HMIS # _____

Client Name _____

Staff Name _____

Date _____

Santa Cruz County HMIS – YHDP Adult or Head of Household Status Update and/or Annual Assessment

As of February 1st, 2025 a service provider must complete a YHDP Adult Status Update Assessment during the months of - February, May, August, **and** November when an adult client or the Head of Household has been enrolled in a YHDP 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 YHDP 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 YHDP Status Update and/or Annual Assessments should be completed for each client who is **over** the age of 17 or the Head of Household. **Status Update and/or Annual Assessments must be completed for children as well, but please be sure to use the Standard HMIS Child 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	❑ Client doesn't know
	❑ No	❑ 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	❑ Client doesn't know
	❑ No	❑ Client prefers not to answer
2) Does the client have a Developmental Disability?	❑ Yes	❑ Client doesn't know
	❑ No	❑ Client prefers not to answer
3) Does the client have a Chronic Health Condition?	❑ Yes	❑ Client doesn't know
	❑ No	❑ 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	❑ Client doesn't know
	❑ No	❑ Client prefers not to answer
4) Does the client have HIV – AIDS?	❑ Yes	❑ Client doesn't know
	❑ No	❑ Client prefers not to answer
5) Does the client have a Mental Health Disorder?	❑ Yes	❑ Client doesn't know
	❑ No	❑ 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	❑ Client doesn't know
	❑ No	❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

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

Domestic Violence [Head of Household and Adults]

1) Survivor of Domestic Violence *Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"* ***If the answer is "no", skip to "Monthly Income – Cash Benefits" section*** ***If the answer is "yes", COMPLETE questions 2 and 3.***	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
2) When experienced *Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family?"*	❑ Within the past three months ❑ Three to six months ago (excluding six months exactly) ❑ Six months to one year ago (excluding one year exactly) ❑ One year ago or more ❑ Client doesn't know ❑ Client prefers not to answer	
3) Are you currently fleeing? *Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living because of the domestic violence situation?"*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

Monthly Income – Cash Benefits [Head of Household and Adults]

Income from Any Source? *Is the client currently receiving any income from any source?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
If yes, specify the type(s) and amount(s) of income the client currently receives. *Only regular, recurrent sources that are current today should be included. Income (e.g., SSI) received for a minor member of the household (under 18 years old) should be recorded with the HoH's information.* *DO NOT include Income received by other adults (18 years and older) in the household; record their income on their Annual/Update form.*	❑ Earned Income $_____ ❑ Unemployment Insurance $_____ ❑ Supplemental Security Income SSI (***SSI - received by persons who are disabled and do not have a significant work history)*** $_____ ❑ Social Security Disability Insurance SSDI (***SSDI - received by persons who are disabled and have a significant work history)*** $_____ ❑ VA Service-Connected Disability Pension$_____ ❑ VA Non-service connect disability pension $_____ ❑ Private Disability Insurance $_____ ❑ Worker's Compensation $_____ ❑ Temporary Assistance for Needy Families (TANF/CalWORKs) $_____ ❑ General Assistance (GA) $_____ ❑ Retirement income from Social Security $_____ ❑ Pension or Retirement Income from a Former Job $_____ ❑ Child Support $_____ ❑ Alimony and Other Spousal Support $_____ ❑ Other Cash Income $_____ If Other Specify:
Total Cash Income for Individual	**TOTAL: $**

Non-Cash Benefits [Head of Household and Adults]

Receiving Non-Cash Benefits? *Is the client currently receiving one of the listed non-cash benefits?* **If Yes, indicate all the non-cash benefits the client is receiving:** *Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information* . *DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Annual/Update form.*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Supplemental Nutrition Assistance Program (SNAP/CalFresh) ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ❑ TANF/CALWORKS Childcare Services ❑ TANF/CALWORKS Transportation Services ❑ Other TANF/CALWORKS-Funded Services ❑ Other Non-Cash Benefit If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____

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: _____

Pregnancy Status [Head of Household and Adults]

Is the client pregnant?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If yes, due date:	/ / Month Day Year	

Reminder: Housing Move-in Date [Head of Household]

(***Required for Permanent Housing Projects***)

IMPORTANT REMINDER: If the client moved into a permanent housing unit while enrolled in Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing programs, **ensure the "Housing Move-In Date" on enrollment screen is completed with the date the client/household moved into the permanent unit.**

Client Name _____

Head of Household Name (if not Self) _____