

# MSHMIS Youth Update Form

Entrance Date: \_\_\_\_\_

Client ID#: \_\_\_\_\_

Case Manager: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**U.S. Military Veteran (Active Duty) – Answer for youth 18 and older**

- Yes
- No

- Client doesn't know
- Client refused

Client Location (CoC Code): \_\_\_\_\_

City of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**Pregnant?**

- Yes
- No

- Client doesn't know
- Client refused

If Yes, Projected Birth Date: \_\_\_\_\_

**Does the client have a disabling condition?**

- Yes
- No

- Client doesn't know
- Client refused

### Disability Sub-assessment

Disability Type	Disability Determination				If Yes, to be of long-continued and indefinite duration and substantially impairs ability to live independently?				Documentation of disability and severity on File?  Y/N	Currently receiving services/treatment for this disability			
	Yes	No	Client doesn't know	Client Refused	Yes	No	Client doesn't know	Client Refused		Yes	No	Client doesn't know	Client Refused
Physical													
Developmental													
Chronic Health Condition													
HIV/AIDS													
Mental Health Problem													
Alcohol Abuse													
Drug Abuse													
Both Alcohol & Drug Abuse													

**Covered by Health Insurance?**

- Yes
- No

- Client doesn't know
- Client refused

**HEALTH INSURANCE sub-assessment**

Insurance Type	Yes	No
MEDICAID		
MEDICARE		
State Children's Health Insurance Program		
Veteran Administration (VA) Medical Services		
Employer-Provided Health Insurance		
Health Insurance obtained through COBRA		
Private Pay Health Insurance		
State Health Insurance for Adults		
Indian Health Services Program		
Other (Please Specify: _____)		

**Currently receiving income from any source? (Youth Income Only – Do not include parents' income)**

- Yes
- No

- Client doesn't know
- Client refused

X	Source of Income (Monthly)	Family Member	Amount from Source
	Alimony or Other Spousal Support		\$ .00
	Child Support		\$ .00
	Earned Income ( <i>Employment</i> )		\$ .00
	General Assistance		\$ .00
	Pension or Retirement Income from a Former Job		\$ .00
	Private Disability Insurance		\$ .00
	Retirement Income from Social Security		\$ .00
	SSDI ( <i>Social Security Disability Income</i> )		\$ .00
	SSI ( <i>Supplemental Security Income</i> )		\$ .00
	TANF ( <i>Temporary Assistance for Needy Families or FIP grant</i> )		\$ .00
	Unemployment Insurance		\$ .00
	VA Service-Connected Disability Compensation		\$ .00
	VA Non-Service-Connected Disability Pension		\$ .00
	Workers Compensation		\$ .00
	Other ( <i>Including Gifts from Friends and Family</i> )		\$ .00
	<b>No Financial Resources</b>		<b>N/A</b>

(If Other Source) Specify: \_\_\_\_\_

**Total Monthly Income \$** \_\_\_\_\_

**Currently receiving any non-cash benefits? (Youth Benefits Only – Do not include parents' benefits)**

- Yes
- No

- Client doesn't know
- Client refused

X	Source of Non-Cash Benefit (Monthly)	Family Member	Amount (If applicable)
	Supplemental Nutrition Assistance Program ( <i>Food Stamps</i> )		\$ .00
	Special Supplemental Nutrition Program for WIC		\$ .00
	TANF Child Care Services		\$ .00
	TANF Transportation Services		\$ .00
	Other TANF Funded Services		\$ .00
	Section 8, Public Housing or rental assistance		\$ .00
	Temporary Rental Assistance		\$ .00
	Other Source – <b>Specify:</b> _____		\$ .00

**Formerly a Ward of Child Welfare/Foster Care Agency**

- Yes
- No

- Client doesn't know
- Client refused

**(If yes) Number of Years (in Child Welfare/Foster Care)**

- Less than one year
- 1 to 2 years
- 3 to 5 or more years

**If Less than one year, Number of Months (in Child Welfare/Foster Care):** \_\_\_\_\_

**Formerly a Ward of Juvenile Justice System**

- Yes
- No

- Client doesn't know
- Client refused

**(If yes) Number of Years (in Juvenile Justice System)**

- Less than one year
- 1 to 2 years
- 3 to 5 or more years

**If Less than one year, Number of Months (in Juvenile Justice System):** \_\_\_\_\_

**Domestic Violence Victim/Survivor?**

- Yes
- No

- Client doesn't know
- Client refused

**(If yes) When Experience Occurred**

- 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 refused

**(If yes) Are you currently fleeing?**

- Yes
- No

- Client doesn't know
- Client refused

**Overview of domestic violence**

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### UPDATED CONTACT INFORMATION

Contact Type: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Contact Type: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### FUNDER SPECIFIC QUESTIONS

#### FEDERAL HHS ONLY

**FYSB Youth**

- Yes
- No

**If no, reason for not providing services:**

- Out of age range
- Ward of the State – Immediate Reunification
- Ward of the Criminal Justice System – Immediate Reunification
- Other

**Date of BCP Status Determination:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### STREET OUTREACH ONLY

Street Outreach Providers **MUST** record the date and location of **EACH** contact made with street outreach clients.

Please see the *HMIS Data Collection – Street Outreach Supplemental Form* and *2014 HUD Data Standards* for more information.