**Annual Assessments are REQUIRED for Adults and Children.**

***Important:*** *Annual Assessments* ***must be recorded no more than 30 days before*** *or* ***after the anniversary of the client’s Project Entry Date****, regardless of the most recent ‘update’ or ‘annual assessment’, if any. Information must be accurate as of the assessment date.*

*\*Status Assessments are not required and can be completed throughout project enrollment to track key events (e.g. a change in income)\**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name**: |  | **Middle:** |  | **First:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security #**: |  | **Date of Birth**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name**: |  | **Project Assessment Date**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Case Manager**: |  | **Head Of Household**: |  |

**RESIDENTIAL MOVE-IN DATE (ESG and RRH Programs *ONLY*)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HAS THE CLIENT MOVED INTO PERMANENT HOUSING? | | | |  | | No | | | |  | | Yes | | |
| If “YES”, Date Of Residential Move-In: |  |  | / | |  | |  | / |  | |  | |  |  |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | | | |
| Receiving services for physical disability | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY** | | | | | | | |
| Receiving services for developmental disability | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the developmental disability expected to substantially impair ability to live independently? | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | | |
|  | Yes |  | Client refused | | | | | |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes | |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO HIV-AIDS – SPECIFY** | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the condition expected to substantially impair ability to live independently? | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**MENTAL HEALTH PROBLEMS** *[All Clients]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | | |
|  | Yes |  | Client refused | | | | | |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY** | | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know | |
|  | Yes |  | Client refused | |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | | Yes |

**SUBSTANCE ABUSE PROBLEMS** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Both alcohol and drug abuse | | | | |
|  | Alcohol abuse |  | Client doesn’t know | | | | |
|  | Drug abuse |  | Client refused | | | | |
| **IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY** | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**DISABLING CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes | |  | No | |  | Client Doesn’t Know | |  | Client Refused |
| **IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS** | | | | | | | | | | |
|  | | MEDICAID (aka Medi-Cal) | | |  | | Obtained through COBRA | | | |
|  | | MEDICARE | | |  | | Private Pay Health Insurance | | | |
|  | | VA Medical | | |  | | Indian Health Services Program | | | |
|  | | Employer Provided | | |  | | Other: (Specify) |  | | |

**EMPLOYMENT**

*[All Clients,* ***For Age 16 & Over****]*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IS CLIENT EMPLOYED** | | | | | | | | | | | |
|  | Yes | |  | No | | |  | Client Doesn’t Know |  | Client Refused | |
| **If “Yes” To Employed** | | | | | | | | | | | |
|  | | Permanent | | |  | Client Doesn’t Know | | | | | |
|  | | Temporary | | |  | Client Refused | | | | | |
|  | | Seasonal | | | Hours Worked Last Week: | | | | | |  |
| **If “No” To Employed – Are You Seeking Employment?** | | | | | | | | | | | |
|  | Yes | |  | No | | |  | Client Doesn’t Know |  | Client Refused | |

**EDUCATION**

*[All Clients,* ***For Age 5 & over****]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** | | | | | | | | | | | | | | | |
|  | | Yes |  | No | | | |  | Client Doesn’t Know | | | |  | | Client Refused |
| **Highest Educational Level Completed:** | | | | | | | | | | | | | | | |
|  | No School Completed | | | | |  | 10th Grade | | | | |  | | Postsecondary School | |
|  | Nursery School to 4th Grade | | | | |  | 11th Grade | | | | |  | | Client Doesn’t Know | |
|  | 5th or 6th Grade | | | | |  | 12th Grade, No Diploma | | | | |  | | Client Refused | |
|  | 7th or 8th Grade | | | | |  | High School Diploma | | | | |  | |  | |
|  | 9th Grade | | | | |  | GED | | | | |  | |  | |
| **Name of School Enrolled:** | | | | |  | | | | | | | | | | |
| **Type of School:** | | | | |  | Public | | | |  | Parochial or Other Private School | | | | |
| **Is Child Connected To The Homeless Liaison?** | | | | | | | | | | | | | | | |
|  | | Yes |  | No | | | |  | Client Doesn’t Know | | | |  | | Client Refused |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If NOT Enrolled:** | | | | |
| Date Of Their Last Enrollment: | | |  | |
| **Barrier To Enrolling Child In School:**  **:** | | | | |
|  | None |  | | Lack Of An Available Preschool Program | |
|  | Residency Requirements |  | | Immunization Requirements | |
|  | Availability Of School Records |  | | Physical Examination Records | |
|  | Birth Certificate |  | | Other | |
|  | Legal Guardianship Required |  | | Don’t Know | |
|  | Transportation |  | | Refused | |