



# Homeless Alliance of WNY HMIS Data Review Template

## FY24: Additional Adult Household Member

### 1. Additional Adult Household Member (AAHM) Information

Name	
Client ID (HMIS Assigned)	Household ID (HMIS Assigned)
An annual assessment must be completed for each <i>adult</i> household member every year.	

### 2. Assessment Information

Review Date ____/____/____ MM DD YYYY	Review Staff Name _____
<b>Review Type</b>	<input type="checkbox"/> 30-Day Review <input type="checkbox"/> 120-Day Review <input type="checkbox"/> 60-Day Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> 90-Day Review <input type="checkbox"/> Update

### 3. Income Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Monthly Income at Exit	If Yes, indicate the amount of income from each source:	Amount
Does the client have income from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Earned Income (i.e., employment income)	
	<input type="checkbox"/> Unemployment Insurance	
	<input type="checkbox"/> Supplemental Security Income (SSI)	
	<input type="checkbox"/> Social Security Disability Insurance (SSDI)	
	<input type="checkbox"/> VA Non-Service-Connected Disability Pension	
	<input type="checkbox"/> Private disability insurance	
	<input type="checkbox"/> Worker's Compensation	
	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
	<input type="checkbox"/> General Assistance (GA)	
	<input type="checkbox"/> Retirement from Social Security	
	<input type="checkbox"/> Pension or retirement income from a former job	
	<input type="checkbox"/> Child support	
	<input type="checkbox"/> Alimony or other spousal support	
<input type="checkbox"/> Other source – Specify:		
<b>Total Monthly Income:</b>		<b>\$ _____</b>

### 4. Non-Cash Benefits Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

Non-Cash Benefits at Exit	If Yes, indicate all sources that apply:
Does the client have non-cash benefits from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <i>Previously known as Food Stamps</i>
	<input type="checkbox"/> Special Supplemental Nutrition Program Women, Infants, and Children (WIC)
	<input type="checkbox"/> TANF Childcare Services
	<input type="checkbox"/> TANF Transportation Services
	<input type="checkbox"/> Other TANF-funded services
	<input type="checkbox"/> Other source – Specify:



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### 5. Insurance Information (optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)

<b>Health Insurance at Exit</b>	<b>If Yes, indicate all sources that apply:</b>
Is the client covered by Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other source - Specify:

### 6. Disability Information

<b>Disability Information at Intake</b>	<b>If yes, indicate all that apply:</b> <small>(optional for CE, ESG ES Night-by-Night and ESG RUSH ES and SO projects)</small>	<b>Is the disability expected to be of long, continued, indefinite duration and substantially impairs the client's ability to live independently?</b>
Does the client have a disabling condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> Physical Disability	<input type="checkbox"/>
	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/>
	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/>
	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/>
	<input type="checkbox"/> Mental Health Disorder	<input type="checkbox"/>
	<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/>

### 7. Domestic Violence Information

<b>Survivor of Domestic Violence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If Yes, When experience occurred:	<input type="checkbox"/> Within the past three months <input type="checkbox"/> 3 to 6 months ago (excluding 6 months exactly) <input type="checkbox"/> 6 to 12 months ago (excluding one year exactly) <input type="checkbox"/> One year ago, or more	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If Yes, Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

### 8. Permanent Housing Move-in Date

<b>Housing Move-In Date</b>	_____ / _____ / _____ MM                      DD                      YYYY
Enter the date the client's homelessness ended and they moved into permanent housing. Leave blank until move-in has occurred.	

## Signatures

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Review Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_