LANE COUNTY HMIS PLUS UPDATE/INTERIM REVIEW (SO) FORM

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

TYPE OF ASSESSMENT

☐ 30-Day Review ☐ 60-Day Review	☐ 90-Day Review ☐ 120-DayReview	☐ 6-Month Review ☐ 9-Month Review	☐ Annual Assessment ☐ Update (used for adding HMID)

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

☐ full
☐ partial

EXISTING HOUSEHOLD INFO

Is this form adding client(s) to an existing household? ☐ Yes ☐ No
If yes, HMIS Client ID (HoH) _____

HEAD OF HOUSEHOLD CONTACT INFO

Name	Housing status	Email	Address	Contact #
				☐ Cell Phone ☐ 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 #

DATE OF ENGAGEMENT (same as project entry date)

/ /

HOUSEHOLD TYPE

☐ Adult Only
☐ Adult(s) and Child(ren)
☐ 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:
☐ Up to 50% ☐ 51-75% ☐ 76-100%	☐ 0-30% ☐ 30-50%
☐ 101-125% ☐ 126-150% ☐ 151-175%	☐ 50-80% ☐ Over 80%
☐ 176-200% ☐ 201-250% ☐ Over 250%	

CURRENT LIVING SITUATION

Complete separately for each adult if adults were living in different living situations.

Client current Residence (city)	_____	**Client Name** (If different than HoH)	_____

Homeless Situations
☐ Place not meant for habitation
☐ Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher, or RHY-funded Host Home shelter

Institutional Situations	
☐ Foster care home or foster care group home	☐ Long-term care facility or nursing home
☐ Hospital or other residential non-psychiatric medical facility	☐ Psychiatric hospital or other psychiatric facility
☐ Jail, prison, or juvenile detention facility	☐ Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations	
☐ Residential project or halfway house with no homeless criteria	☐ Rental by client, no ongoing housing subsidy
☐ Hotel or motel paid for **without** emergency shelter voucher	☐ Rental by client, with ongoing housing subsidy
☐ Transitional housing for homeless persons (including homeless youth)	↳ If Yes, Rental Subsidy Type:
☐ Host Home (non-crisis)	☐ GPD TIP ☐ VASH ☐ HCV Voucher
☐ Staying or living in a friend's room, apartment or house	☐ RRH/equivalent ☐ PSH ☐Public housing unit
☐ Staying or living in a family member's room, apartment or house	☐ Family Unification Program (FUP)
☐ Owned by client, with housing subsidy	☐ Foster Youth to Independence Initiative (FYI)
☐ Owned by client, no housing subsidy	☐ Other

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)**
☐ Alimony or other spousal support	$		☐ Social Security Income (SSI)	$	
☐ Cash assistance / TANF	$		☐ Social Sec Disability Income (SSDI)	$	
☐ Child support	$		☐ Unemployment	$	
☐ Earned income	$		☐ VA Service Connected Disability Compensation	$	
☐ Pension from a former job	$		☐ VA Non-Service Connected Disability Pension	$	
☐ Retirement from Social Security	$		☐ Workers' Compensation	$	
☐ Private Disability Insurance	$		☐ General Assistance	$	
☐ Other sources _____	$		☐ 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)
☐ SNAP (Food Stamps)		☐ TANF child care services	
☐ WIC		☐ TANF transportation services	
☐ Other ________________		☐ Other TANF-funded services	

DOES ANYONE IN THE HOUSEHOLD HAVE HEALTH INSURANCE? ☐ **YES** ☐ **NO**

Source	Recipient(s)	Source	Recipient(s)
☐ Medicaid		☐ Employer-provided Health Insurance	
☐ Medicare		☐ Health insurance obtained through COBRA	
☐ State Children's Health Insurance Program (SCHIP)		☐ Private Pay Health Insurance	
☐ Veterans Administration (VA) Medical Services		☐ State Health Insurance for Adults	
☐ Indian Health Services Program		☐ Other ___________________	

HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Name	Disability of long duration that substantially limits the client's ability to live on their own
	☐ Physical ☐ Developmental ☐ Chronic health condition ☐ Mental health ☐ HIV/AIDS ☐ Drug abuse ☐ Alcohol abuse ☐ Alcohol and drug abuse
	☐ Physical ☐ Developmental ☐ Chronic health condition ☐ Mental health ☐ HIV/AIDS ☐ Drug abuse ☐ Alcohol abuse ☐ Alcohol and drug abuse
	☐ Physical ☐ Developmental ☐ Chronic health condition ☐ Mental health ☐ HIV/AIDS ☐ Drug abuse ☐ Alcohol abuse ☐ Alcohol and drug abuse
	☐ Physical ☐ Developmental ☐ Chronic health condition ☐ Mental health ☐ HIV/AIDS ☐ Drug abuse ☐ Alcohol abuse ☐ Alcohol and drug abuse

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
	☐ Within the past 3 months ☐ Within the past 6-12 months ☐ Within the past 3-6 months ☐ More than 1 year ago **Currently Fleeing?** ☐ **Yes** ☐ **No**
Name	**Extent of Domestic Violence**
	☐ Within the past 3 months ☐ Within the past 6-12 months ☐ Within the past 3-6 months ☐ More than 1 year ago **Currently Fleeing?** ☐ **Yes** ☐ **No**