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
  ____ Yes  ____ LCI Mental Health Disorder  ____ Yes  ____ LCI Physical Health
  _________ HIV/AIDS

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})