

RHY Update for SO

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	(not applicable)
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	(not applicable)
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)

Pregnant? Yes: _____ No Client doesn't know Client prefers not to answer Data Not Collected
 If yes, Projected Due Date: ____ / ____ / _____

Current Living Situation

 Record a Current Living Situation (CLS) every time contact is made with the client. The first CLS should always = Project Start Date!	
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Date: ____/____/____

Current living situation (Where is the client staying right now?)

Homeless situations

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- Safe haven

Skip to next data element.

Institutional situations

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Skip to "Is client going to have to leave their current living situation within 14 days?"

Temporary housing situations

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

Skip to "Is client going to have to leave their current living situation within 14 days?"

Permanent housing situations (if none of these options match, skip to "Other")

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (select subsidy type)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
- Public housing unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

Skip to "Is client going to have to leave their current living situation within 14 days?"

Other

- Other (specify): _____
- Worker unable to determine
- Client doesn't know
- Client prefers not to answer

Is client going to have to leave their current living situation within 14 days?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If yes, continue. Otherwise, skip to next data element.

Has a subsequent residence been identified?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

- No Yes Client doesn't know Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- No Yes Client doesn't know Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

- No Yes Client doesn't know Client prefers not to answer

Date of Engagement



Date of Engagement (DOE) is recorded only when direct client relationship results in a deliberate ongoing assessment or case plan. If the project has not developed an intensive relationship with the client by exit, this should be left blank. Only one DOE is allowed during entire project enrollment. The date is only valid if it occurs between project start and project exit.

Date of Engagement

_____/_____/_____