



A Tradition of Stewardship  
A Commitment to Service

Napa County Continuum of Care

# ABODE SERVICES

## HMIS Status or Annual Assessment Form

**For HMIS Staff ONLY**

Is this the HoH?  Yes  No  
If no, client's HMIS ID of HoH: \_\_\_\_\_  
Data entered in HMIS on \_\_\_\_\_ by \_\_\_\_\_

**Status Assessment** - To be filled out every time there is a change in disabilities, income, non-cash benefits or health insurance.  
**Whole Person Care clients** require a Status AND Self-Sufficiency Assessment every 6 months.  
**Annual Assessment** – To be filled out once a year within 30 days before/after anniversary start date.

Program(s) \_\_\_\_\_ Date of Status or  
Name: \_\_\_\_\_ Case Worker/Intake Person: \_\_\_\_\_ Annual Assessment: \_\_\_\_\_

### CLIENT PROFILE

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Alias or AKA Name:** \_\_\_\_\_ **Client's Phone Number:** \_\_\_\_\_  
**Client's Email Address:** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_ **Emergency Phone Number:** \_\_\_\_\_

### STATUS OR ANNUAL ASSESSMENT QUESTIONS

*Complete Housing Move-In Date When Client Moves Into a Permanent Housing Unit (RRH, PH, PSH)*

**Housing Move-In Date:** \_\_\_\_\_ **REQUIRED for RRH, PSH, PH Projects**

#### Client Health Status - MANDATORY

**In general, how would you rate your overall health?**  Excellent  Very Good  Good  Fair  Poor

**In general, how would you rate your overall mental or emotional health?**  Excellent  Very Good  Good  Fair  Poor

#### Disabling Conditions and Barriers

**Does client have a disabling condition?**  Yes  No A disabling condition is one or more of the following:

**Physical Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Physical Disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Developmental Disability**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Developmental Disability substantially impair ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Chronic Health Condition**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Chronic Health expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**HIV - AIDS**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does HIV-AIDS substantially impair ability to live independently?*  Yes  No  Client Doesn't Know  Refused  Data not collected

**Mental Health Problem**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, does Mental Health expected to be of long-continued and indefinite duration and substantially impair ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Substance Abuse Problem**  No  Alcohol Abuse  Drug Abuse  Both Alcohol and Drug Abuse  Client Doesn't Know  Refused  Data not collected

*If yes, does Substance Abuse Problem expected to be of long-continued and indefinite duration and substantially impedes ability to live independently?*

Yes  No  Client Doesn't Know  Refused  Data not collected

**Is Client a Domestic Violence Victim/Survivor?**  Yes  No  Client Doesn't Know  Refused  Data not collected

*If yes, last occurrence?*  Within the past 3 months  3-6 months ago  6-12 months ago  One year ago or more  Client Doesn't Know  Refused

Data not collected

*If yes, is client currently fleeing?*  Yes  No  Client Doesn't Know  Refused  Data not collected

#### Monthly Cash Income for Individual

**Income from Any Source?**  Yes  No  Client Doesn't Know  Refused  Data not collected

<input type="checkbox"/> Earned Income \$ _____	<input type="checkbox"/> Retirement from Social Security \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____
<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Pension from a Former Job \$ _____	<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____
<input type="checkbox"/> General Assistance \$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____	<input type="checkbox"/> VA Non-Service Connected Disability Compensation \$ _____
<input type="checkbox"/> TANF/CalWorks \$ _____	<input type="checkbox"/> Social Security Income (SSI) \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Spousal Support \$ _____	<input type="checkbox"/> Other Income \$ _____ Source: _____

#### Non-Cash Benefits

**Non-Cash Benefits from Any Source?**  Yes  No  Client Doesn't Know  Refused  Data not collected

<input type="checkbox"/> CalFresh (Food Stamps/SNAP)	<input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children)	<input type="checkbox"/> TANF/CalWorks Transportation Services
<input type="checkbox"/> TANF/CalWorks Childcare Services	<input type="checkbox"/> Other TANF/CalWorks-Funded Services	<input type="checkbox"/> Other Non-Cash Benefits – Source: _____

#### Health Insurance

**Health Insurance from Any Source?**  Yes  No  Client Doesn't Know  Refused  Data not collected

<input type="checkbox"/> Employer Provided	<input type="checkbox"/> Medical/Medicaid	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Healthy Kids (CHI) (State Children's HIP)	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Obtained through COBRA	<input type="checkbox"/> Veteran Administration (VA) Medical Services
		<input type="checkbox"/> Other: Specify _____

**SELF-SUFFICIENCY MATRIX**

<b>DOMAIN</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Income</b>	<input type="checkbox"/> No income.	<input type="checkbox"/> Inadequate income and/or spontaneous or inappropriate spending.	<input type="checkbox"/> Can meet basic needs with subsidy; appropriate spending.	<input type="checkbox"/> Can meet basic needs and manage debt without assistance.	<input type="checkbox"/> Income is sufficient, well managed; has discretionary income and is able to save.
<b>Employment</b> (0=Not eligible for employment; e.g. SSDI, etc.)	<input type="checkbox"/> No job.	<input type="checkbox"/> Temporary, part-time or seasonal; inadequate pay, no benefits.	<input type="checkbox"/> Employed full time; inadequate pay; few or no benefits.	<input type="checkbox"/> Employed full time with adequate pay and benefits.	<input type="checkbox"/> Maintains permanent employment with adequate income and benefits.
<b>Housing</b>	<input type="checkbox"/> Homeless or threatened with eviction.	<input type="checkbox"/> In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	<input type="checkbox"/> In stable housing that is safe but only marginally adequate.	<input type="checkbox"/> Household is in safe, adequate subsidized housing.	<input type="checkbox"/> Household is safe, adequate, unsubsidized housing.
<b>Food</b>	<input type="checkbox"/> No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	<input type="checkbox"/> Household is on food stamps.	<input type="checkbox"/> Can meet basic food needs, but requires occasional assistance.	<input type="checkbox"/> Can meet basic food needs without assistance.	<input type="checkbox"/> Can choose to purchase any food household desires.
<b>Childcare</b> (0=Client does not have or care for children needing childcare)	<input type="checkbox"/> Needs childcare, but none is available/accessible and/or child is not eligible.	<input type="checkbox"/> Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	<input type="checkbox"/> Affordable subsidized childcare is available, but limited.	<input type="checkbox"/> Reliable, affordable childcare is available, no need for subsidies.	<input type="checkbox"/> Able to select quality childcare of choice.
<b>Children's Education</b> (0=Client does not have or care for children needing education)	<input type="checkbox"/> One or more school-aged children not enrolled in school.	<input type="checkbox"/> One or more school-aged children enrolled in school, but not attending classes.	<input type="checkbox"/> Enrolled in school, but one or more children only occasionally attending classes.	<input type="checkbox"/> Enrolled in school and attending classes most of the time.	<input type="checkbox"/> All school-aged children enrolled and attending on a regular basis.
<b>Adult Education</b>	<input type="checkbox"/> Literacy problems and/or no high school diploma/GED are serious barriers to employment.	<input type="checkbox"/> Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	<input type="checkbox"/> Has high school diploma/GED.	<input type="checkbox"/> Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	<input type="checkbox"/> Has completed education/training needed to become employable. No literacy problems.
<b>Legal</b>	<input type="checkbox"/> Current outstanding tickets or warrants.	<input type="checkbox"/> Current charges/trial pending, noncompliance with probation/parole.	<input type="checkbox"/> Fully compliant with probation/parole terms.	<input type="checkbox"/> Has successfully completed probation/parole within past 12 months, no new charges filed.	<input type="checkbox"/> No active criminal justice involvement in more than 12 months and/or no felony criminal history.
<b>Health Care</b>	<input type="checkbox"/> No medical coverage with immediate need.	<input type="checkbox"/> No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	<input type="checkbox"/> Some members (e.g. Children) have medical coverage.	<input type="checkbox"/> All members can get medical care when needed, but may strain budget.	<input type="checkbox"/> All members are covered by affordable, adequate health insurance.

<b>DOMAIN</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Life Skills</b>	<input type="checkbox"/> Unable to meet basic needs such as hygiene, food, activities of daily living.	<input type="checkbox"/> Can meet a few but not all needs of daily living without assistance.	<input type="checkbox"/> Can meet most but not all daily living needs without assistance.	<input type="checkbox"/> Able to meet all basic needs of daily living without assistance.	<input type="checkbox"/> Able to provide beyond basic needs of daily living for self and family.
<b>Mental Health</b>	<input type="checkbox"/> Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	<input type="checkbox"/> Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	<input type="checkbox"/> Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	<input type="checkbox"/> Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	<input type="checkbox"/> Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
<b>Substance Abuse</b>	<input type="checkbox"/> Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	<input type="checkbox"/> Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	<input checked="" type="checkbox"/> Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	<input type="checkbox"/> Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	<input type="checkbox"/> No drug use/alcohol abuse in last 6 months.
<b>Family Relations</b>	<input type="checkbox"/> Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	<input type="checkbox"/> Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	<input type="checkbox"/> Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	<input type="checkbox"/> Strong support from family or friends. Household members support each other's efforts.	<input type="checkbox"/> Has healthy/expanding support network; household is stable and communication is consistently open.
<b>Mobility</b>	<input type="checkbox"/> No access to transportation, public or private; may have car that is inoperable.	<input type="checkbox"/> Transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	<input type="checkbox"/> Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	<input type="checkbox"/> Transportation is generally accessible to meet basic travel needs.	<input type="checkbox"/> Transportation is readily available and affordable; car is adequately insured.
<b>Community Involvement</b>	<input type="checkbox"/> Not applicable due to crisis situation; in "survival" mode.	<input type="checkbox"/> Socially isolated and/or no social skills and/or lacks motivation to become involved.	<input type="checkbox"/> Lacks knowledge of ways to become involved.	<input type="checkbox"/> Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	<input type="checkbox"/> Actively involved in community.
<b>Safety</b>	<input type="checkbox"/> Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	<input type="checkbox"/> Safety is threatened/temporary protection is available; level of lethality is high	<input type="checkbox"/> Current level of safety is minimally adequate; ongoing safety planning is essential	<input type="checkbox"/> Environment is safe, however, future of such is uncertain; safety planning is important	<input type="checkbox"/> Environment is apparently safe and stable
<b>Parenting Skills (0=N/A)</b>	<input type="checkbox"/> There are safety concerns regarding parenting skills	<input type="checkbox"/> Parenting skills are minimal	<input type="checkbox"/> Parenting skills are apparent but not adequate	<input type="checkbox"/> Parenting skills are adequate	<input type="checkbox"/> Parenting skills are well developed