name | Extent of Domestic Violence   |
|------|---|
|      | <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 6-12 months<br><input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago<br><b>Currently Fleeing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name | Extent of Domestic Violence   |
|      | <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> Within the past 6-12 months<br><input type="checkbox"/> Within the past 3-6 months <input type="checkbox"/> More than 1 year ago<br><b>Currently Fleeing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |