**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 throughout project enrollment to track key events (e.g. a change in income)\**

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

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

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

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

**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 |

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

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

**EDUCATION**

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

|  |
| --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | 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 | *[ ]*  |  |
| **Name of School Enrolled:** |  |
| **Type of School:** | *[ ]*  | Public | *[ ]*  | Parochial or Other Private School |
| **Is Child Connected To The Homeless Liaison?** |
| *[ ]*  | Yes | *[ ]*  | No | *[ ]*  | Client Doesn’t Know | *[ ]*  | Client Refused |

|  |
| --- |
| **If NOT Enrolled:** |
| Date Of Their Last Enrollment: |  |
| **Barrier To Enrolling Child In School:****:** |
| *[ ]*  | None | *[ ]*  | Lack Of An Available Preschool Program |
| *[ ]*  | Residency Requirements | *[ ]*  | Immunization Requirements |
| *[ ]*  | Availability Of School Records | *[ ]*  | Physical Examination Records |
| *[ ]*  | Birth Certificate | *[ ]*  | Other |
| *[ ]*  | Legal Guardianship Required | *[ ]*  | Don’t Know |
| *[ ]*  | Transportation | *[ ]*  | Refused |