

New Hampshire Continua of Care RHY MGH/TLP 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 “HUD”. i In ServicePoint, confirm backdate matches project entry date. i 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. insurance. 	<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. i <i>Disabling Condition</i> information now needs to be collected on all clients, regardless of age.
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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 applicable HUD –assigned CoC code[s]):

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

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Income Updates

In ServicePoint, click to select the **Entry/Exit** tab.

HMIS Instructions:

- i *Info/Project Date: If income source and amount was present at program entry, use program entry date.
- i If **new** income source or amount, use actual start date or other date before the end of the report period.
- i 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.
- i For **Receiving income source** always choose **Yes**, even if the amount/source ends.
- i 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 Disab. Pension \$ _____
<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 here:

Monthly Income Total \$ _____

Cash income sources recorded at entry that have since *ended* or *changed*

List below with end dates.

Income Source 1 Enter source 1 from list above.	End date	Income Source 2 Enter source 2 from list above.	End date	Income Source 3 Enter source 3 from list above.	End date
	//___		_/_/___		_/_/___
	//___		_/_/___		_/_/___
	//___		_/_/___		_/_/___

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Non-Cash Benefits Updates

In ServicePoint click to select the **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** For **Receiving income source** always choose **Yes**, even if the amount/source ends.

Date of Information Collection: ____/____/____

Non-Cash benefit from any source? No Yes Client doesn't know Client refused
 Data not collected

Monthly Non-Cash Benefit Source:

<input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____	<input type="checkbox"/> Other TANF-funded services \$ _____
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC) \$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance \$ _____
<input type="checkbox"/> TANF Child Care services \$ _____	<input type="checkbox"/> Temporary rental assistance \$ _____
<input type="checkbox"/> TANF Transportation services \$ _____	<input type="checkbox"/> Other Source (specify below) \$ _____

If "other source," please specify here:

Non-cash monthly total \$ _____

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 1 from list above.	End date	Income Source 2 Enter source 2 from list above.	End date	Income Source 3 Enter source 3 from list above.	End date
	//___		_/_/___		_/_/___
	//___		_/_/___		_/_/___
	//___		_/_/___		_/_/___

Required Information for HUD CoC NOFA

Domestic Violence

Domestic Violence Victim/Survivor?

Yes No Client doesn't know Client refused

(If Yes) Are you currently fleeing?

No Yes
 Client doesn't know Client refused Data not collected

If yes, When Experience Occurred:

Within the past 3 months More than one year ago
 3 - 6 months ago Client doesn't know
 6 - 12 months ago Client refused
 Data not collected

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Health Insurance Updates	
In ServicePoint, click to select the Entry/Exit tab	
Data collection and HMIS instructions: <ul style="list-style-type: none"> ❶ Use this table to record new insurance not recorded previously, or if an answer has changed since the last update. ❷ Health insurance must be recorded in HMIS as an annual assessment, even if there is no change. ❸ 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	
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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Update Assessment	
Click Add Entry/Exit . Click to open the Type drop down menu , then select RHY . Click Save and Continue .	
Disability	
Does the client have a disabling condition?	<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
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			

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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

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"/> Drug and alcohol 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

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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? Yes 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?

- Yes No Client doesn't know
 Client refused

Pregnancy Status

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

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