

New Hampshire Continua of Care RHY Street Outreach Program (SOP) 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* 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:

- ❶ Complete the annual updates, before your program’s APR is due.
 - ❶ Only record if the answer has changed since last update.
 - ❶ Always set the Entry Data Type to RHY.
 - ❶ In ServicePoint, confirm backdate matches project entry date.
 - ❶ 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.
- ❶ Do **not** enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
 - ❶ Use this form to make updates to client’s information for their annual update.
 - ❶ 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 one HUD –assigned CoC code):

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

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Outreach
<p>Location (choose one):</p> <p><input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential</p> <p>Start Date: ____/____/_____ End Date: ____/____/_____ Date of Contact: ____/____/_____ Time of Contact (Optional) ____:____ AM PM (Circle one)</p>

Disability			
<p>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</p> <p>If Yes: Information/ Project Entry Date: ____/____/_____ Disability Start Date ____/____/_____ Disability End Date ____/____/_____</p>			
Disability Type	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	(If yes) Documentation of the disability and severity on file?	(If yes) Currently Receiving Services or Treatment?
<input type="checkbox"/> Physical Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> Mental Health Problem	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> Substance Abuse Problem	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> <input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> <input type="checkbox"/> Drug Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
<input type="checkbox"/> <input type="checkbox"/> Both Alcohol & Drug Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC
Disability Note (optional information about disability):			
Will above condition be long term? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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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.

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**, choose No or Yes below and add dates.

Health Insurance Source	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	____/____/____	____/____/____

Date of Engagement : ____/____/____

Optional: If client exits without becoming engaged, the engagement date should be left blank.

Pregnancy Status

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

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Required Information for HUD CoC NOFA

Domestic Violence

Domestic Violence Victim/Survivor?

Yes No Client doesn't know Client refused

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

(If Yes) 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.