

# Universal Project Update – RRH/PSH/OPH

*\*to be used for CoC, ESG(ESHAP), YHDP, and local funds*

Interim Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

Client \_\_\_\_\_  
 Name \_\_\_\_\_ Client ID \_\_\_\_\_

## **ANSWER FOR ALL CLIENTS (only if changes occurred)**

### Disabilities

**i** If one or more of the options below with an asterisk(\*) has been selected, the answer to “disabling condition” must be “yes.”  
 If none of the answers below with an asterisk(\*) has been selected, the answer to “disabling condition” may be “yes” or “no.”

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<i>(not applicable)</i>
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer

### Health Insurance

**Covered by Health Insurance**     No     Yes     Client doesn't know     Client prefers not to answer

Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Veteran's Health Administration (VHA)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:**  
 Remember to end date old records and create new records each time a source of health insurance changes.

**ANSWER FOR ADULTS AND HEAD OF HOUSEHOLD (only if changes occurred)**

**Monthly Income**

**Income from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

**Total Monthly Income**    \$ \_\_\_\_\_

Alimony and other spousal support     No     Yes: \$ \_\_\_\_\_

Child support     No     Yes: \$ \_\_\_\_\_

Earned income (i.e., employment income)     No     Yes: \$ \_\_\_\_\_

General Assistance (GA)     No     Yes: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_     No     Yes: \$ \_\_\_\_\_

Pension or retirement income from a former job     No     Yes: \$ \_\_\_\_\_

Private disability insurance     No     Yes: \$ \_\_\_\_\_

Retirement Income from Social Security     No     Yes: \$ \_\_\_\_\_

Social Security Disability Insurance (SSDI)     No     Yes: \$ \_\_\_\_\_

Supplemental Security Income (SSI)     No     Yes: \$ \_\_\_\_\_

Temporary Assistance for Needy Families (TANF)     No     Yes: \$ \_\_\_\_\_

Unemployment Insurance     No     Yes: \$ \_\_\_\_\_

VA Non-Service-Connected Disability Pension     No     Yes: \$ \_\_\_\_\_

VA Service-Connected Disability Compensation     No     Yes: \$ \_\_\_\_\_

Worker's Compensation     No     Yes: \$ \_\_\_\_\_

**i** HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

**Non-Cash Benefits**

**Non-Cash Benefits from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)     No     Yes: \$ \_\_\_\_\_

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)     No     Yes: \$ \_\_\_\_\_

TANF Child Care services     No     Yes: \$ \_\_\_\_\_

TANF transportation services     No     Yes: \$ \_\_\_\_\_

Other TANF-funded services     No     Yes: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_     No     Yes: \$ \_\_\_\_\_

**i** HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of non-cash benefit changes.

**Domestic Violence**

**i** "Domestic violence" is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Survivor of Domestic Violence?**     No     Yes     Client doesn't know     Client prefers not to answer

**If yes, when experience occurred**

Within the past three months     Three to six months ago

From six to twelve months ago     More than a year ago

Client doesn't know     Client prefers not to answer

**If yes, currently fleeing?**     No     Yes     Client doesn't know     Client prefers not to answer

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

**Housing Move In Date – Only one housing move in date per enrollment**

**Housing Move-In Date (CANNOT be prior to Project Start Date):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_