VT HMIS HOP Status & Services 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 Updates are located within the program enrollment.*

Note:

- *Housing Move in Date is used in HOP funded projects when a client moves into Permanent Housing or in some cases when a client becomes stabilized in their housing.*

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

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 Essential Services (with or without 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 the client / household remain stably housed 90 days after the date of stabilization / being re-housed?

❑Yes ❑ No

Program Services:

HOP Essential Services tracks the first ***Case Management Service*** provided to the client/household. Please document the first Case Management Service provided to the client/household.

Date Provided: _____