

**Step 1: Basic Client Information**

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program and for clients whose permanent housing status has changed while enrolled in a Rapid Re-Housing program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

**Step 2: Project Update/Annual Assessment**

Complete the project update/annual assessment information and please note all fields with an \* are required fields. Complete additional forms for each household member updated or assessed.

Project Start Date: \* \_\_\_\_\_ Case Manager: \* \_\_\_\_\_

Housing Move-In Date: \* \_\_\_\_\_ (enter date client took occupancy of unit – only for RRH project)

Assessment Type:     During Program Enrollment                       Annual

Covered by Health Insurance:\*

- Yes                                       No
- Client Doesn't Know               Client Refused
- Data Not Collected

Type of Insurance:\*

- Private
- Private-Employer
- Private-Individual
- Medicaid
- Medicare
- State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- Military Insurance
- Other Public
- State Funded
- Combined Children's Health Insurance/Medicaid Program
- Indian Health Service (Native American)
- Other \_\_\_\_\_
- Health Insurance obtained through COBRA

Status:\*

- Active                                       No
  - Start Date: \_\_\_\_\_
  - End Date: \_\_\_\_\_
- Applied; decision pending
- Applied; client not eligible
- Client did not apply
- Insurance type N/A for this client
- Client Doesn't Know
- Client Refused
- Data Not Collected

Connection with SOAR Assessment:\*

Assessment Date:\* \_\_\_\_\_

Connection with SOAR:\*

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Income and Sources, Non-Cash Benefits:\*

Income from Any Source:

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Non-Cash Benefits from Any Source:\*

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Income:\*

- Earned Income \$ \_\_\_\_\_
- Self Employment \$ \_\_\_\_\_
- Worker's Compensation \$ \_\_\_\_\_
- Unemployment Insurance \$ \_\_\_\_\_
- Other Pension \$ \_\_\_\_\_
- Supplemental Security Income \$ \_\_\_\_\_
- Social Security Disability Income \$ \_\_\_\_\_
- Retirement (Social Security) \$ \_\_\_\_\_
- Veteran's Pension \$ \_\_\_\_\_
- Veteran's Disability Payment \$ \_\_\_\_\_
- Private Disability Insurance \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other Income \$ \_\_\_\_\_

Non Cash Benefits:\*  Yes  No

- Food Stamps/Money for food on benefits card  
\$ \_\_\_\_\_
- Special Supplemental Nutrition Program for  
Women, Infants, and Children (WIC)
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Source

*Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at  
<https://www.in.gov/ihcda/indianabos/2436.htm>*