HMIS # _____

Client Name _____

Staff Name _____

Date _____

Santa Cruz County HMIS – Standard Child Status and/or Annual Assessment

As of February 1st, 2025 a service provider must complete a Standard Child Status Assessment during the months of - February, May, August, **and** November, when a child client has been enrolled in a specific program, regardless of whether their information has changed. ***After the client has been enrolled in the program for 1 year, the service provider must complete a Standard Adult Annual Assessment in lieu of a Status Assessment.*** This form can be used for either the Status Assessment or Annual Assessment because the same information is collected, however, please be sure to select the appropriate Assessment type when entering this data into the HMIS. Separate Status Update and/or Annual Assessments should be completed for each client who is **under** the age of 18 *unless they are the Head of Household*. **Status Update and/or Annual Assessments must be completed for adults as well, but please be sure to use the Standard HMIS Adult Status Update and/or Annual Assessment Form.**

Project Status Update Date

		/			/				

Month Day Year

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.

1) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
2) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
3) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

4) Does the client have HIV – AIDS?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
5) Does the client have a Mental Health Disorder? *If Yes, is it expected to be of long. continued and indefinite duration and substantially impair the client's ability to live independently?*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
6) Does the client have a Substance Use Disorder? *If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?*	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug use disorders	❑ Client doesn't know ❑ Client prefers not to answer
	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

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Health Insurance

Covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
If Yes, select they client's type(s) of health insurance(s) coverage: *If the client is currently covered by multiple health insurances, select all that apply.*	❑ Medicaid (Medi-Cal) ❑ Medicare ❑ State Children's Health Insurance (CHIP) Program ❑ Veteran's Health Administration (VHA) ❑ Employer-Provided Health Insurance ❑ Health Insurance Obtained Through COBRA ❑ Private Pay Health Insurance ❑ State Health Insurance for Adults ❑ Indian Health Services Program ❑ Other Health Insurance If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____