

# Sonoma County Continuum of Care

Case Number: _____
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**Assessment Type: Project Entry (Children in a Household under 18)**

Project Name: \_\_\_\_\_

<b>Assigned Staff:</b>	
<b>Case Number:</b>	
<b>A.2 Project Entry Date:</b>	

**Universal Information - Page #1**

<b>A.3</b> 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"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member
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**Health Insurance – Page #6**

**(Required of all Clients including Children and Unaccompanied Youth)**

<b>A.182</b> 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>	<b>A.183</b> MEDICAID (Medi-Cal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.185</b> MEDICARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.187</b> State children's health insurance program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.189</b> Veteran's Administration (VA) medical services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.191</b> Employer provided health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.193</b> COBRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.195</b> Private pay health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.197</b> State health insurance for adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.199</b> Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<b>A.201</b> Another type of insurance not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If another type (describe) _____				

# Sonoma County Continuum of Care

## Health Information – Page #7

<p>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>	<p><b>Q.203</b>  <input type="checkbox"/> <b>Physical Disability</b>      <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 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"/> <b>Development Disability</b> <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><b>Q.211</b>  <input type="checkbox"/> <b>Chronic Health</b>      <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><b>Q.215</b>  <input type="checkbox"/> <b>HIV/AIDS</b>      <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><b>Q.219</b>  <input type="checkbox"/> <b>Mental Health</b>      <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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<p>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>	<p><b>Q.225</b>  <input type="checkbox"/> <b>Substance Abuse?</b>    <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</p> <p><b>Q.230</b> <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</p>
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### 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 2020 Data Manual released December 2019, Version 1.6 <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>