





New Hampshire Continua of Care HUD CoC APR TH PH ES Updates Form for HMIS



(Required by HUD for each client when data is updated)

Refer to the *2014 HUD HMIS Data Standards Version 5.1* on the NH-HMIS website at: www.nh-hmis.org for an explanation of the data elements in this form.

Update –These data elements represent information that is either collected at multiple points during project enrollment in order to track changes over time (e.g., Income) or is entered to record project activities as they occur (e.g., Services Provided). The *Information Date* must reflect the date on which the information is collected and/or the date for which the information is relevant for reporting purposes and must be accurate, regardless of when it is actually collected or entered into HMIS.

Data Collection and HMIS Instruction Tips:

-  Only record if the answer has changed since last update.
-  Always set the Entry Data Type to “HUD”.
-  In ServicePoint, confirm backdate matches project entry date.
-  When a child turns 18 during a project stay, the child’s intake assessment must be updated to include responses only required for adults.

-  Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
-  Use this form to make updates to client’s information during project stay.

Date Form Completed: ____/____/____

Client’s ID #: _____

Case Manager’s Name: _____

Updates to information

No updates to information

Section 1: Client Profile (in ServicePoint use Entry/Exit Tab)

Client’s First, Middle, Last Name, Suffix: _____

Information collection date: ____/____/____

Client’s Location: (choose appropriate HUD-assigned CoC Code.)

- NH-500 (Balance of State/Concord)
- NH-501 (Manchester)
- NH-502 (Nashua)

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Section 2: Disability Update (In ServicePoint use Entry/Exit Tab)

Information collection date: ____/____/____

Does the client have a disabling condition? No Yes Client doesn't know Client refused Data not collected

- i *Disabilities information must be collected for each client in project, **regardless of age.***
- i *Use this table to record new disabilities not recorded previously, or if an answer has changed since the last update.*
- i *If determination is "no" for any disability requiring documentation, change the determination to "no" in HMIS. This will prevent the*
- i *disability from appearing on the APR.*

Disability Type: Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.

Physical Disability

Date of information collection: ____/____/____

Physical Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Physical Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Developmental Disability

Date of information collection: ____/____/____

Developmental Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Chronic Health Condition

Date of information collection: ____/____/____

Chronic Health Condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

HIV/AIDS

Date of information collection: ____/____/____

HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Mental Health Problem

Date of information collection: ____/____/____

Mental Health Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Substance Abuse

Date of information collection: ____/____/____

Substance Abuse? <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Alcohol and drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No

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If “Yes,” to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for “Substance Abuse Problem,” is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Client refused		

Section 3: Health Insurance Update (In ServicePoint use Entry/Exit Tab)

Data collection and HMIS instructions:

i Use this table to record new insurance not recorded previously, or if an answer has changed since the last update. **i**
 Updates are required for persons aging into adulthood.

Date of information collection: ____/____/____		
Covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn’t know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
MEDICAID	<input type="checkbox"/> No	<input type="checkbox"/> Yes
MEDICARE	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children’s Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran’s Administration (VA) Medical Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (or use local name)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If “other,” please specify:		

Section 4: Income Update (in ServicePoint use Entry/Exit Tab)

- i** Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive
- i** “Receiving income source” is always “yes,” even if the amount/source ends.

Date of information collection: ____/____/____		
Income from any source?		
	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn’t know
If “Yes,” to “income from any source,” please check “No” or “Yes” for each income source in the list below, and add amount.		
Monthly Income (cash) Source:		Amount:
Earned Income (i.e., employment income)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
VA Non-Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Worker’s compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$

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TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Pension/retirement income from former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
If "other source," please specify here:		
Monthly Cash Income Total: \$ _____		

4a. Cash income sources recorded at entry that have since ENDED or changed: List below with end dates:

Income Source 1 (enter source from list above)	End date MM/DD/YYYY	Income Source 2 (enter source from list above)	End date MM/DD/YYYY	Income Source 3 (enter #source from list above)	End date MM/DD/YYYY

Section 5: Non-Cash Benefits Update (in ServicePoint use Entry/Exit Tab)

i Ask client whether they receive benefits from EACH source listed rather than asking them to state the sources of income they receive.

Date of information collection: ____/____/_____ Non-Cash Benefit from any source? If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount.	<input type="checkbox"/> No <input type="checkbox"/> Client refused <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know
Monthly Non-Cash Benefit Source:	Amount:
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
TANF child care services	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
TANF transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Other TANF-funded services	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Other source	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Temporary rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$

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If "other source," please specify source:
Monthly Income Total: \$_____

5a. Non-cash benefits recorded at entry or at updates that have since ENDED or changed: List below with end dates:

Income Source 1 (enter source from list above)	End date MM/DD/YYYY	Income Source 2 (enter source from list above)	End date MM/DD/YYYY	Income Source 3 (enter #source from list above)	End date MM/DD/YYYY

Section 6: Domestic Violence Update (in ServicePoint use Entry/Exit Tab)

<p>Domestic Violence Victim/Survivor?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </p>	<p>If yes, When Experience Occurred:</p> <p> <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> More than a year ago <input type="checkbox"/> 3 - 6 months ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 6 - 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </p>
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If Yes for "Domestic Violence Victim/Survivor" "Are you currently fleeing?"

No
 Yes
 Client doesn't know
 Client refused
 Data Not Collected

This form can be found on the NH-HMIS website at: www.nh-hmis.org.