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**Transitional Housing, Rapid Rehousing, and all other Projects Children Only Assessment**

(complete this form for all children under 18)

**Client Name:** \_\_\_\_\_

**HMIS Client ID#:** \_\_\_\_\_

(optional)

**Exit Date:** \_\_\_\_\_

**Reason for Leaving:**

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Program                  | <input type="checkbox"/> Left for housing opportunity before completing program |
| <input type="checkbox"/> Criminal Activity/Violence         | <input type="checkbox"/> Needs could not be met                                 |
| <input type="checkbox"/> Death                              | <input type="checkbox"/> Non-compliance   |
| <input type="checkbox"/> Disagreement with Rules            | <input type="checkbox"/> Non payment of rent                                    |
| <input type="checkbox"/> Does not meet criteria for program | <input type="checkbox"/> Reached maximum time allowed                           |
| <input type="checkbox"/> Goal Achieved                      | <input type="checkbox"/> Unknown/ Disappeared                                   |
| <input type="checkbox"/> Goal Not Achieved                  | <input type="checkbox"/> Other: _____   |

**Temporary and Permanent Housing Situations**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria                   | <input type="checkbox"/> Rental by client, with GPD TIP subsidy                                       |
| <input type="checkbox"/> Hotel/ Motel paid for without emergency shelter voucher                          | <input type="checkbox"/> Rental by client, with VASH subsidy  |
| <input type="checkbox"/> Transitional Housing for Homeless persons (including homeless youth)             | <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons             |
| <input type="checkbox"/> Host Home (non-crisis)   | <input type="checkbox"/> Rental by client, with RRH or equivalent housing subsidy                     |
| <input type="checkbox"/> Staying or living with friends, permanent tenure                                 | <input type="checkbox"/> Rental by client in a public housing unit                                    |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g. room, apartment or house) | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                                 |
| <input type="checkbox"/> Staying or living with family, permanent tenure (e.g. room, apartment or house)  | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy                         |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g. room, apartment or house)  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                                |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH (HOPWA Projects ONLY)            | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                                  |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH (HOPWA Projects ONLY)            | <input type="checkbox"/> Rental by client with Housing Choice Voucher (HCV) (tenant or project based) |



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### Homeless Situations

- Emergency Shelter, incl. hotel/motel paid for w/ES voucher, or RHY funded Host Home shelter  
 Place not meant for human habitation  
 Safe Haven (*note: no safe havens exist in the CoC coverage area. Please consult HMIS staff before selecting this option*)

### Institutional Situations

- Foster care home or foster care group home  
 Hospital or other residential non-psychiatric facility  
 Jail, prison, or juvenile detention  
 Long-term Care Facility or Nursing Home  
 Psychiatric hospital or other psychiatric facility  
 Substance Abuse Treatment facility or detox center

### Other Destinations

- No Exit Interview Completed (*Select if contact attempts have been made and client location could not be determined*)  
 Deceased  
 Other (*Do not select without consulting HMIS staff*): \_\_\_\_\_  
 Client Doesn't Know (*Do not select without consulting HMIS staff*)  
 Client Refused (*Only select if client refused to complete assessment and no information is available*)  
 Data Not Collected (*Do not select without consulting HMIS staff*)

### Disabling Condition:

**Do you have a DISABILITY of long duration?**  Yes  No

For each disability, check "LCI" if it is expected to be of long, continued and indefinite duration, substantially impairs the individual's ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions.

### Disability Type:

- Yes  LCI Alcohol Use Disorder     Yes  LCI BOTH Alcohol & Drug Use Disorder     Yes  LCI Drug Use Disorder  
 Yes  LCI Chronic Health Condition     Yes  LCI Developmental    \_\_\_\_\_ HIV/AIDS  
 Yes  LCI Mental Health Disorder     Yes  LCI Physical Health

### Medical Insurance:

**Do you have Health Insurance/ Medical Assistance?**  Yes  No

Source of Health Insurance/ Medical Assistance:

- Medicaid     Medicare  
 State Children's Health Insurance Program     Veteran's Administration (VA) Medical Services  
 Employer – Provided Health Insurance     Health Insurance obtained through COBRA  
 State Health Insurance for Adults  
 Indian Health Care     Other

Medicaid ID# \_\_\_\_\_

Medicaid Insurance Company:  Total Care     Blue Cross Blue Shield     Fidelis  
 United Healthcare     Molina Healthcare