

New Hampshire Continua of Care ESG HP & RRH Update Form for HMIS

(Required by HUD for each adult client in your project who has updated information)

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:

- i** Complete updates yearly, before your program’s APR is due.
- i** Only record if the answer has changed since last update.
- i** Always set the Entry Data Type to “HUD”.
- i** Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
- i** Use this form to make updates to client’s information during project stay.
- i** In ServicePoint, confirm backdate matches project entry date.

Date Form Completed: ____ / ____ / ____

Client’s ID #: _____

Case Manager’s Name: _____

Updates to information

No updates to information

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

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

Client's ID #: _____

Relationship to Head of Household (HoH) (choose one):

- Self
 Head of household's child
 Head of household's spouse or partner
 Head of household's other relation member (other relation to HoH)
 Other: non-relation member _____
 Data not collected

Client Location: (Choose each HUD-assigned CoC Code that applies.)

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

2. Disability Updates (In ServicePoint use Entry/Exit Tab)

Date of information collection: _____

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

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 disability from appearing on the APR.

Disability Type

- i 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

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<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		
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		

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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"/> Both 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		
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		

3. Health Insurance Updates (In ServicePoint use Entry/Exit Tab)

- 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 information was collected: ____/____/____

Covered by health insurance? No Yes Client doesn't know Client refused
 Data not collected

	Insurance Type
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICAID
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE
<input type="checkbox"/> No <input type="checkbox"/> Yes	State Children's Health Insurance Program (or use local name)
<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 (or use local name)
<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)

If Yes to "Other," please specify source:

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

HMIS Instructions:

- ① **Info/Project Date: If income source and amount was present at program entry, use program entry date.*
- ① *If NEW income source or amount, use actual start date or other date before the end of the report period.*
- ① *If income **amount** for a source has changed, in SP, record end date for the old amount one day before the start date of the new amount. Add new income record for that source.*
- ① *“Receiving income source” is always “yes,” even if the amount/source ends.*
- ① *Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.*

Date of information collection: / / _____

Income from any source? No Yes Client doesn't know Client refused Data not collected

Monthly Income (cash) Source:

- | | |
|--|--|
| <input type="checkbox"/> Earned Income (i.e., employment income) \$ _____
<input type="checkbox"/> Unemployment Insurance \$ _____
<input type="checkbox"/> Supplemental Security Income (SSI) \$ _____
<input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____
<input type="checkbox"/> VA Service-Connected Disability Comp. \$ _____
<input type="checkbox"/> VA Non-Service-Connected Disability Pens. \$ _____
<input type="checkbox"/> Private disability insurance \$ _____
<input type="checkbox"/> Worker's compensation \$ _____ | <input type="checkbox"/> TANF \$ _____
<input type="checkbox"/> General Assistance (GA) \$ _____
<input type="checkbox"/> Retirement Income from Social Security \$ _____
<input type="checkbox"/> Pension/retirement income fm former job \$ _____
<input type="checkbox"/> Child support \$ _____
<input type="checkbox"/> Alimony or other spousal support \$ _____
<input type="checkbox"/> Other source (specify below) \$ _____ |
|--|--|

If “other source,” please specify:

Monthly 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	Income Source 2 (enter source from list above)	End date	Income Source 3 (enter source from list above)	End date
	/ /		/ /		/ /
	/ /		/ /		/ /

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

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

Date of information collection: _____ / _____ / _____	
Non-Cash benefit from any source? <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	
Monthly Non-Cash Benefit Source: <input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____ <input type="checkbox"/> Special Supplemental Nutrition Program (WIC) \$ _____ <input type="checkbox"/> TANF Child Care services \$ _____ <input type="checkbox"/> TANF Transportation services \$ _____ <input type="checkbox"/> Other TANF-funded services \$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance \$ _____ <input type="checkbox"/> Temporary rental assistance \$ _____ <input type="checkbox"/> Other Source (specify below) \$ _____
If "other source," please specify: _____	
Non-Cash Monthly 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	Income Source 2 (enter source from list above)	End date	Income Source 3 (enter #source from list above)	End date
	/ /		/ /		/ /
	/ /		/ /		/ /

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6: Domestic Violence

Domestic Violence Victim/Survivor? <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	If yes, When Experience Occurred: <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
(If Yes) Are you currently fleeing? <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	

7: BHHS Required Data

Employment Status:

Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
(If yes) tenure of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Homelessness Status:

Is client's homelessness chronic? Yes No

Client Location:

Information collection

date: ___/___/_____

Select the HUD-assigned CoC code(s) that best apply:	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)
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