**MN Core Interim Review Form for HMIS: Households**

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

**Name**:

*First Middle Last Suffix Date of Update*

|  |  |
| --- | --- |
| **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:**   * *Use the General HMIS Instructions & your program’s (funder) Supplemental User Guide for complete data entry instruction.* * *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.* * *Check all household members to be updated. Update individual assessments as needed.* |

**County where resides:** *(Head of Household)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Living Situation Question Series** *(All Adults and Heads of Household)* | | | |
| **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 | | | |

*Street Outreach or ES – Night by Night clients only:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Household Name** | **Date of Engagement** | **Non-HoH Adult Household Member Name** | **Date of Engagement** |
|  | / / |  | / / |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **a. Is the client a victim/survivor of domestic violence?**  *(All Adults and Heads of Household)* | | | | | | **b. If yes for Domestic violence victim/survivor, when did the experience occur?** | | | | | | | **c.** **If yes for domestic violence victim/survivor, is the client currently fleeing?** | | | | |
| **HoH/Adult Household Member Name** |  | No | DK | X | DNC | Within the past 3 months | 3-6 months ago | 6-12 months ago | More than 1 year ago | DK | X | DNC | Yes | No | DK | X | DNC |
| 1. | Yes |
| □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| 2. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| 3. | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |

**Income Sources/Amounts Updates** *(All Adults and Heads of Household)*

**a. New Income Sources/Amounts:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Collection Instructions**: *Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.* | | **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* | | | | | | | | |
| **HoH/Adult Household Member Name** | **Income from any source** | | | **Start Date** | **Source 1 (enter # from List Below)** | **Monthly Amount** | **Source 2 (enter # from List Below)** | **Start Date** | **Monthly Amount** | **Total Monthly Income from ALL Sources** |
| 1. | □Yes | | | / / |  | $ |  | / / | $ | $ |
| 2. | □Yes | | | / / |  | $ |  | / / | $ | $ |
| 3. | □Yes | | | / / |  | $ |  | / / | $ | $ |
| 1. Earned Income 2. Unemployment insurance 3. SSI 4. SSDI 5. VA Service Connected Disability Compensation 6. Private disability insurance 7. Worker’s compensation | | | 1. TANF (MFIP) 2. General Assistance 3. Retirement income from Social Security 4. VA Non-Service Connected Disability Pension 5. Pension or retirement income from a former job 6. Child support 7. Alimony or other spousal support 15. Other (specify) | | | | | | | |

**b. Income sources recorded previously that have since ENDED: List below with end dates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member Name** | **Income Source 1** (enter name from list above) | **End date** | **Income Source 2** (enter name from list above) | **End date** |
| 1. |  | / / |  | / / |
| 2. |  | / / |  | / / |
| 3. |  | / / |  | / / |

**Non-Cash Benefits Updates** *(All Adults and Heads of Household)*

**a. New Non-Cash Benefit Sources:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Collection Instructions**: *Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.* | | **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.* | | | | | |
| **HoH/Adult Household Member Name** | **Non-cash benefit from any source** | | **Source 1 (enter # from List Below)** | | **Start Date** | **Source 2 (enter # from List Below)** | **Start Date** |
| 1. | □Yes | |  | | / / |  | / / |
| 2. | □Yes | |  | | / / |  | / / |
| 3. | □Yes | |  | | / / |  | / / |
| 1. Supplemental Nutrition Assistance Program (Food Stamps) 2. Special supplemental nutrition program (WIC) 3. TANFChild Care Services | | | | 1. TANF transportation services 2. Other TANF-Funded Services 3. Other Source (specify) | | | |

**b. Non-cash benefits recorded previously that have since ENDED: List below with end dates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member Name** | **Benefit Source 1** (enter name from list above) | **End date** | **Benefit Source 2** (enter name from list above) | **End date** |
| 1. |  | / / |  | / / |
| 2. |  | / / |  | / / |
| 3. |  | / / |  | / / |

**Health Insurance Updates** *(All Clients)*

**a. New Health Insurance:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.* | | | | | | | | | | | | |
| **Household Member Name** | **Covered by health insurance** | **Medicaid (MA)** | **Medicare** | **State Children’s Health Ins.** | **VA Medical Services** | **Employer-Provided Health Ins.** | **Health Ins. through COBRA** | **State Health Ins. for Adults** | **Private Pay Health Ins.** | **Indian Health Services Program** | **Other** | **Start Date** |
| 1. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |
| 2. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |
| 3. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |
| 4. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |
| 5. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |
| 6. | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | □Yes | / / |

**b. Health Insurance recorded previously that has since ENDED (not common):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Household Member Name** | **Health Insurance Source** (enter name from list above) | **End date** | **Household Member Name** | **Health Insurance Source** (enter name from list above) | **End date** |
|  |  | / / |  |  | / / |
|  |  | / / |  |  | / / |
|  |  | / / |  |  | / / |

**Disability Updates** *(All Clients)*

|  |
| --- |
| **a. Does the client have a disability of long duration?** |
| **HMIS Tips: *If answer to question (a) is different than recorded at project start, you must update the answer at project start, NOT update!*** *(Click on the pencil next to project start date)* |

|  |  |
| --- | --- |
| **Household Member Name** | **Disability of Long Duration?** |
| 1. | □Yes □No□DK □X □DNC |
| 2. | □Yes □No□DK □X □DNC |
| 3. | □Yes □No□DK □X □DNC |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **b. Newly Identified Disabilities** | | | | | |
| **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.* | | | | | |
| **Household Member Name** (repeat client name if multiple disabilities are present) | | **Disability (record # from list below)** | **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?** |
|  | |  | □Yes □No □DK □X □DNC | Use Collection Date | □Yes □No □DK □X □DNC |
|  | |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  | |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  | |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  | |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
|  | |  | □Yes □No □DK □X □DNC | □Yes □No □DK □X □DNC |
| 1. Mental Health Disorder 2. Physical Disability 3. Developmental Disability 4. Chronic Health Condition | 1. Alcohol Use Disorder 2. Drug Use Disorder 3. Both Alcohol and Drug Use Disorder 4. HIV/AIDS | | | | |

***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Please print a copy to have available.*