

Name:

Date of Interim:

Update or Annual

ID#

Education (ALL)

- No schooling completed 9th grade High School Diploma
 Nursery School - 4th grade 10th grade GED
 5th grade or 6th grade 11th grade Post- secondary school
 7th grade or 8th grade 12th grade, no diploma Client doesn't know Client refused Data Not Collected

Income (Complete for adults only)**Income received from any source at time of assessment? If yes, complete the following question.**
 NO YES Data NOT Collected
Income Sub-Assessment

Earned income (Wages)	<input type="text"/>	Temporary Assistance for Needy Families (TANF)	<input type="text"/>
Unemployment Insurance	<input type="text"/>	General Assistance (GA)	<input type="text"/>
Supplemental Security Income	<input type="text"/>	Retirement Income from Social Security	<input type="text"/>
Social Security Disability Income (SSDI)	<input type="text"/>	Pension or retirement income from a former job	<input type="text"/>
VA Service-Connected Disability Comp	<input type="text"/>	Child support	<input type="text"/>
VA NonService-Connected Disability Pension	<input type="text"/>	Alimony or other spousal support	<input type="text"/>
Private disability insurance	<input type="text"/>	Other source	<input type="text"/>
Worker's Compensation	<input type="text"/>	Specify (if Other)	<input type="text"/>

Employment (Complete for adults only)**Employed?**
 NO YES Client doesn't know Client refused Data Not Collected
If YES, Employment Status

Permanent Temporary Seasonal
 Client doesn't know Client refused Data Not Collected

If NO, Why not Employed?
 Looking for Work Not Looking for Wor Unable to Work Data NOT Collected
Non-Cash (Complete for Adults only)**Non-cash benefit received at time of assessment?**
 NO YES Data NOT Collected
Non-Cash Sub-Assessment

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Section 8, public housing/other ongoing rental assistance |
| <input type="checkbox"/> Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> Other source |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> Temporary rental assistance |
| <input type="checkbox"/> TANF transportation services | <input type="checkbox"/> Specify (if Other) |
| <input type="checkbox"/> Other TANF-funded services | |

Name:

Health Insurance Coverage (ALL)

Covered by insurance? NO YES Client Doesn't Know Client Refused Data Not Collected

Health Insurance Sub-Assessment

Medicaid	<input type="checkbox"/> NO <input type="checkbox"/> YES	Employer Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
Medicare	<input type="checkbox"/> NO <input type="checkbox"/> YES	COBRA	<input type="checkbox"/> NO <input type="checkbox"/> YES
Child Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES	Private Pay Health Insurance	<input type="checkbox"/> NO <input type="checkbox"/> YES
VA Medical Services	<input type="checkbox"/> NO <input type="checkbox"/> YES	Family Health Plus	<input type="checkbox"/> NO <input type="checkbox"/> YES

Disability (ALL)

Does the client have a disabling condition? NO YES Client Doesn't Know Client Refused Data Not Collected

Disability Sub-Assessment	Expected to be of long-continued & indefinite duration & substantially impairs ability to live independently	Documentation re: disability/severity on file	Currently receiving services/treatment for disability
Physical Disability <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Developmental Disability <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Chronic Health Condition <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
HIV/AIDS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Mental Health Problem <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Substance Abuse

Alcohol abuse <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Drug abuse <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected