Nashville-Davidson County HMIS

**RRH UPDATE**

This form was prepared by the Office of Homeless Services and is optional and not required for HMIS monitoring.

Agency/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Date: \_\_\_\_\_\_\_\_\_\_\_

Client Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_ -\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

Section 1: Complete for All Household Members (Adults and Minors)

# DISABILITY INFORMATION

Does the client have a Disabling Condition?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, check all that apply

|  |  |  |
| --- | --- | --- |
| ☐ Alcohol abuse | ☐ HIV/AIDS | ☐ Substance Use Disorder |
| ☐ Chronic health condition | ☐ Mental Health Disorder |  |
| ☐ Developmental | ☐ Physical |

# HEALTH INSURANCE INFORMATION

Is the client covered by Health Insurance?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, check all that apply

|  |  |
| --- | --- |
| ☐ \_\_\_\_\_\_\_\_ Medicaid | ☐ \_\_\_\_\_\_\_\_ COBRA |
| ☐ \_\_\_\_\_\_\_\_ Medicare | ☐ \_\_\_\_\_\_\_\_ Private Pay Health Insurance |
| ☐ \_\_\_\_\_\_\_\_ State Children’s Health Insurance | ☐ \_\_\_\_\_\_\_\_ State Health Insurance for Adults |
| ☐ \_\_\_\_\_\_\_\_ Veterans Health Administration (VHA) | ☐ \_\_\_\_\_\_\_\_ Indian Health Services Program |
| ☐ \_\_\_\_\_\_\_\_ Employer-Provided Health Insurance | ☐ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Section 2: Complete for Head of Household and All Adults

Is client pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, does client know their approximate birth date? \_\_\_\_\_\_\_\_ If yes, projected birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1

Nashville-Davidson County HMIS

**RRH UPDATE**

# INCOME INFORMATION

Record each adult’s income on their own intake form. If a minor child has income, include it on the HoH’s intake.

Does the client have Income from any source?

Total Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, check all that apply and include amount per month:

|  |  |
| --- | --- |
| $\_\_\_\_\_\_\_\_ Alimony or other spousal support | $\_\_\_\_\_\_\_\_ SSI |
| $\_\_\_\_\_\_\_\_ Child support | $\_\_\_\_\_\_\_\_ SSDI |
| $\_\_\_\_\_\_\_\_ Earned income | $\_\_\_\_\_\_\_\_ TANF |
| $\_\_\_\_\_\_\_\_ General Assistance | $\_\_\_\_\_\_\_\_ Unemployment Insurance |
| $ \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ VA non-service connected disability pension |
| $\_\_\_\_\_\_\_\_ Pension or retirement income | $\_\_\_\_\_\_\_\_ VA service connected disability compensation |
| $\_\_\_\_\_\_\_\_ Private disability insurance | $\_\_\_\_\_\_\_\_ Worker’s Compensation |
| $\_\_\_\_\_\_\_\_ Retirement income from social security |  |

# NON-CASH BENEFIT INFORMATION

Does the client have Non-Cash Benefits from any source?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, check all that apply and include amount per month:

|  |  |  |
| --- | --- | --- |
| $\_\_\_\_\_\_\_\_ SNAP | $\_\_\_\_\_\_\_\_ TANF Child Care Services | $\_\_\_\_\_\_\_\_ Other TANF-Funded Services |
| $\_\_\_\_\_\_\_\_ WIC | $\_\_\_\_\_\_\_\_ TANF Transportation Services | $\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# DOMESTIC VIOLENCE INFORMATION

Is Client a Survivor of Domestic Violence?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

If yes, when did experience occur?

|  |  |  |
| --- | --- | --- |
| ☐ Within the past 3 months | ☐ 6 to 12 months ago | ☐ Client doesn’t know |
| ☐ 3 to 6 months ago | ☐ More than a year ago | ☐ Client Prefers not to Answer |

If yes, is the client currently fleeing domestic violence?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Client Doesn’t Know | ☐ Client Prefers not to Answer |

Housing Move-in Date (enter at occurrence): \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_