

CLIENT NAME OR IDENTIFIER:

PROJECT STATUS DATE [All Clients]

HMISSSVF Program Status Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38112 | Phone: 901.527.1302

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

	-				
Month Day		Year			
CLIENT LOCATION [only if multiple CoC's]					
DOMESTIC VIOLENCE VICTIM/ SURVIVOR [Heads of Household & Adults]					
Domestic Violence Victim/Survivor	0	No			
	0	Yes			
If "YES" to DOMESTIC VIOLENCE VICT	IM/ S	SURVIVOR- COMPLETE			
LAST OCCURRENCE					
Are you currently fleeing?	0	Yes			
	0	No			
	0	Client doesn't know			
	0	Client prefers not to answer			
	0	Data not collected			
1ONTHLY INCOME AND SOURCES [Head of Household and Adults]					
No	iouse	enoid and Additsj	0	Client doesn't know	
0 Yes			0	Client prefers not to answer	
			0	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount Income Source)	Amount	

	Earned Income (e.g., employment income)	0	Temporary Assistance for Needy Families (TANF)
0	Current Employer:	0	General Assistance (GA)
0	Unemployment Insurance	0	Retirement Income from Social Security
0	Supplemental Security Income (SSI)	0	Pension or Retirement Income from a Former Job
0	Social Security Disability Insurance (SSDI)	0	Child Support
0	VA Service-Connected Disability Compensation	0	Alimony and Other Spousal Support
0	VA Non-Service-Connected Disability Pension	0	Worker's Compensation
0	Private Disability Insurance	0	Other Source:
Tota	al Monthly Income for Individual:		

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know
○ Yes			0	Client prefers not to answer	
				0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)		TANF Childcare Services		
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
0	Other (specify): Other TANF-funded services		nded services		

COVERED BY HEALTH INSURANCE [All Clients]

0	o No				Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS					
0	MEDICAID	0	Employe	r Pro	vided Health Insurance
0	MEDICARE		Insurance Obtained through COBRA		
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance		
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults		
0	Other (specify)		Indian Health Services Program		

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Yes
IF "Y	ES" TO PERMANENT HOUSING		
Housing Move-in Date (see note*)			*If client moved into permanent housing, make sure to update on the enrollment screen.

Signature of applicant stating all information is true and correct Date