

# Annual Assessment Form

## Universal Data Elements

3.1 Name	Response Categories	Examples
Name		John David Doe, Jr.

3.2 Social Security Number	Response Categories	Examples
Social Security Number	___ - ___ - ____	(123-45-6789)
Social Security Number Type	1 = Full SSN Reported	123-45-6789
	2 = Partial SSN Reported	123-4_- ____
	8 = Don't Know or Don't have SSN	
	9 = Refused	

3.3 Date of Birth	Response Categories	Examples
Date of Birth	___/___/____	(08/31/1965)
	(Month) (Day) (Year)	
Date of Birth Type	1 = Full DOB Reported	
	2 = Approximate or Partial DOB Reported	
	8 = Don't Know	
	9 = Refused	

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## Program Specific Data Elements

4.1 Income and Source	Response Categories		
<b>Financial Resources</b>	Income received from any source in past 30 days?		
	0 = No		
	1 = Yes		
	8 = Don't Know		
	9 = Refused		
<b>If the answer above is NOT 1 = Yes, skip the rest of 4.1 below</b>			
Source and Amount of Income	Source of Income	Receiving income source?	Amount from Source
	1 = Earned Income (i.e., employment income)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	2 = Unemployment Insurance	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	3 = Supplemental Security Income (SSI)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	4 = Social Security Disability Income (SSDI)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	5 = Veteran's disability payment	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	6 = Private disability insurance	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	7 = Worker's compensation	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	10 = Temporary Assistance for Needy Families (TANF)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	11 = General Assistance (GA)	0 = No	\$ _ _ _ _ .00
		1 = Yes	
	12 = Retirement income from Social Security	0 = No	\$ _ _ _ _ .00
		1 = Yes	
13 = Veteran's pension	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
14 = Pension from a former job	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
15 = Child support	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
16 = Alimony or other spousal support	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
17 = Other source	0 = No	\$ _ _ _ _ .00	
	1 = Yes		
<b>Total Monthly Income</b>	Monthly income from all sources		\$ _ _ _ _ .00

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## Program Specific Data Elements

4.2 Non-Cash Benefits	Response Categories	
<b>Non-Cash Benefit</b>	Non-cash benefit received from any source in past 30 days?	
	0 = No	
	1 = Yes	
	8 = Don't Know	
	9 = Refused	
<b>If the answer above is NOT 1 = Yes, skip the rest of 4.2 below</b>		
	<b>Source of Non-cash Benefit</b>	<b>Receive Benefit</b>
	1 = Supplemental Nutrition Assistance Program (SNAP) Previously known as Food	0 = No
		1 = Yes
	2 = MEDICAID health insurance program	0 = No
		1 = Yes
	3 = MEDICARE health insurance program	0 = No
		1 = Yes
	4 = State Children's Health Insurance Program	0 = No
		1 = Yes
	5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0 = No
		1 = Yes
	6 = Veteran's Administration (VA) Medical Services	0 = No
		1 = Yes
	7 = TANF Child Care services	0 = No
		1 = Yes
	10 = TANF transportation services	0 = No
		1 = Yes
	11 = Other TANF-funded services	0 = No
		1 = Yes
	12 = Section 8, public housing, or other ongoing rental assistance	0 = No
		1 = Yes
	13 = Other source	0 = No
		1 = Yes
	14 = Temporary rental assistance	0 = No
		1 = Yes

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## Program Specific Data Elements

4.3 Physical Disability	Response Categories
Physical disability	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
(If yes)	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.4 Developmental Disability	Response Categories
Developmental disability	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
(If yes)	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

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## Program Specific Data Elements

4.5 Chronic Health Condition	Response Categories
Chronic Health Condition	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If yes)</b>	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.6 HIV/AIDS	Response Categories
HIV / AIDS	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If yes)</b>	
<b>[At entry] Currently receiving services or treatment for this condition?</b> <b>[At annual assessment and at exit]: Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

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## Program Specific Data Elements

4.7 Mental Health	Response Categories
Mental health problem	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a mental health problem)</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a mental health problem)</b>	
[At entry] <b>Currently receiving services or treatment for this condition?</b> [At annual assessment and at exit]: <b>Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.8 Substance Abuse	Response Categories
Substance abuse problem	0 = No
	1 = Alcohol abuse
	2 = Drug abuse
	3 = Both alcohol and drug abuse
	8 = Don't Know
	9 = Refused
<b>(If client has a substance abuse problem)</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
<b>(If client has a substance abuse problem)</b>	
[At entry] <b>Currently receiving services or treatment for this condition?</b> [At annual assessment and at exit]: <b>Received services/treatment while in the program?</b>	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

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## Optional Data Elements

4.15A Employment	Response Categories
Employed	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
If currently working, number of hours worked in the past week <span style="float: right;">_____ hours</span>	
Employment tenure	1 = Permanent
	2 = Temporary
	3 = Seasonal
	8 = Don't Know
	9 = Refused
[If unemployed] Is the client looking for work? [If employed] Is the client looking for additional employment or increased hours at their current job?	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused

4.15B Education	Response Categories
Currently in school or working on any degree or certificate	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
Received vocational training or apprenticeship certificates	0 = No
	1 = Yes
	8 = Don't Know
	9 = Refused
Highest level of school completed	0 = No schooling completed
	1 = Nursery school to 4th grade
	2 = 5th grade or 6th grade
	3 = 7th grade or 8th grade
	4 = 9th grade
	5 = 10th grade
	6 = 11th grade
	7 = 12th grade, No diploma
	10 = High school diploma
	11 = GED
	12 = Post-secondary school
	8 = Don't Know
	9 = Refused
0 = None	

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## Optional Data Elements

4.15B Education	Response Categories
If client has received a high school diploma, GED or enrolled in post-secondary education, what degree(s) has the client earned	1 = Associates Degree
	2 = Bachelors Degree
	3 = Masters Degree
	4 = Doctorate Degree
	5 = Other graduate/professional degree
	6 = Certificate of advanced training or skilled artisan
	8 = Don't Know
9 = Refused	

4.15C General Health	Response Categories
	1 = Excellent
	2 = Very good
	3 = Good
	4 = Fair
	5 = Poor
	8 = Don't Know
	9 = Refused

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## Optional Data Elements

4.15F Children's Education	Response Categories
<b>Current enrollment status</b>	0 = No
	1 = Yes
	8 = Don't know
	9 = Refused
<b>If yes, name of child's school</b>	_____
	(Example: Lone Pine Elementary School)
<b>If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?</b>	0 = No
	1 = Yes
	8 = Don't know
	9 = Refused
<b>If yes, type of school</b>	1 = Public school
	2 = Parochial or other private school
	8 = Don't know
	9 = Refused
<b>If not enrolled, last date of enrollment</b>	___ ___ / ___ ___
	(Month) (Year)
<b>If not enrolled, identify problems in enrolling child</b>	1 = None
	2 = Residency requirements
	3 = Availability of school records
	4 = Birth certificates
	5 = Legal guardianship requirements
	6 = Transportation
	7 = Lack of available preschool programs
	10 = Immunization requirements
	11 = Physical examination records
	12 = Other
	8 = Don't know
	9 = Refused