**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 at multiple points during project enrollment to track key events (e.g. a change in income and sources)\**

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Phone #**: |  | **Client’s E-Mail Address**: |  |

**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 |

**DOMESTIC VIOLENCE** [*Adults & HoH]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO DOMESTIC VIOLENCE – LAST OCCURANCE**  |
| *[ ]*  | Within the past three months | *[ ]*  | One year ago or more |
| *[ ]*  | Three to six months ago (excluding six months exactly) | *[ ]*  | Client doesn’t know |
| *[ ]*  | Six months to one year ago (excluding one year exactly) | *[ ]*  | Client refused |
| **IF “YES” TO DOMESTIC VIOLENCE – ARE YOU CURRENTLY FLEEING?** |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |

**CASH INCOME FROM ANY SOURCE (Monthly)** [*Adults & HoH]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**  |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| *[ ]*  | Employment Income |  | *[ ]*  | VA non-service connectedDisability pension |  |
| *[ ]*  | Unemployment Insurance |  | *[ ]*  | Pension or retirement income from former job |  |
| *[ ]*  | Worker’s compensation |  | *[ ]*  | TANF / CalWorks |  |
| *[ ]*  | Private disability insurance |  | *[ ]*  | General Assistance (GA) |  |
| *[ ]*  | VA service-connecteddisability compensation |  | *[ ]*  | Alimony and other spousalsupport |  |
| *[ ]*  | Social Security DisabilityIncome (SSDI) |  | *[ ]*  | Child support |  |
| *[ ]*  | Supplemental Security Income (SSI) |  | *[ ]*  | Other Cash Income (Including Children’s SSI / Employment) |  |
| *[ ]*  | Social Security Retirement Income (SSA) |  | **Specify “Other”** |  |

**RECEIVING NON-CASH BENEFITS** [*Adults & HoH]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | Client refused |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| *[ ]*  | SNAP / Food Stamps / CalFresh | *[ ]*  | Other TANF Benefit |
| *[ ]*  | WIC | *[ ]*  | Section 8 / Housing Voucher |
| *[ ]*  | TANF Childcare | *[ ]*  | Other Source |
| *[ ]*  | TANF Transportation | *[ ]*  | Temporary Rental Assistance |
| **Specify “Other”** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | 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** |
| *[ ]*  | No | *[ ]*  | Client doesn’t know |
| *[ ]*  | Yes | *[ ]*  | 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 | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | No | *[ ]*  | Client Refused |

**EDUCATION**

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

|  |
| --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** |
| *[ ]*  | Yes | *[ ]*  | Client doesn’t know |
| *[ ]*  | No | *[ ]*  | Client refused |
| **If “Yes” To Enrolled – Enrolled In a Vocational or Apprenticeship Program?** |
| *[ ]*  | Yes | *[ ]*  | Client Doesn’t Know |
| *[ ]*  | No | *[ ]*  | 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 | *[ ]*  |  |
| **Highest Degree Earned:** |
| *[ ]*  | None | *[ ]*  | Doctorate Degree |
| *[ ]*  | Associate’s Degree | *[ ]*  | Other Graduate/Professional Degree |
| *[ ]*  | Bachelor’s Degree | *[ ]*  | Certificate of advanced training or skilled artisan |
| *[ ]*  | Master’s Degree | *[ ]*  |  |