Central Virginia
CONTINUUM OF CARE

Annual Assessment Form

To be completed by a case manager with input provided by client.

Assessment Date: _____ **Assessed by**: _____

Agency: _____ **Program**: _____

Client Name: _____ **HMIS ID #**: _____

Phone Number: _____ **Email**: _____

Part I: HOMELESS STATUS

Client Location: VA-508 **Housing Move-in Date**: _____

Part II: HOUSEHOLD FINANCIAL AND BENEFITS INFORMATION

Income from Any Source: ☐ Yes ☐ No

	Source	Amount	Notes	Does someone else in the household (HH) receive this income?
☐	TANF	$		☐ Other HH Member:
☐	Child Support	$	☐ Received through DCSE?	☐ Other HH Member:
☐	SSI	$		☐ Other HH Member:
☐	SSDI	$		☐ Other HH Member:
☐	Social Security	$		☐ Other HH Member:
☐	Earned Income	$	Name of employer:	☐ Other HH Member:
☐	Veteran's Benefits	$		☐ Other HH Member:
☐	Alimony	$		☐ Other HH Member:
☐	Unemployment Ben.	$		☐ Other HH Member:
☐	Pension/Retirement	$		☐ Other HH Member:
☐	Other:	$		☐ Other HH Member:

Total Monthly Income: _____

Non-Cash Benefit from Any Source: ☐ Yes ☐ No

- ☐ WIC
- ☐ SNAP Amount: $ _____
- ☐ TANF child care assistance
- ☐ TANF transportation assistance
- ☐ Other TANF-Funded services

HoH Covered by Health Insurance: ☐ Yes ☐ No

- ☐ Medicaid
- ☐ Medicare
- ☐ Employer Provided Health Insurance
- ☐ Veteran's Administration
- ☐ Other: _____

Part III: DISABILITY

If HoH has a disability of long duration that impacts housing stability, what category describes the disability?

☐ Drug Use Disorder ☐ Alcohol Use Disorder ☐ Developmental
☐ Both Alcohol and Drug Use Disorder ☐ Chronic Health Condition ☐ Mental Health Disorder
☐ Physical ☐ HIV/AIDS

Is this condition expected to be of long continued and indefinite duration, substantially impedes your ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?

☐ Yes ☐ No

Part IV: DOMESTIC VIOLENCE

Are you a domestic violence survivor?: ☐ Yes ☐ No

If yes, when experience occurred?:

☐ Within the past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ More than a year ago

If yes for DV victim/survivor, are you currently fleeing?: ☐ Yes ☐ No

_____ _____

Project Staff *Date*