HMIS Additional Members Child Exit Axillary Packet (04/07/2016)

(Additional Child A)

Legal First Name: _____

Legal Last Name: _____ **Suffix:** _____

Health Information

Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child A) Child Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child A) Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance
☐ Veteran's - VA Medical Services ☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance
☐ Client Doesn't Know ☐ Client Refused

(Additional Child B)				
Legal First Name: _____				
Legal Last Name:_____ **Suffix**: _____				
Program Exit				
Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child B) Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child B) Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance
☐ Veteran's - VA Medical Services ☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance
☐ Client Doesn't Know ☐ Client Refused

(Additional Child C)				
Legal First Name: _____				
Legal Last Name:_____ **Suffix**: _____				
Program Exit				
Health Information				
Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child C) Health Information Continued

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

(Additional Child C) Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance
☐ Veteran's - VA Medical Services ☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance
☐ Client Doesn't Know ☐ Client Refused