# COC HMIS DATA FOR ANNUAL ASSESSMENT--CHILD

## DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

**ASESSMENT DATE (e.g., 09/20/2023)**

| | | / | | | / | 2 | 0 | 2 | |
|---|---|---|---|---|---|---|---|---|---|
| Month | | | Day | | | Year | | | |

**CLIENT** (name or other identifier)

## DISABILING CONDITIONS

| Type of Disability | | | If yes ☞ | Is the disability long term & impairs the clients ability to live independently? | |
|---|---|---|---|---|---|
| No | Yes | | | No | Yes |
| ☐ | ☐ | Alcohol Abuse | | ☐ | ☐ |
| ☐ | ☐ | Drug Abuse | | ☐ | ☐ |
| ☐ | ☐ | Both Alcohol & Drug | | ☐ | ☐ |
| ☐ | ☐ | Mental Health | | ☐ | ☐ |
| ☐ | ☐ | Developmental | | ☐ | ☐ |
| ☐ | ☐ | Chronic Health | | ☐ | ☐ |
| ☐ | ☐ | HIV/AIDS | | ☐ | ☐ |
| ☐ | ☐ | Physical | | ☐ | ☐ |

**PATH ONLY----**

Connection with SOAR:

| | | | |
|---|---|---|---|
| ☐ | No | ☐ | Client doesn't know |
| ☐ | Yes | ☐ | Client refused |

## INCOME AND SOURCES

| No | Yes | Source of Income | Amount |
|---|---|---|---|
| ☐ | ☐ | Earned income | $ |
| ☐ | ☐ | Supplemental Security Income (SSI) | $ |
| ☐ | ☐ | Other source: | $ |
| | | Total Monthly Income | $ |

## HEALTH INSURANCE

| No | Yes | Source of Health Insurance | | No | Yes | Source of Health Insurance |
|---|---|---|---|---|---|---|
| ☐ | ☐ | Medicaid | | ☐ | ☐ | Medicare |
| ☐ | ☐ | State Children's Health Insurance Program | | ☐ | ☐ | 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 | | ☐ | ☐ | Other:_____ |

Parent or Guardian Signature_____

Date_____