VT HMIS CoC, ESG, HOP Status Form

HMIS Client ID: _____ **Project Status Date: _____**

Client Contact Information:

Email Address: _____
Phone (#1) _____ Phone (#2) _____
Contact Date _____
Note: *With client permission, this would be a place to add emergency contact, alternative contact, mailing address, etc.*

Client Status: *Status Update and Assessments are located within in the program enrollment.*

For Permanent Supportive Housing and Rapid Rehousing Projects Only: *Housing Move in Date: Required for Rapid Rehousing and Permanent Supportive Housing Projects (Answer for All Household Members: Adults and Children) Please note: Housing Move-in Date must be recorded on the Enrollment tab inside the program.*
Housing Move-in Date: _____

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ❑Yes ❑ No

Disability Type	**Disability Determination**	**If Yes, long term?**
Physical	❑Yes ❑ No	❑Yes ❑ No
Developmental Disability	❑Yes ❑ No	Automatically considered long term
Chronic Health Condition	❑Yes ❑ No	❑Yes ❑ No
HIV/AIDS	❑Yes ❑ No	Automatically considered long term
Mental Health Disability	❑Yes ❑ No	❑Yes ❑ No
Substance Use Disorder	❑Alcohol use disorder ❑Drug use disorder ❑Both alcohol and drug use ❑No	❑Yes ❑ No

Survivor of Domestic Violence: *Answer for all Adults in household (18 years older)*

❑Yes ❑No

If Yes for domestic violence survivor, when experience occurred:

❑ Within the past three months	❑ From six to twelve months ago
❑ Three to six months ago	❑ More than a year

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If Yes for domestic violence survivor, are you currently fleeing? ❑ Yes ❑ No

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ❑Yes ❑ No Total Monthly Income: _____

Source of Income	**Receiving Income Source?**		**Monthly Amount**
Earned Income	❑Yes	❑ No	$
Unemployment Insurance	❑Yes	❑ No	$
SSI	❑Yes	❑ No	$
SSDI	❑Yes	❑ No	$
VA Service Connected Disability Compensation	❑Yes	❑ No	$
VA Non-Service Connected Disability Pension	❑Yes	❑ No	$
Private Disability Insurance	❑Yes	❑ No	$
Workers Compensation	❑Yes	❑ No	$
TANF – (VT Reach Up)	❑Yes	❑ No	$
General Assistance	❑Yes	❑ No	$
Retirement Income from Social Security	❑Yes	❑ No	$
Pension or retirement income from another job	❑Yes	❑ No	$
Child Support	❑Yes	❑ No	$
Alimony or Other Spousal Support	❑Yes	❑ No	$
Other Income Source	❑Yes	❑ No	$

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ❑Yes ❑ No

Source of Income	**Receiving Income Source?**	
Supplemental Nutrition Assistance Program (Food Stamps)	❑Yes	❑ No
Special Supplemental nutrition Program for WIC	❑Yes	❑ No

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TANF Child Services	❑Yes	❑ No
TANF Transportation Services	❑Yes	❑ No
Other TANF-Funded Services	❑Yes	❑ No
Other Non-Cash Benefit	❑Yes	❑ No

Health

Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
MEDICAID	❑Yes	❑ No
MEDICARE	❑Yes	❑ No
State Children's Health Insurance Program	❑Yes	❑ No
Veteran's Health Administration (VHA)	❑Yes	❑ No
Employer – Provided Health Insurance	❑Yes	❑ No
Health Insurance obtained through Cobra	❑Yes	❑ No
Private Pay Health Insurance	❑Yes	❑ No
State Health Insurance for Adults	❑Yes	❑ No
Indian Health Services Program	❑Yes	❑ No
Other Health Insurance	❑Yes	❑ No

Other Program Specific Data Elements Information:

HOP Emergency Shelter: *Answer for HoH*

Answer 90 Days After Case Management

Adult Found Employment?	❑Yes	❑ No
Adult Enrolled in Education or Training Program?	❑Yes	❑ No
Adult Qualified for TANF, SSI, VA, GA, or 3SquaresVT?	❑Yes	❑ No

HOP Rapid Rehousing and Prevention: *Answer for HoH*

Did client / household remain stably housed 90 days after date of stabilization / being re-housed?

❑Yes ❑ No

Current Living Situation: *Located on the Assessments tab within a program enrollment. Required for Coordinated Entry, PATH-enrolled clients, and other projects for Head of Household*

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Date of Contact: _____

Current Living Situation:

-------- HOMELESS SITUTAIONS -------
❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
❑ Place not meant for habitation
------- INSTITUTIONAL SITUATIONS ------
❑ Foster care home or foster care group home
❑ Hospital or other residential non-psychiatric medical facility
❑ Jail, prison, or juvenile detention facility
❑ Long-term care facility or nursing home
❑ Psychiatric hospital or other psychiatric facility
❑ Substance abuse treatment facility or detox center
--- TEMPORARY HOSUING SITUATIONS ---
❑ Transitional housing for homeless persons (including homeless youth)
❑ Residential project or halfway house with no homeless criteria
❑ Hotel or motel paid for without emergency shelter voucher
❑ Host Home (non-crisis)
❑ Staying or living with family (temporary) room, apartment, or house
❑ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOSUING SITUATIONS ---
❑ Staying or living with family (permanent)
❑ Staying or living with friends (permanent)
❑ Rental by client, no ongoing housing subsidy
❑ Rental by client, with ongoing housing subsidy *(if selected, answer 'Rental Subsidy Type' below)*
❑ Owned by client, with ongoing housing subsidy
❑ Owned by client, no ongoing housing subsidy

Rental Subsidy Type: *Answer if 'Rental by client, with ongoing housing subsidy' is selected.*

❑ GPD TIP housing subsidy
❑ VASH housing subsidy
❑ RRH or equivalent subsidy

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❑ HCV voucher (tenant or project based) (not dedicated)
❑ Public housing unit
❑ Rental by client, with other ongoing housing subsidy
❑ Housing Stability Voucher
❑ Family Unification Program Voucher (FUP)
❑ Foster Youth to Independence Initiative (FYI)
❑ Permanent Supportive Housing
❑ Other permanent housing dedicated for formerly homeless persons

Is Client going to have to leave their current living situation within 14 days? *This field will populate if the client is coming from an institutional, temporary, or permanent housing situation.*

❑Yes ❑ No

If Yes answer the following questions:

Has subsequent residence been identified?	❑Yes ❑ No
Does the individual or family have resources or support networks to obtain other permanent housing?	❑Yes ❑ No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	❑Yes ❑ No
Has the client moved 2 or more times in the last 60 days?	❑Yes ❑ No

Living Situation Verified by: *This field will populate for Coordinated Entry. Select appropriate program type and project*

_____

Location Details: *Optional note section to put in specific details about location of client. Most helpful when unsheltered*

_____