

New Hampshire Continua of Care SGIA HP Update Form for HMIS

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 that backdate matches project entry date.

Date Form Completed: ____/____/____

Client's ID #: _____

Case Manager's Name: _____

Updates to information

No updates to information

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

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

Client's ID #: _____

Client Location: (Choose appropriate HUD-assigned CoC Code[s].)

NH-500 (Balance of State/Concord)

NH-501 (Manchester)

NH-502 (Nashua)

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

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

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

Information collection date: ____/____/____

- i** This information needs to be entered for each client, regardless of age.
- i** 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: 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? <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

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If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?

Yes No Client doesn't know
 Client refused

HIV/AIDS

Date of information collection: ___/___/_____

HIV/AIDS?

Yes No Client doesn't know
 Client refused

If "Yes," to HIV/AIDS, is it expected to substantially impair client's ability to live independently?

Yes No Client doesn't know
 Client refused

If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? Yes No

If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?

Yes No Client doesn't know
 Client refused

Mental Health Problem

Date of information collection: ___/___/_____

Mental Health Problem?

Yes No Client doesn't know
 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?

Yes No Client doesn't know
 Client refused

If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? Yes No

If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?

Yes No Client doesn't know
 Client refused

Substance Abuse

Date of information collection: ___/___/_____

Substance Abuse?

No Alcohol abuse Drug abuse
 Both alcohol and drug abuse Client doesn't know 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?

Yes No Client doesn't know
 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? 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

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

Data collection and HMIS instructions: ⓘ Use this table to record <u>new</u> insurance not recorded previously, or if an answer has changed since the last update. ⓘ 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	
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: _____	

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

HMIS Instructions: ⓘ "Info/Project Date: If income source and amount was present at program entry, use program entry date. ⓘ If NEW income source or amount, use actual start date or other date before the end of the report period. ⓘ 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. ⓘ 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? <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 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 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 below) \$ _____
If "other source," please specify: _____	
Monthly Income Total \$ _____	

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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
	/ /		/ /		/ /
	/ /		/ /		/ /

5: 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.

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:

i Please list below with end dates all non-cash benefits recorded at entry or at updates that have since ENDED or changed.

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

6: Domestic Violence

<p>Domestic Violence Victim/Survivor?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data not collected</p>	<p>If yes, When Experience Occurred:</p> <p><input type="checkbox"/> Within the past 3 months <input type="checkbox"/> One year ago or more</p> <p><input type="checkbox"/> 3 - 6 months ago <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> 6 - 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected</p>
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<p>(If Yes) Are you currently fleeing?</p> <p> <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>	
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6: BHHS Required Data

Homelessness and at-risk of homelessness status

i *Housing status as of the day before project entry.*

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
- Category 2** -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
- Category 3** -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
- Category 4** -- Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
- At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
- Stably housed**
 Client doesn't know
 Client refused
 Data not collected

<p>Zip code of last permanent address: _____</p> <p style="font-size: small; text-align: center;"><i>Where client last lived for 90 days or more.</i></p>	<p>Zip code data quality:</p> <p> <input type="checkbox"/> Full or partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </p>
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Employment Status:

<p>Is the client employed?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </p>
<p>(If yes) what is their tenure of employment?</p>	<p> <input type="checkbox"/> Full time <input type="checkbox"/> Part time </p>

Homelessness Status:

First Time homeless? Yes No
 Is client's homelessness chronic? Yes No

Client Location:

Information collection date: ___/___/_____

Select the HUD-assigned CoC code(s) that best apply:

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