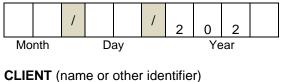
COC HMIS DATA FOR ANNUAL ASSESSMENT--CHILD

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)



DISABILING CONDITIONS

Type of Disability				Is the disability long term & impairs the clients ability to live independently?	
No	Yes		lf 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_____