

Agency Name: _____



CLARITY HMIS: VA-SSVF STATUS ASSESSMENT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

ASSESSMENT DATE *[All Clients]*

		-			-				
Month			Day			Year			

CURRENT NAME <i>[All Clients]</i>																			N/A	
Last																				○
First																				○
Middle																				○
Suffix																				○

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY - All Clients]*

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Date of Move-In	___/___/_____

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> TANF (Temporary Assist for Needy Families)		<input type="radio"/> Earned Income	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Private disability insurance	
<input type="radio"/> Social Security Disability Income (SSDI)		<input type="radio"/> Pension or retirement income from former job	
<input type="radio"/> VA Service Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service Connect Disability Pensioned		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> Other source	
<input type="radio"/> Worker's Compensation		Specify Other"	
Total monthly amount:			

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other (Specify):

COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date