HMIS #:
CM Name:
Project Entry Date:

Monterey & San Benito Counties HMIS -Standard Update

This form is designed to be completed by a service provider while interviewing a client.
A separate Standardized Update form should be completed for each member of the household.

Client Profile

First Name	Middle
Last Name	

Housing Status

❑ Category 1: Homeless ❑ Category 2: At imminent risk of losing housing ❑ Category 3: Homeless only under other federal statutes ❑ Category 4: Fleeing domestic violence	❑ At risk of homelessness ❑ Stably housed ❑ Client Doesn't Know ❑ Client Refused

Monthly Income – Cash Benefits

Income from any source?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
Total monthly income:	$
❑ Alimony or Other Spousal Income $____________	❑ Retirement income from Social Security $_______________
Date start receiving:_____________	**Date start receiving:**_____________
❑ Child Support $______________	❑ SSDI $______________
Date start receiving:_____________	**Date start receiving:**_____________
❑ Earned Income $_____________	❑ SSI $________
Date start receiving:_____________	**Date start receiving:**_____________
❑ General Assistance $_________	❑ TANF $_____________
Date start receiving:_____________	**Date start receiving:**_____________
❑ Other $______________	❑ Unemployment Insurance $____________
Date start receiving:_____________	**Date start receiving:**_____________
If Other specify: ________________________________	❑ VA Non-service connect disability pension $____________
❑ Pension or retirement from another job $________	**Date start receiving:**_____________
Date start receiving:_____________	❑ VA Service connected disability compensation $_________
❑ Private disability insurance $__________	**Date start receiving:**_____________
Date start receiving:_____________	❑ Worker's compensation $______________
	Date start receiving:_____________

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Non-Cash Benefits

Income from any source?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
❑ Section 8, Public Housing or other ongoing rental assistance	❑ TANF Transportation services
❑ Special supplement nutrition program for WIC	❑ Other TANF funded services
❑ Supplemental nutrition assistance program (Food Stamps)	❑ Temporary rental assistance
❑ TANF-Child care services	❑ Other Source
	If Other, specify:

Health Insurance

Covered by health insurance?	❑ Yes ❑ No ❑ Client doesn't know ❑ Client refused
❑ Medicaid	❑ Private pay health plan
❑ Medicare	❑ State health insurance for adults
❑ State children's health insurance program	❑ Indian health services program
❑ VA Medical Services	❑ Other Source
❑ Employer provided	If Other, specify:

Disability

Does the client have a disabling condition?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

If Yes, please complete the following for each disability type

Alcohol Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	______________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

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Disability

Both Alcohol & Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	______________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Chronic Health Condition	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability Start Date	______________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Developmental	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	________________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

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Disability

Drug Abuse	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	________________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
HIV/AIDS	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	________________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Mental Health Problem	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	________________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Physical	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused	Condition Long term?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
Disability State Date	________________	If Yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		If Yes, documentation of the disability and severity on file?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused
		Currently receiving services?	❑ Yes ❑ No ❑ Client Doesn't Know ❑ Client Refused

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Domestic Violence

Domestic Violence Victim/Survivor	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
If yes, when did experience occur	❑ Within past three months ❑ Three months to less than six months ago (excluding six months exactly) ❑ Six months to less than one year ago (excluding one year exactly) ❑ One year or more ago ❑ Client doesn't know ❑ Client refused
If yes, are you currently fleeing?	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused

Employment

Currently Employed	❑ Yes ❑ Client Doesn't Know ❑ No ❑ Client Refused
If Employed, hours worked in a week	
If Employed, Type	❑ Permanent ❑ Client Doesn't Know ❑ Temporary ❑ Client Refused ❑ Seasonal

I (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge

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Print Name of Client	Signature of Client	Date
Print Name of Intake Worker	Signature of Intake Worker	Date