MSHMIS Youth Update Form

Entrance Date: _____ **Client ID#:** _____ **Case Manager:** _____

First Name: _____ **Middle Name:** _____ **Last Name:** _____

HYR Client Classification Status Change (MDHHS HYR ONLY)

- ☐ Basic Center Shelter Client
- ☐ Basic Center Prevention Client
- ☐ TLP Residential Client
- ☐ TLP Nonresidential Client

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?**			
	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: _____)		

(Youth) Currently receiving income from any source? *(Not Required for Basic Center or Street Outreach Projects - - unless project receives HUD,ESG funds)*

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

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

(If Other Source) **Specify:** _____

Total Monthly Income $_____

Currently receiving any non-cash benefits?

- ☐ Yes
- ☐ No
- ☐ Client doesn't know
- ☐ Client refused

X	Source of Non-Cash Benefit (Monthly)	Amount (If applicable)
	Supplemental Nutrition Assistance Program *(Food Stamps)*	$ .00
	Special Supplemental Nutrition Program for WIC	$ .00
	TANF Child Care Services	$ .00
	TANF Transportation Services	$ .00
	Other TANF Funded Services	$ .00
	Other Source – **Specify**: _____	$ .00

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

_____

(Required for all PH and RRH Projects ONLY)

*This question differentiates between clients who are awaiting placement and those who have moved into any type of permanent housing, regardless of funding source or whether the project is providing rental assistance. The Housing Move-In Date MUST be entered via an Interim Assessment with a timestamp that occurs after the Project Start and before the Project Exit. If client is **not** in housing leave this question blank.*

Housing Move-In Date: _____/_____/_____

UPDATED CONTACT INFORMATION

Contact Type: _____
Contact Name: _____
Contact Address: _____
Contact Phone: _____
Contact Email: _____

Contact Type: _____
Contact Name: _____
Contact Address: _____
Contact Phone: _____
Contact Email: _____

Street Outreach Providers MUST record EACH contact made with street outreach clients.

Please see the *HMIS Data Collection – Street Outreach Supplemental Form* and

2017 HUD Data Standards for more information.