**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 connected  Disability pension | |  |
|  | Unemployment Insurance | | |  | |  | Pension or retirement income  from former job | |  |
|  | Worker’s compensation | | |  | |  | TANF / CalWorks | |  |
|  | Private disability insurance | | |  | |  | General Assistance (GA) | |  |
|  | VA service-connected  disability compensation | | |  | |  | Alimony and other spousal  support | |  |
|  | Social Security Disability  Income (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 | | | |  | |  | | |