

# NC HMIS 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?			
	Yes	No	<i>Client doesn't know</i>	<i>Client Refused</i>	Yes	No	<i>Client doesn't know</i>	<i>Client Refused</i>
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)**

- 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 ( <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 Insurance</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? *(Not required for Street Outreach)*

- Yes
- No

- Client doesn't know
- Client refused

X	Source of Non-Cash Benefit (Monthly)	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
	Other Source – <b>Specify:</b> _____	\$ .00

### 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.

## UPDATE REQUIRED FOR HUD FUNDED PROJECTS ONLY

Domestic Violence Victim/Survivor should be indicated as “**Yes**” if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has taken place **within the individual’s or family’s primary nighttime residence**.

### Domestic Violence Victim/Survivor?

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client refused      |

### (If yes) When Experience Occurred

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Within the past three months                           | <input type="checkbox"/> Six months to one year ago (excluding one year exactly) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three to six months ago (excluding six months exactly) | <input type="checkbox"/> One year ago or more                                    | <input type="checkbox"/> Client refused      |

Currently fleeing should be indicated as “**Yes**” if the Person is fleeing, or is attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence.

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

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No  | <input type="checkbox"/> Client refused      |

### Overview of domestic violence

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