

<h1 style="margin: 0;">ADULT ASSESSMENT</h1>	<input type="checkbox"/> Entry Date: _____ Site: _____ <input type="checkbox"/> Exit Date: _____ Site: _____ <input type="checkbox"/> Assessment Date: _____	<div style="border: 1px solid black; padding: 5px;"> Admin Entered <input type="checkbox"/> HMIS <input type="checkbox"/> Apricot </div>
Individuals Name	HofH Name	

Site _____	Unit # _____	FSC _____	Client ID: _____
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Client Profile (Entry only)					Ethnicity		Am Indian / Alaska Native		RACE (Choose All that apply)					Recent Immigrant?			Citizenship		
Relationship to HoH	D.O.B.	Age	M	F	Non-Hispanic	Hispanic/ Latino	YES	Tribe Name if Member	Black / African American	Asian	Hawaiian / Pac Island	White	Refused	YES	NO	Legal / US Citizen	Eligible non-resident	Ineligible non-resident	
SSN																			

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 1. Disabling Condition <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 2. Barriers/Special Needs <input type="checkbox"/> No Barriers <i>If none check box above & <u>go to #4</u></i> Criteria: refer to disabling condition description @ question #1 <u>If client has one or more barriers ...then for each barrier below check Yes or No</u> If, YES, answer the corresponding barrier questions. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Y <input type="checkbox"/> N Substance Abuse If YES: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol & Drug Describe: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Receiving Services/Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Supporting Documents on File? </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Y <input type="checkbox"/> N Mental Health Describe: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Receiving Services/Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Supporting Documents on File? </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Y <input type="checkbox"/> N Physical Disability Describe: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Receiving Services/Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Supporting Documents on File? </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Y <input type="checkbox"/> N Developmental Disability Describe: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Receiving Services/Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Supporting Documents on File? </div> <div> <input type="checkbox"/> Y <input type="checkbox"/> N Chronic Health Condition Describe: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Receiving Services/Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Supporting Documents on File? </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 3. Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____ </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 4. Has served on active U.S. Military duty? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES complete the additional veteran assessment form.</i> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> 5. Cash Income and Sources <input type="checkbox"/> No Cash Income </div> <div> <p>Instructions</p> <ul style="list-style-type: none"> Only list data for sources that are current / continuing as of the assessment date. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Source</th> <th style="width: 20%;">\$ Eligibility</th> <th style="width: 25%;">\$ Entry/Exit</th> </tr> </thead> <tbody> <tr><td>Alimony/Spousal Supp</td><td> </td><td> </td></tr> <tr><td>Child Support</td><td> </td><td> </td></tr> <tr><td>Gross Earned Income</td><td> </td><td> </td></tr> <tr><td>General Assistance</td><td> </td><td> </td></tr> <tr><td>Private Disability Ins</td><td> </td><td> </td></tr> <tr><td>Pension (from job)</td><td> </td><td> </td></tr> <tr><td>Retirement Social Security</td><td> </td><td> </td></tr> <tr><td>SSI Income</td><td> </td><td> </td></tr> <tr><td>SSDI</td><td> </td><td> </td></tr> <tr><td>TANF</td><td> </td><td> </td></tr> <tr><td>Unemployment Ins</td><td> </td><td> </td></tr> <tr><td>VA Service –Disability</td><td> </td><td> </td></tr> <tr><td>SSA</td><td> </td><td> </td></tr> <tr><td>Dependent Child Income</td><td> </td><td> </td></tr> <tr><td>Worker's Comp</td><td> </td><td> </td></tr> <tr><td>Other</td><td> </td><td> </td></tr> <tr> <td>Total Cash Income</td> <td> </td> <td> </td> </tr> </tbody> </table> </div>	Source	\$ Eligibility	\$ Entry/Exit	Alimony/Spousal Supp			Child Support			Gross Earned Income			General Assistance			Private Disability Ins			Pension (from job)			Retirement Social Security			SSI Income			SSDI			TANF			Unemployment Ins			VA Service –Disability			SSA			Dependent Child Income			Worker's Comp			Other			Total Cash Income		
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Individuals Name _____

ADULT Assessment**6. Non-Cash Benefits** *other than Health Ins* ☐ No Benefits

- Only list data for sources that are current / continuing as of the assessment date. (i.e. has not been terminated)

SNAP (Food Stamps) **YES** \$_____ **NO***List on only 1 adult...do not split the \$*

WIC YES NO

TANF Childcare Svcs YES NO

TANF Transportation YES NO

Other TANF-funded Svcs YES NO

Other _____

7. Health Insurance Eligibility Exit / Entry

Client has Health Ins? YES NO YES NO

If YES, Type ☐ Medicaid ☐ Medicaid☐ Medicare ☐ Medicare☐ Oth _____ ☐ Oth _____**8. Employment** Eligibility Exit / Entry

Is client employed? YES NO YES NO

● **If YES:**

Where? _____

Type Full-T Part-T Seasonal Full Part
SeasonTenure Perm Temp Seasonal Perm Temp
Season

of Hrs worked last wk? _____

Hourly Wage \$ _____ \$ _____

Seeking addtl work? YES NO YES NO

● **If NOT employed:**

Looking for work? YES NO YES NO

● **If NOT employed AND NOT looking for work***check one of the following if applicable:*

- ☐ Client Temporarily Disabled
- ☐ Permanently Disabled & Unemployable
- ☐ Attending School Fulltime
- ☐ TANF Exemption OR pregnant/newborn
- ☐ Stay at home parent / caregiver
- ☐ Not currently a goal

Other _____

9. Domestic Violence Victim? YES NO N/A**When did the experience occur?** **Eligibility**

<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/>
<input type="checkbox"/> 3-6 months ago	<input type="checkbox"/>
<input type="checkbox"/> 6-12 months ago	<input type="checkbox"/>
<input type="checkbox"/> 12+ months ago	<input type="checkbox"/>

Fleeing Domestic Violence YES NO

10. Adult (ages 18+) Education

In School Now Working on Degree or Cert? Y N

Received Voc.Training or Apprentice Cert? Y N

In _____

Did client have an IEP/504 in school? Y N

Highest Nursery – 12th Grade Completed?

None	N-4 th	5 th or 6 th	7 th or 8 th	9 th grade
10 th grade	11 th grade	12 th no diploma	HS Grad	GED

Post-Secondary LevelAttended Some College? YES NO

Completed Post-Secondary level?* YES NO

*Circle all that apply: AA BA/BS Other

In _____

11. Current Documentation:● **Social Security Card**

Client Has an Original Card? YES NO

If No, New Card on Order? YES NO● **Driver's License**

Client has a Valid License? YES NO

If No, Select Reason ☐ Suspended ☐ Expired☐ Never Taken Test ☐ Other: _____● **Birth Certificate**

Client has Certified Birth Cert? YES NO

If No, New Certificate on Order? YES NO**Answer only for Housing Hope EXIT**During their time in the program **did the client...**

Begin a certificate or degree program? Y N

Obtain a certificate or degree regardless of when they started the program? Y N

If currently in school working on a degree or certificate ... will they be continuing after exiting Housing Hope? Y N