Santa Barbara County
HMIS - Standard UPDATE

This form is designed to be completed by a service provider while interviewing a client.
A separate Standard Update should be completed for each member of the household.

HMIS # _____

CM Name: _____

Project Entry Date: _____/_____/_____

Household Information

Is the client: ❑ Single Adult ❑ Adult in Household ****If Single Adult is checked go to Client Profile****

If Adult in Household is checked: Are you the Head of Household (HoH)? ❑ Yes ❑ No

If No, Name of HoH: _____

How many adults in the household? _____ How many children in household? _____

If you are in a household, what is your relationship to the HoH?

❑ Self (head of household)	❑ Head of household's child	❑ Head of household's spouse or partner
❑ Other: relation to head of household		❑ Other: non-relation member

Client Profile

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____/_____/_____ **May collect last 4 numbers instead of all 9 numbers**

U.S Military Veteran?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Housing Move-In Date: _____/_____/_____

Monthly Income – Cash Benefits

Income from any source? **If Yes, total monthly income: $_____**

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Income source (check all that apply)	Income Source Amount	Date Started Receiving
❑ Alimony or other spousal income	$	_____/_____/_____
❑ Child Support	$	_____/_____/_____
❑ Earned Income	$	_____/_____/_____
❑ General Assistance	$	_____/_____/_____
❑ Other	$	_____/_____/_____
❑ Pension or retirement from another job	$	_____/_____/_____
❑ Private disability insurance	$	_____/_____/_____
❑ Retirement income from Social Security	$	_____/_____/_____
❑ SSDI	$	_____/_____/_____
❑ SSI	$	_____/_____/_____
❑ TANF	$	_____/_____/_____
❑ Unemployment Insurance	$	_____/_____/_____
❑ VA Non-Service connect disability pension	$	_____/_____/_____
❑ VA Service connected disability compensation	$	_____/_____/_____
❑ Worker's Compensation	$	_____/_____/_____

Non-Cash Benefits

Non-cash benefits from any source?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Type of Benefit (check all that apply)	Income Source Amount	Date Started Receiving
❑ Supplemental nutrition assistance program	$	_____/_____/_____
❑ Special supplement nutrition program for WIC	$	_____/_____/_____
❑ TANF – Child care services	$	_____/_____/_____
❑ TANF – Transportation services	$	_____/_____/_____
❑ Other TANF funded services	$	_____/_____/_____
❑ Other Source	$	_____/_____/_____

If "Other Source", specify: _____

Health Insurance

Covered by Health Insurance?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Type of Health Insurance	State Date Receiving
❑ Employer provided health insurance	_____/_____/_____
❑ Health insurance obtained through COBRA	_____/_____/_____
❑ Indian Health Services program	_____/_____/_____
❑ Medicare	_____/_____/_____
❑ Medicaid	_____/_____/_____
❑ Private pay health plan	_____/_____/_____
❑ State children's health insurance program	_____/_____/_____
❑ State health insurance for adults	_____/_____/_____
❑ VA Health Administration (VHA)	_____/_____/_____
❑ Other Source	_____/_____/_____

If "Other Source", specify: _____

Disability

Does the client have a disabling condition?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Disability Type/Determination	Condition Long Term?	Disability Start Date
Alcohol Use Disorder ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Both Alcohol & Drug Use Disorder ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Chronic Health Condition ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Developmental ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Substance Use Disorder ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
HIV/AIDS ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Mental Health Disorder ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____
Physical ❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected	_____/_____/_____

Domestic Violence

Domestic Violence Survivor?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

If Yes, when did experience occur?

❑ Within past 3 months	❑ 3-6 months ago	❑ One year or more	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected

If Yes, are you currently fleeing?

❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Current Living Situation

Information date: _____/_____/_____

Homeless Situation

❑ Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside)

❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

❑ Safe Haven

Institutional Setting

❑ Foster care home or foster care group home	❑ Long-term care facility or nursing home
❑ Hospital or other residential non-psychiatric medical facility	❑ Psychiatric hospital or other psychiatric facility
❑ Jail, Prison, or juvenile detention facility	❑ Substance abuse treatment facility or detox center

Temporary Housing Situation

❑ Transitional housing for homeless persons (incl youth)	❑ Staying or living with friends, temporary tenure
❑ Residential project or halfway house, no homeless criteria	❑ Moved from one HOPWA funded project to HOPWA TH
❑ Hotel or motel paid for without emergency shelter voucher	❑ Staying/living in a friend's room, apartment, house
❑ Host Home (non-crisis)	❑ Staying/living in a family member's room apartment, house
❑ Staying or living with family, temporary tenure	

Permanent Housing Situation

❑ Staying or living with family, permanent tenure	❑ Rental by client, no ongoing housing subsidy
❑ Staying or living with friends, permanent tenure	❑ **Rental by client, with ongoing housing subsidy***
❑ Moved from one HOPWA funded project to HOPWA PH	❑ Owned by client, with ongoing housing subsidy
	❑ Owned by client, no ongoing housing subsidy

***If rental by client, with on-going housing subsidy, specify subsidy:**

❑ GDP TIP housing subsidy	❑ Rental by client, with other ongoing housing subsidy
❑ VASH housing subsidy	❑ Emergency Housing Voucher
❑ RRH or equivalent subsidy	❑ Family Unification Program Voucher (FUP)
❑ HCV voucher (tenant or project based, not dedicated)	❑ Foster Youth to Independent Initiative (FYI)
❑ Public housing unit	❑ Permanent Supportive Housing

❑ Other permanent housing dedicated for formerly homeless persons

Other

❑ Other	❑ Client doesn't know
❑ Worker unable to determine	❑ Client prefers not to answer ❑ Data not collected

If Other, specify: _____

Current Living Situation
This section is for PROVIDER USE only

Living Situation verified by (Program name): _____

Is client going to have to leave their current living situation within 14 days?
❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

If Yes, answer the following questions

Has a subsequent residence been identified?
❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Does the individual or family have resources or support networks to obtain other permanent housing?
❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Has the client had a lease or ownership interest in permanent housing in the last 60 days?
❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Has the client moved 2 or more times in the last 60 days?
❑ Yes | ❑ No | ❑ Client doesn't know | ❑ Client prefers not to answer | ❑ Data not collected

Location details:

Date of Engagement
Emergency Shelter, Street Outreach, and Services only

Date of engagement: _____/_____/_____

Moving on Assistance

Date Moving on Assistance Provided: _____/_____/_____

❑ Subsidized housing application assistance	❑ Financial assistance for Moving On
❑ Non-financial assistance for Moving On	❑ Housing referral/placement

❑ Other (please specify): _____

Signatures

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client	Signature of Client	Date

Print Name of Intake Worker	Signature of Intake Worker	Date