

Youth Homelessness Demonstration Project 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.

CLIENT NAME OR IDENTIFIER: _____

PROJECT STATUS DATE *[All Clients]*

		.			.			
Month			Day			Year		

CLIENT LOCATION *[only if multiple CoC's]* _____

Disabling Conditions and Barriers

PHYSICAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
0	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
		0	Yes	0	Client doesn't know
		0		0	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client doesn't know
		0	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

0	No	0	Client doesn't know		
0	Yes	0	Client doesn't know		
		0	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
0	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
		0	Yes	0	Client doesn't know
		0		0	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

0	No	0	Client doesn't know	
0	Yes	0	Client doesn't know	
		0	Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client doesn't know
			0	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

0	No	0	Both alcohol and drug use disorders	
0	Alcohol use disorder	0	Client doesn't know	
		0	Client doesn't know	
0	Drug use disorder	0	Data not collected	
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	No	0	Client doesn't know
	0	Yes	0	Client doesn't know
			0	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

0	No	0	Client doesn't know		
0	Yes	0	Client doesn't know		
		0	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support	
0	Private disability insurance		0	Other income source (specify):	
0	Worker's Compensation				
Total monthly income for Individual:					

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

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

COVERED BY HEALTH INSURANCE *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client doesn't know
		0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	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):	0	Indian Health Services Program

PREGNANCY STATUS *[Adults and Head of Households]*

0	No	0	Client doesn't know
0	Yes	0	Client doesn't know
		0	Data not collected
IF "YES" for Pregnancy Status			
Due Date		____/____/____	

Signature of applicant stating all information is true and correct **Date**

