

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program. The response “Data Not Collected” means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
 Middle Name: _____ Suffix: _____
 Birthdate: * _____ Social Security Number: * _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date: * _____ Case Assignment: * : _____

Health Insurance:*

If Yes, Type:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Private – Employer | <input type="checkbox"/> Military Insurance |
| <input type="checkbox"/> No | <input type="checkbox"/> Private – Individual | <input type="checkbox"/> State Funded (HIP or HIP 2.0) |
| <input type="checkbox"/> Client Doesn’t Know | <input type="checkbox"/> Medicare | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> State Children’s Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Other _____ |

Status:*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn’t Know |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> End Date: _____ | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Data Not Collected | |

Basic Care Program (BCP) Status Assessment:*

Date Status Determined: * _____

Enroll Status:*

- Yes
 No
- If No, Reason:
- Out of Age Range
 - Ward of the State – Immediate Reunification
 - Ward of the Criminal Justice System – Immediate Reunification
 - Other

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- No
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client Doesn't Know
- Client Refused

Employment:*

Employed:*

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

If No, Why Not Employed:*

- Looking for Work
- Unable to Work
- In School
- Not Looking for Work

Education Assessment:*

Highest Grade Completed:*

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, No Diploma
- High School Diploma
- GED
- Post-Secondary School
- Client Doesn't Know
- Client Refused

Current Enrollment Status:*

- Yes
- Client Doesn't Know
- No
- Client Refused

Health Assessment:*

General Health Status:*

- Excellent
- Good
- Poor
- Client Refused
- Very Good
- Fair
- Client Doesn't Know
- Data Not Collected

Dental Health Status:*

- Excellent
- Good
- Poor
- Client Refused
- Very Good
- Fair
- Client Doesn't Know
- Data Not Collected

If Yes, Type of Employment:*

- Full-Time
- Seasonal/Sporadic (including day labor)
- Part-Time

Hours Worked In Last Week:*

Employment Tenure:*

- Permanent
- Seasonal
- Refused
- Temporary
- Don't Know

Attendance Status:*

- Attending Regularly
- Graduated High School
- Dropped Out
- Expelled
- Client Refused
- Attending Irregularly
- Obtained GED
- Suspended
- Client Doesn't Know
- Data Not Collected

If Yes, Type of School:*

- Public School
- Homeschool
- Charter
- Parochial or Other Private School
- Technical/Career
- Client Doesn't Know
- Client Refused

School Name:*

Connected w/McKinney-Vento School Liaison?*

- Yes
- Client Doesn't Know
- No
- Client Refused

If not enrolled, Last Enrollment Date:*

Reason Not Enrolled:*

Mental Health Status:*

- Excellent
- Good
- Poor
- Client Refused
- Very Good
- Fair
- Client Doesn't Know
- Data Not Collected

Pregnancy Status:*

- Yes
- Client Doesn't Know
- Data Not Collected
- No
- Client Refused

Other helpful resources at www.IndianaBOS.org.