**HMIS Data: FINANCIAL (HEALTH, INCOME and BENEFITS) FORM**

ENROLLMENT, EXIT AND ANNUAL ASSESSMENTS

## FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”

**Fill out separate form for each family member and clip together.**

|  |  |
| --- | --- |
| CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr., III) *[All Clients]* | **N/A** |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix  |  |  |  |  |  |  |

## PROGRAM ASSESSMENT TYPE *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Enrollment |  | During Enrollment or Annual |
|  | Exit |  | Follow-Up (after Exit) |

## HEALTH INSURANCE SOURCES *[All Clients]*

**Are you currently receiving any health insurance sources that you plan to receive into the future?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client does not know |
|  | Yes |  | Client refused to provide |
|  |  |  | Data not collected |



### [IF YES] Which of the following health insurance sources do you plan to continue to receive?

|  |  |
| --- | --- |
| **Have insurance type?** |  |
| **No** | **Yes** | **Source of health insurance** |
|  |  | MEDICAID health insurance program |
|  |  | MEDICARE health insurance program |
|  |  | State Children’s Health Insurance Program (SCHIP) |
|  |  | Veteran’s Administration (VA) Medical Services |
|  |  | Employer – Provided Health Insurance  |
|  |  | Health Insurance obtained through COBRA  |
|  |  | Private Pay Health Insurance  |
|  |  | State Health Insurance for Adults  |
|  |  | Indian Health Services Program |
|  |  | Other Public |

## NON-CASH BENEFITS *[All Adults and Heads of Household]*

**Are you currently receiving any non-cash benefits that you will continue to receive into the future?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client does not know |
|  | Yes |  | Client refused to provide |
|  |  |  | Data not collected |

 

### [IF YES] Which of the following non-cash benefits do you plan to continue to receive?

|  |  |
| --- | --- |
| **Received benefit?** |  |
| **No** | **Yes** | **Source of non-cash benefit** |
|  |  | Food stamps or money for food on a benefits card |
|  |  | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
|  |  | TANF child care services |
|  |  | TANF transportation services |
|  |  | Other TANF-Funded Services |
|  |  | Section 8, Public Housing, or other on-going rental assistance |
|  |  | Temporary rental assistance |
|  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### INCOME AND SOURCES *[All Adults and Heads of Household]*

**Are you currently receiving any income insources that you will continue to receive into the future?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client does not know |
|  | Yes |  | Client refused to provide |
|  |  |  | Data not collected |

 

### [IF YES] Which of the following incomes sources, along with the monthly income amount do you plan to continue to receive?

|  |  |  |
| --- | --- | --- |
| **Source of income** | **Receiving income from source?** | **Amount from source (round to nearest dollar)** |
| Earned income (i.e., employment income) | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Unemployment Insurance | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Supplemental Security Income (SSI) | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Social Security Disability Income (SSDI) | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| VA Service-Connected Disability Compensation  | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Private disability insurance | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Worker’s compensation | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Temporary Assistance for Needy Families (TANF) | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| General Assistance (GA) | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Retirement income from Social Security | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| VA Non-Service-Connected Disability Pension  | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Pension from a former job | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Child support | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Alimony or other spousal support | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| Other source | No |  |  |
| Yes |  | **$** |  |  |  |  | **.** | 0 | 0 |
| **Total monthly income** | **Monthly income from all sources** | **$** |  |  |  |  | **.** | 0 | 0 |