

# New Hampshire Continua of Care HUD CoC APR TH PH ES Annual Assessment Form for HMIS

(Required by HUD for each client at annual assessment)

Refer to the 2014 HUD HMIS Data Standards on the NH-HMIS website at [www.nh-hmis.org](http://www.nh-hmis.org) for an explanation of the data elements in this form.

**Annual assessment** – Is a specialized subset of the ‘update’ collection point. The annual assessment must be recorded no more than 30 days before the anniversary of the client’s *Project Entry Date*, regardless of the date of the most recent ‘update’ or ‘annual assessment’, if any [annually]. Information must be accurate as of the *Information Date*.

For HUD-funded programs and HUD reporting purposes, the implementation of ‘annual assessment’ as a data collection stage by vendors is mandatory; the data collection stage must not be inferred from the Information Date, although the field must have an *Information Date* recorded with it. In order to be considered reportable to HUD as an annual assessment, data must be stored with a *Data Collection Stage* of ‘annual assessment.’

There must be **only one** record for each data element annually with a *Data Collection Stage* recorded as ‘annual assessment’ associated with any given client and project entry ID within the 30-day period before the anniversary of the client’s *Project Entry Date*. Regardless of whether the responses have changed since project entry or the previous annual assessment, a new record must be created for each subsequent annual assessment such that it is possible to view a history, by date, of the values for each data element.

**Data Collection and HMIS Instruction Tips:**

<ul style="list-style-type: none"> <li><span style="color: blue;">i</span> Complete the annual updates, before your program’s APR is due.</li> <li><span style="color: blue;">i</span> Only record if the answer has changed since last update.</li> <li><span style="color: blue;">i</span> Always set the Entry Data Type to “HUD”.</li> <li><span style="color: blue;">i</span> In ServicePoint, confirm backdate matches project entry date.</li> <li><span style="color: blue;">i</span> When a child turns 18 during a project stay, the child’s intake assessment must be updated to include responses only required for adults, e.g. disabling condition.</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">i</span> Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.</li> <li><span style="color: blue;">i</span> Use this form to make updates to client’s information for their annual update.</li> <li><span style="color: blue;">i</span> Annual assessment updates (see definition above) are required.</li> </ul>
--	---

**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:** \_\_\_\_\_

**Client’s Location:** (choose one HUD-assigned CoC Code)

<input type="checkbox"/> NH-500 (Balance of State/Concord)
<input type="checkbox"/> NH-501 (Manchester)
<input type="checkbox"/> NH-502 (Nashua)

**New Hampshire Continua of Care  
HUD CoC APR TH PH ES  
Annual Assessment Form for HMIS**  
(Required by HUD for each client at annual assessment)

**Section 2: Income Updates (in ServicePoint use Entry/Exit Tab)**

**HMIS Instructions:**

- ❶ *\*Info/Project Date: If income source and amount was present at program entry, use program entry date.*
- ❷ *If NEW income source or amount, use actual start date or other date before the end of the report period.*
- ❸ *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.*
- ❹ *"Receiving income source" is always "yes," even if the amount/source ends.*
- ❺ *Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.*

**Income from any source?**  No  Yes  Client doesn't know  Client refused  Data not collected  
(if yes, Information/Project Date\*) \_\_\_/\_\_\_/\_\_\_

<b>Monthly Income (cash) Source:</b>	
<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 Compensation \$ _____ <input type="checkbox"/> VA Non-Service-Connected Disability Pension \$ _____ <input type="checkbox"/> Private disability insurance \$ _____ <input type="checkbox"/> Worker's compensation \$ _____	<input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> Retirement Income from Social Security \$ _____ <input type="checkbox"/> Pension or retirement income from former job \$ _____ <input type="checkbox"/> Child support \$ _____ <input type="checkbox"/> Alimony or other spousal support \$ _____ <input type="checkbox"/> Other source (specify) _____ \$ _____

**Receiving Income Source**  No  Yes  Data not collected

**Monthly Income Start Date:** \_\_\_/\_\_\_/\_\_\_ **Monthly Income End Date:** \_\_\_/\_\_\_/\_\_\_

**Monthly Income Total \$** \_\_\_\_\_

**2a. 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
	/ /		/ /		/ /
	/ /		/ /		/ /
	/ /		/ /		/ /

**New Hampshire Continua of Care  
HUD CoC APR TH PH ES  
Annual Assessment Form for HMIS**  
(Required by HUD for each client at annual assessment)

**Section 3: Non-Cash Benefits Updates (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.
- i "Receiving income source" is always "yes," even if the amount/source ends.

<b>Non-Cash benefit from any source?</b> <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, Information/Project Date) ____/____/____	
<b>Monthly Non-Cash Benefit Source:</b> <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) _____ \$ _____
<b>Receiving Benefit?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected	
<b>Non-Cash Monthly Start Date:</b> ____/____/____ <b>Non-Cash Monthly End Date:</b> ____/____/____	
<b>Non-Cash Monthly Total \$</b> _____	

**3a. 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
	/ /		/ /		/ /
	/ /		/ /		/ /
	/ /		/ /		/ /

**New Hampshire Continua of Care  
HUD CoC APR TH PH ES  
Annual Assessment Form for HMIS**  
(Required by HUD for each client at annual assessment)

**Section 4: Health Insurance Updates (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** Health insurance must be recorded in HMIS as an annual assessment, even if there is no change.
- i** Updates are required for persons aging into adulthood.

**Covered by health insurance?**     No     Yes     Client doesn't know     Client refused     Data not collected  
(if yes, Information/ Project Entry Date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Health Insurance Source:**

(if yes, indicate all sources that apply)

(if no, enter one of the following reasons on the line provided):

- Applied; pending     Applied; not eligible     Client did not apply     Insurance type N/A for this client     Client doesn't know     Client refused

<input type="checkbox"/> No <input type="checkbox"/> Yes		Reason	Start Date	End Date
<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	_____	/ /	/ /
<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	_____	/ /	/ /

This form can be found on the NH-HMIS website at [www.nh-hmis.org](http://www.nh-hmis.org).