

VT HMIS CoC Status & Annual UpdateForm

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
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No

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Other Non-Cash Benefit	☐ Yes	☐ No
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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