HUD CoC and ESG Client Update

Periodic updates to client records are important to validate a client's progress towards housing while in your project. This form assists in updating a client's record for a simple change of information or the required annual assessment for Permanent Housing and Transitional Housing projects.

Project: _____ **Date:** _____

Client Name: _____ **Bed** (ES&TH): _____

Update Type: ○ Annual Assessment
○ Update

Disability:

○ Alcohol Abuse
○ Both alcohol and drug abuse
○ Chronic Health Condition
○ Developmental
○ Drug Abuse
○ HIV/AIDs
○ Mental Health Problem
○ Physical
○ Physical/Medical

Disability Determination:	○ Yes ○ No ○ Client doesn't know	○ Client refused ○ Data not collected
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○ Yes ○ No ○ Client doesn't know	○ Client refused ○ Data not collected
If Yes, Documentation of the disability and severity on file:	○ Yes ○ No	
(If yes) Currently receiving services or treatment:	○ Yes ○ No ○ Client doesn't know	○ Client refused ○ Data not collected
Note on Disability:	_____	
Above condition is going to be long term?	○ Yes ○ No	

Income from Any Source: ○ Yes ○ No ○ Client doesn't know ○ Client refused ○ Data not collected

Source of Income:

$_____Alimony or other spousal support
$_____Child support
$_____Earned Income
$_____General Assistance
$_____Other: _____
$_____Pension or retirement from a former job
$_____Private disability insurance
$_____Retirement income from Social Security
$_____Social Security Disability Income (SSDI)
$_____Supplemental Security Income (SSI)
$_____Temporary Assistance for Needy Families (TANF)
$_____Unemployment Insurance
$_____VA non-service-connected disability pension
$_____VA service-connected disability compensation
$_____Worker's compensation

Total Monthly Income: _____

Non-cash benefit from any source: ○ Yes ○ No ○ Client doesn't know ○ Client refused ○ Data not collected

Source of Non-Cash Benefit:

$_____Supplemental Nutrition Assistance Program (SNAP)
$_____Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
$_____TANF child care services
$_____TANF transportation services
$_____Other TANF-funded services
$_____Section 8, public housing, or other ongoing rental assistance
$_____Other: _____
$_____Temporary rental assistance

Receiving Benefit? ○ Yes ○ No ○ Data not collected

Covered by Health Insurance: ○ Yes ○ No ○ Client doesn't know ○ Client refused ○ Data not collected

Health Insurance Type:

○ MEDICAID
○ MEDICARE
○ State's Children Health Insurance Program
○ Veteran's Administration (VA) Medical Services
○ Employer-Provided Health Insurance
○ Health Insurance obtained through COBRA
○ State Health Insurance for Adults
○ Private Pay Health Insurance

Covered? ○ Yes ○ No ○ Data not collected

Domestic violence victim/survivor: ○ Yes ○ No ○ Client doesn't know ○ Client refused ○ Data not collected

Extent of Domestic Violence (how long ago):

○ Within the past three months
○ Three to six months ago
○ From six to one year
○ More than a year ago
○ Client doesn't know
○ Client refused
○ Data not collected

Rapid Re-Housing Only:

In Permanent housing: ○ Yes ○ No

If yes, Date of Move-In: _____

Outreach and Emergency Shelter Only:

Housing plan created? ○ Yes ○ No

If yes, Date of Engagement: _____