Toledo HMIS Data Collection Form — CoC/ESG Update

Completed By ____________________ **Project** ____________________ **Date** ____________

Interim/Update Date *(all clients)* __ __ / __ __ / __ __ __ __
month *day* *year*

Client Demographics

Client ID / HMIS# *(required)* ____________________

Name *(optional)* ____________________

Sub-Assessments

Income

Employed? ☐ No ☐ Yes

Income from Any Source

☐ No
☐ Yes
☐ Client doesn't know
☐ Client refused

[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of Income	**Reciving income?**	**If yes, monthly amount from source (round to nearest dollar)**
Earned income (i.e., employment income)	No ☐ Yes ☐	$ .00
Unemployment Insurance	No ☐ Yes ☐	$ .00
Supplemental Security Income (SSI)	No ☐ Yes ☐	$ .00
Social Security Disability Income (SSDI) VA Service-Connected Disability	No ☐ Yes ☐	$ .00
VA Non-Service-Connected Disability Pension	No ☐ Yes ☐	$ .00
Private disability insurance	No ☐ Yes ☐	$ .00
Worker's Compensation	No ☐ Yes ☐	$ .00
Temporary Assistance for Needy Families (TANF)	No ☐ Yes ☐	$ .00
General Assistance (GA)	No ☐ Yes ☐	$ .00
Retirement Income from Social Security	No ☐ Yes ☐	$ .00
Pension or retirement income from a former job	No ☐ Yes ☐	$ .00
Child support	No ☐ Yes ☐	$ .00
Alimony or other spousal support	No ☐ Yes ☐	$ .00
Other source If yes, specify Source:_________________	No ☐ Yes ☐	$ .00
Total Monthly Income	**from all sources**	$ .00

Sub-Assessments *(continued)*

Non-Cash Benefits

Non-Cash Benefits from any source?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Other source: ______________________________

Health Insurance

Covered by health insurance

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)

No	Yes	Source of insurance coverage	No	Yes	
☐	☐	Medicaid	☐	☐	Indian Health Services Program
☐	☐	Medicare	☐	☐	Other: ______________
☐	☐	State Children's Health Insurance Program			
☐	☐	Veteran's Administration (VA) Medical Services			
☐	☐	Employer-Provided Health Insurance			
☐	☐	Health insurance obtained through COBRA			
☐	☐	Private Pay Health Insurance			
☐	☐	State Health Insurance for Adults (or use local name)			

more on next page…

Sub-Assessments *(continued)*

If disablities have changed, complete the assessment below:

Disabling Conditions *(all clients)*

Does the client have a disabling condition?

☐ No ☐ Client doesn't know
☐ Yes ☐ Client refused

NOTE: For all disabilities, the second question is "If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently"

Alcohol Abuse	Long-Continued, Indefinte Duration, & Substancially Impairs?	HIV/AIDS	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No	☐ No	☐ No
☐ Yes →	☐ Yes	☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused	☐ Client refused	☐ Client refused

Chronic Health	Long-Continued, Indefinte Duration, & Substancially Impairs?	Mental Health	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No	☐ No	☐ No
☐ Yes →	☐ Yes	☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused	☐ Client refused	☐ Client refused

Developmental	Long-Continued, Indefinte Duration, & Substancially Impairs?	Physical	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No	☐ No	☐ No
☐ Yes →	☐ Yes	☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused	☐ Client refused	☐ Client refused

Drug Abuse	Long-Continued, Indefinte Duration, & Substancially Impairs?
☐ No	☐ No
☐ Yes →	☐ Yes
☐ Client doesn't know	☐ Client doesn't know
☐ Client refused	☐ Client refused