**MN Core Interim Review Form for HMIS: SINGLE Clients**

Updates (in HMIS: Entry/Exit Tab: Interims)

**Name**:

*First Middle Last Suffix*

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| **Data Collection Instructions:*** *Depending on your funding source, complete required updates every 3, 6, or 12 months, within 30 days of the client’s Entry anniversary.*
* *Complete updates as information changes.*
* ***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*
 | **HMIS Tips:*** *EDA to Entry provider. No need to backdate.*
* *Click on the “Interims” icon next to the correct entry in the Entry/Exit tab.*
* *Select* ***Update****,* ***Annual Assessment****, or* ***6 Month Review*** *for Interim Review Type and enter the date of the review.*
 |

**County where resides:**

Housing Move-in Date: \_\_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_\_(Month/Day/Year)

(For clients with a Project Start Date in a **permanent housing project** only, enter the date a client or household moves into a permanent housing unit)(Heads of Household (Including Singles and Youth Heads of Household))

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| **Current Living Situation Question Series**  |
| **Date of Contact : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Location details:** |
| **Current Living Situation (Pick ONLY ONE under Literally Homeless, Institutional, Temporary Housing, Permanent Housing, OR Other):** |
| *Literally Homeless Situations* | *Institutional Situations* | *Temporary Housing Situations* | *Permanent Housing 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, or Host Home shelter
* Safe Haven
 | * 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
 | * Transitional housing for homeless persons (including homeless youth)
* Residential project or halfway house with no homeless criteria
* Hotel or motel paid for without emergency shelter voucher
* 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

  | * Owned by client, no ongoing housing subsidy
* Owned by client, with ongoing housing subsidy
* Rental by client, no ongoing housing subsidy
* Rental by client, with ongoing housing subsidy

**If “Rental by client, with ongoing housing subsidy”, select the specific subsidy:** * GPD TIP housing subsidy
* VASH housing subsidy
* RRH or equivalent subsidy
* HCV voucher (tenant or project based) (not dedicated)
* 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 (other than RRH) for formerly homeless persons
 |
| *Other* |
| * Other
* Worker unable to determine
* Client doesn’t know
* Client prefers not to answer
* Data not collected
 |
| **Skip questions A - E.** | **Continue to Question A.** | **Continue to Question A.** | **Continue to Question A.** |
| **A. Is client going to have to leave their current Prior Living Situation within 14 days?** □ Yes □ No □ DK □ X □ DNC |
| *If* **“Yes”** to question **A**, please answerquestions **B – E**: |
| **B. Has a subsequent residence been identified?** □ Yes □ No □ DK □ X □ DNC |
| **C. Does individual or family have resources or support networks to obtain other permanent housing?** □ Yes □ No □ DK □ X □ DNC |
| **D. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?** □ Yes □ No □ DK □ X □ DNC |
| **E. Has the client moved 2 or more times in the past 60 days**? □ Yes □ No □ DK □ X □ DNC |

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| a. Is the client a victim/survivor of domestic violence?* Yes
* No
* DK □ X □ DNC
 |  b. If yes for Domestic violence victim/survivor, when did the experience occur?* Within the past 3 months
* 3-6 months ago
* 6-12 months ago
* More than 1 year ago
* DK □ X □ DNC
 |  c. If yes for domestic violence victim/survivor, is the client currently fleeing?* Yes
* No
* DK □ X □ DNC
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| **a. Income from any source** □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ Data not collected |
| **HMIS Tips**: *Record a Yes/No/Data not collected response value for each monthly income type between project start and exit. If there is a change, select the edit pencil next to an income type to add an end date. (“Receiving income source” should remain “Yes” even after the income ends.) Enter a new response value 1 day after end date for that income type using the Add button. Ensure that the HUD Verification step is complete.* |
| **b. *New Source(s) of* Monthly Income** | Receiving income? | Start date | Monthly amount |  | Receiving income? | Start date | Monthly amount |
| Earned Income  | □Yes |  / / | $ |  | General Assistance  | □Yes |  / / | $ |
| Unemployment Insurance  | □Yes |  / / | $ |  | Retirement Income From Social Security  | □Yes |  / / | $ |
| SSI  | □Yes |  / / | $ |  | VA Non-Service Connected Disability Pension  | □Yes |  / / | $ |
| SSDI  | □Yes |  / / | $ |  | Pension or retirement income from another job  | □Yes |  / / | $ |
| VA Service Connected Disability Compensation  | □Yes |  / / | $ |  | Child Support  | □Yes |  / / | $ |
| Private Disability Insurance  | □Yes |  / / | $ |  | Alimony or Other Spousal Support  | □Yes |  / / | $ |
| Worker’s Compensation  | □Yes |  / / | $ |  | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □Yes |  / / | $ |
| TANF  | □Yes |  / / | $ |  |

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| **c. Income sources recorded previously that have since ENDED: List below with end dates:** |
| **Income Source 1** **(enter name from list above)** | End date | **Income Source 2** **(enter name from list above)** | End date | **Income Source 3** **(enter name from list above)** | End date |
|  | / / |  | / / |  | / / |
| **a. Non-cash benefit from any source** □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ Data not collected |
| **HMIS Tips:** *Record a Yes/No/Data not collected response value for each non-cash benefit type between project start and exit. If there is a change, select the edit pencil next to a non-cash benefit type to add an end date. (““Receiving benefit?” should remain “Yes” even if the benefit ends.) Enter a new response value 1 day after end date for that non-cash benefit type using the Add button. Ensure that the HUD Verification step is complete.* |
| **b. *New Source(s) of* Non-Cash Benefits**  | Receiving benefit? | Start date |  |  | Receiving benefit? | Start date |
| Supplemental Nutrition Assistance Program (Food Stamps)  | □Yes |  / / |  | TANF Transportation services  | □Yes |  / / |
| Special Supplemental Nutrition Program (WIC)  | □Yes |  / / |  | Other TANF-Funded Services  | □Yes |  / / |
| TANF Child Care Services  | □Yes |  / / |  | Other Source (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □Yes |  / / |

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| **c. Non-cash benefits recorded previously that have since ENDED: List below with end dates:** |
| **Benefit Source 1** **(enter name from list above)** | End date | **Benefit Source 2** **(enter name from list above)** | End date | **Benefit Source 3** **(enter name from list above)** | End date |
|  |  / / |  |  / / |  |  / / |

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| **a. Covered by health insurance** □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ Data not collected |
| **HMIS Tips:** *Enter new health insurance source using the “Add” button. Ensure that the HUD Verification step is complete. Select the edit pencil next to each health insurance source to add an end date. “Covered?” should remain “Yes” even after the health insurance ends.* |
| **b. *New Source(s) of* Health Insurance** |
| **Covered?** | **Start Date**  |  | **Covered?** | **Start Date** |
| MEDICAID | □ Yes |  / / |  | Health Insurance obtained through COBRA | □ Yes |  / / |
| MEDICARE | □ Yes |  / / |  | Private Pay Health Insurance | □ Yes |  / / |
| State Children’s Health Insurance Program | □ Yes |  / / |  | State Health Insurance for Adults | □ Yes |  / / |
| Veteran’s Administration (VA) Medical Services | □ Yes |  / / |  | Indian Health Services Program | □ Yes |  / / |
| Employer-Provided Health Insurance  | □ Yes |  / / |  | Other | □ Yes |  / / |
| **c. Health insurance sources recorded previously that have since ended** |
| **Source 1 (enter name from lists above)** | **End date** |  | **Source 2 (enter name from lists above)** | **End date** |
|  |  / / |  |  |  / / |

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| **a. Does the client have a disability of long duration?** □ Yes □ No □ Client doesn’t know □ Client prefers not to answer □ Data not collected***If the answer to question (a) is different than recorded at project start, you must update the answer at project start, NOT at update!*** *(Click on the pencil next to project start date)* |
| **HMIS Tips:** *Record a Yes/No/Data not collected response value for each disability type between project start and exit. If there is a change, select the edit pencil next to a disability type to add an end date. (Disability Determination should be “Yes” if the client has the disability and should remain “Yes” even if the disability ends.) Enter a new response value 1 day after end date for that disability type using the Add button. Ensure that the HUD Verification step is complete.*  |
| **b. Newly Identified Disabilities**  |
| **Disability Type** | **Disability Determination**  | **Start Date** | **If Yes, Expected to be of long, continued and indefinite duration, and substantially impedes ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?** |
| Mental Health Disorder  | □ Yes □ No | □ DK □ X □ DNC  | Use Collection Date | □ Yes □ No | □ DK □ X □ DNC  |
| Physical  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Developmental  | □ Yes □ No | □ DK □ X □ DNC  | N/A |  |
| Chronic Health Condition  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Alcohol Use Disorder  | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Drug Use Disorder | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| Both Alcohol and Drug Use Disorder | □ Yes □ No | □ DK □ X □ DNC  | □ Yes □ No | □ DK □ X □ DNC  |
| HIV/AIDS  | □ Yes □ No | □ DK □ X □ DNC  | N/A |  |
| **c. Disabilities recorded previously that have since ENDED (not common)** |
| **Disability 1 (enter name from list above)** | **End date** |  | **Disability 2 (enter name from list above)** | **End date** |
|  |  / / |  |  |  / / |

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