

HMIS COC/ESG 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.

CLIENT NAME OR IDENTIFIER: _____

PROJECT STATUS DATE [All Clients]

Month		Day			Year				

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

0	<input type="checkbox"/> No	0	<input type="checkbox"/> Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date: (See Note*)		*If client moved into permanent housing, make sure to update on the enrollment screen .	

PHYSICAL DISABILITY [All Clients]

0	<input type="checkbox"/> No	0	<input type="checkbox"/> Client doesn't know		
0	<input type="checkbox"/> Yes	0	<input type="checkbox"/> Client prefers not to answer		
		0	<input type="checkbox"/> Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
		0	<input type="checkbox"/> No	0	<input type="checkbox"/> Client doesn't know
		0	<input type="checkbox"/> Yes	0	<input type="checkbox"/> Client prefers not to answer
		0		0	<input type="checkbox"/> Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	<input type="checkbox"/> No	0	<input type="checkbox"/> Client doesn't know
0	<input type="checkbox"/> Yes	0	<input type="checkbox"/> Client prefers not to answer
		0	<input type="checkbox"/> Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – 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 prefers not to answer
			0	Data not collected

HIV-AIDS *[All Clients]*

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

MENTAL HEALTH DISORDER *[All Clients]*

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

SUBSTANCE USE DISORDER *[All Clients]*

0	No	0	Both alcohol and drug use disorder
0	Alcohol use disorder	0	Client doesn't know
		0	Client prefers not to answer
0	Drug use disorder	0	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE 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 prefers not to answer
			0	Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [*Head of Household and Adults*]

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

IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED
WHEN EXPERIENCE OCCURRED

0	Within the past three months	0	One year ago or more
0	Three to six months ago (excluding six months exactly)	0	Client doesn't know
		0	Client prefers not to answer
0	Six months to one year ago (excluding one year exactly)	0	Data not collected

Are you currently fleeing?	0	No	0	Client doesn't know
		Yes	0	Client prefers not to answer
			0	Data not collected

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

0	No	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
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	
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 a 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 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)	0	TANF Child Care 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 prefers not to answer
		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

Signature of applicant stating all information is true and correct
Date