

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCP) Update and Annual Assessment Form for HMIS

This form is required by HUD for each client at annual assessment.

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.

Annual assessment – Is a specialized subset of the ‘update’ collection point. The annual assessment must be recorded no more than 30 days before or after 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 60-day period surrounding 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"> i Complete the annual updates, 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 RHY. i In ServicePoint, confirm backdate matches project entry date. i <i>Disabling Condition</i> information now must be collected for all clients, not simply adults. | <ul style="list-style-type: none"> 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 for their annual update. i Annual assessment updates (see definition above) are required. |
|---|---|

Date Form Completed: ____/____/____	Client ID Number* : _____ <small>*Client ID number is generated by the HMIS system.</small>
Case Manager’s Name: _____	


- Updates to information
 No updates to information

Client Profile
In ServicePoint, click to select the Entry/Exit tab and click the icon in the Interim column.
Client’s First, Middle, Last Name, Suffix: _____
Client’s location (choose the HUD –assigned CoC code[s] that apply): <ul style="list-style-type: none"> <input type="checkbox"/> NH-500 (Balance of State/Concord) <input type="checkbox"/> NH-501 (Manchester) <input type="checkbox"/> NH-502 (Nashua)

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Disability

 This data must be collected for all clients, regardless of age.

Does the client have a disabling condition? No Yes Client Doesn't Know Client Refused
 Data not collected

Information Collection Date: ___/___/_____

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		
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?			

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<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		
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		

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Required Information for HUD CoC NOFA

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	If "Yes," when did experience occur? <input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 6 to 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> More than 1 year ago <input type="checkbox"/> Data not collected
If "Yes," is client 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	

Health Insurance Updates

In ServicePoint, click to select the **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.

Date of information collection: ____/____/____

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

Health Insurance Source:

If **Yes**, choose provider(s) below.

Health Insurance Source

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	<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:	

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RHY BCP Status

Date of status determination: ____/____/____

FYSB Youth? No Yes

If no, reason for not providing services:

- Out of age range Ward of the criminal justice system- immediate reunification
 Ward of the state-immediate reunification Other

Pregnancy Status

- No Client doesn't know Client refused
 Yes If yes, Due Date: ____/____/____

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