CNYHMIS Update/ Annual Assessment for Children under 18 (Children in Households)
(Please complete this form for ALL Children under 18 years of age)

Client Name: ____________________________________________  HMIS Client ID#: ____________________________
(optional)
Update/ Annual Assessment Date: __________________________

Client Location: _____ NY-505 (Onondaga/ Cayuga/ Oswego counties)
                 _____ NY-510 (Ithaca/ Tompkins County)

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

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

Date of Engagement: ____/____/____  (Complete upon client entering Service Plan development or fully completed initial
assessment)
Housing Move In Date: ____/____/____  (Complete if moving into PERMANENT HOUSING {RRH, PSH or OPH})