

Sonoma County Continuum of Care

Case Number: _____

Assessment Type: Start/Update/Annual (Self HOH and Adults 18 and over)
(also Project Update or Annual Assessment Data Collection Stages)

Project Name: _____

Assigned Staff:	
Case Number:	
A.2 Project Entry Date:	

Universal Information - Page #1

A.1 At what point is this data being collected?	<input type="checkbox"/> Project Start <input type="checkbox"/> Project Update (revised information becomes known) <input type="checkbox"/> Project Annual Assessment (required at one year from first date housed) <input type="checkbox"/> Project Exit		
A.2 Project Entry Date	N/A		<i>This date will auto display in red on the assessment indicating the project enrollment date that you should enter into the top of the HUD Assessment Form</i>
A.3 What is the client's relationship to the head of household?	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Other: non-relation member		A.4 and A.5 Continuum Code: CA-504
			<i>A.5 HUD Assigned CoC Code for Client's Location</i> CA-504 (Copy and paste into Q.A.5 using the exact format displayed here)
The following two questions apply only to clients enrolled prior to September 30, 2016 (the end of the 2016 AHAR reporting period)			
A.31 AHAR/APR ONLY: What was the client's residence prior to project entry? This should be the same answer as A.50 / A.51	A.35. AHAR/APR ONLY: Length of Stay in Previous Place This should be the same answer as A.54 / A.55		
A.39 Zip Code <i>(this element has been left in EtO from the 2010 data standards)</i>	Zip Code _____	A.40 Address Data Quality: <input type="checkbox"/> Full address reported <input type="checkbox"/> Incomplete or estimate address reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected	If Client Does Not Know Zip Code: Enter City/State of Last Known Residence <i>(use https://tools.usps.com/go/ZipLookupAction_input)</i> <hr/> Last City/State to lookup

Living Situation – Page #2

A.50 / A.51 What was the client's residence prior to project entry?	Homeless <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or outside) <input type="checkbox"/> Safe Haven <i>(Do Not Use - Sonoma County has NO Safe Havens)</i> <input type="checkbox"/> Interim Housing
	Institutional <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center (continued on next page)

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<p>A.50 / A.51 What was the client's residence prior to project entry?</p> <p><i>(Note this data element may be sorted differently on the hard copy assessment than it is in the EtO choice list)</i></p>	<p>Transitional and Permanent Housing Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected
<p>A.50 / A.51 Other Type of residence prior to project entry</p>	<p>If other for "Type of Residence" please specify where:</p> <hr style="border: 1px solid black;"/>
<p>The following questions are to be asked in the following situations:</p> <p>A. Participant is entering Emergency Shelter or Street Outreach program B. Participant is entering any other type of program if:</p> <ol style="list-style-type: none"> 1. Participant residence prior to entry was homeless 2. Participant residence prior to entry was an Institutional setting at which they stayed <i>less than 90 day</i> 3. Participant resident prior to entry was Permanent or Transitional Housing at which they stayed <i>less than 7 nights</i> <p>In all other cases, please skip to "Income and Benefits - Page #6"</p>	
<p>A.54 / A.55 Length of Stay in Prior Living Situation <i>Select One</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights (7days) <input type="checkbox"/> One week or mor, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
<p>A.53 If Prior Residence was "Housed" or "Other": Did you stay less than 7 nights?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then please skip to "Income and Benefits - Page #6"</p>
<p>A.52 If Prior Residence was Institutional Setting: Did you stay less than 90 days?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No", then please skip to "Income and Benefits - Page #6"</p>

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A.56 On the night before, did you stay on the streets, in an Emergency Shelter, or a Safe Haven?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", then please skip to "Income and Benefits - Page #6"
A.57 / A.58 Approximate date homelessness started	_____ / _____ / _____ The key concepts to help determine the actual or approximate start date are: <ol style="list-style-type: none"> 1. Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH. 2. As the client looks back, there may be breaks in their stay on the streets, ES, or SH. The breaks are allowed to be included in the look back period to calculate the approximate start date ONLY IF: <ol style="list-style-type: none"> a. the client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; or b. the break in their time on the street, ES or SH was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a Safe Haven. The look back time would not be broken by a stay less than 7 consecutive nights; or c. the break in their time on the streets, ES, or SH was less than 90 days due to an institutional stay (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility). The look back time would include all of those days (up to 89 days) when looking back for the start date. 3. If the client knows the actual date, then enter the date they indicate. If they know the month and year but not the day, then the worker may substitute the day of the month with the project entry day of the month. For example: a client enters the project on March 15, 2015. During the intake interview, the client answers the start date question with a response of "a couple of months". The worker clarifies - "It's March, would that mean you started sleeping on the streets in January this year?" Client affirms, yes, January. The worker clarifies: "Do you know the day?" Client responds: "no." - Worker then enters January 15 (project entry day of the month), (this year). 4. If the HMIS displays information about the person's entry date on the streets, ES or SH, the worker may share that information with the client to help jog their memory. However, administrative information may <i>not</i> be substituted for the information provided directly by the client, or entered in the case that the client refuses to answer or does not know the answer, or in the case the data was not collected by the project for the client.
A.59 / A.60 Regardless of where they stayed last night - <u>Number of times</u> the client has been on the streets, in an Emergency Shelter, or a Safe Haven in the past three years including today	<input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
A.61 / A.62 Total number of months homeless on the street, in an Emergency Shelter, or a Safe Haven in the past three years	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected

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Health Insurance – Page #7

(Required of all Clients including Children and Unaccompanied Youth)																									
A.182 Is the client currently covered by health insurance?	<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																								
Health Insurance currently covering client <i>Select All That Apply</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A.183 MEDICAID (Medi-Cal)</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.185 MEDICARE</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.187 State children's health insurance program</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.189 Veteran's Administration (VA) medical services</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.191 Employer provided health insurance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.193 COBRA</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.195 Private pay health insurance</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.197 State health insurance for adults</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.199 Indian Health Services Program</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>A.201 Another type of insurance not listed above</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">If another type (describe) _____</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">_____</td> <td></td> </tr> </table>	A.183 MEDICAID (Medi-Cal)	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.185 MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.187 State children's health insurance program	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.189 Veteran's Administration (VA) medical services	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.191 Employer provided health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.193 COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.195 Private pay health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.197 State health insurance for adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.199 Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.201 Another type of insurance not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No	If another type (describe) _____		_____	
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A.201 Another type of insurance not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
If another type (describe) _____																									

Health Information – Page #8

If Client is Disabled, list All Disability Types and whether or not they are being treated for each type. MH and Substance Abuse require answers to the Long Duration questions.	<p>Q.203 <input type="checkbox"/> 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"/> Not collected Is the clients physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p><input type="checkbox"/> Development Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected Is the client's developmental disability expected to substantially impair their ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p>Q.211 <input type="checkbox"/> Chronic Health <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected Is the client's chronic health condition expected to be of long continued and indefinite duration and substantially impair the ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p>Q.215 <input type="checkbox"/> 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"/> Not collected Is the client's HIV/AIDS expected to substantially impair their ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p> <p>Q.219 <input type="checkbox"/> 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"/> Not collected Is the client's mental health problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected</p>
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If Client is Disabled, list All Disability Types and whether or not they are being treated for each type. MH and Substance Abuse require answers to the Long Duration questions	Q.225 <input type="checkbox"/> Substance Abuse? <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both alcohol and drug abuse <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected Is the client's substance abuse problem expected to be of long-continued and indefinite duration and substantially impair the ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected Q.230 <i>(note this response SHOULD auto populate based on the answers above but you should check)</i> <input type="checkbox"/> Disabling Condition: Does the client currently have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Not collected		
A.231 Is the client a victim or survivor of domestic violence? (HOH and Adults only)	<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	A.232 If Yes, when did client's last episode of DV occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three-Six months (excluding 6 mos. Exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
A.233 Is client currently fleeing?	<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		

Form Notes Oct 1, 2015

Fields for Client Doesn't Know, Client Refused or Data Not Collected are light grey because every effort must be made to collect all client data and not check these boxes. Sonoma County has **no** Safe Haven programs so those responses are formatted in grey as well.

For detailed information about how to accurately assess each data element please refer to the HUD 2014 Data Manual released August 2016, Version 5.1

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>