Agency's LOGO

Head of Household Name: ____________________________

Universal Update Form

Head of Household

HMIS CLIENT ID#	UPDATE DATE
FILL-IN AFTER SERVICEPOINT ENTRY	MONTH / DAY / YEAR

HOUSEHOLD INFORMATION

Relationship (to HoH)	***SELF***	Number in Household:	***Use a separate HH Member Supplemental page for each additional HH member***

DOMESTIC VIOLENCE

		Client doesn't know	Client refused
Domestic Violence Victim/Survivor	☐ Yes ☐ No	☐	☐
	(If Yes) how long ago was the last incident? ☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused (If Yes) are you currently fleeing? ☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused		

LIVING SITUATION

Client Location

Choose the continuum where the client is located (in most cases this will be "IL-514 DuPage")

☐ IL-514 DuPage ☐ IL-502 Waukegan/North Chicago/Lake ☐ IL-512 Bloomington/Central Illinois
☐ IL-511 SubCook ☐ IL-506 Joliet/Kendall/Grundy ☐ IL-518 Northwest/LaSalle
☐ IL-517 Aurora/Elgin/Kane ☐ IL-509 De Kalb

City and Zip where client stays or spends most of their time

Current City__________________ Current Zip__________________

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DUPAGE COUNTY CONTINUUM OF CARE
Working to end homelessness

Head of Household Name: ________________________

DISABILITY

Does the client have a disabling condition? *If the disability response changes during program participation contact the HMIS Help Desk for steps on how to complete the update.*

☐ Yes ☐ No ☐ Doesn't Know ☐ Refused

Disability Type	(If Yes) Start Date	Currently receiving Services or Treatment?	Will the Condition be long term?	Disability Determination
Alcohol Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Both Alcohol and Drug Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Chronic Health Condition ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Developmental Disability ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Drug Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
HIV/AIDS ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Mental Health Problem ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Physical Disability ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			

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DUPAGE COUNTY CONTINUUM OF CARE
Working to end homelessness

Head of Household Name: ______________________

INCOME

Does the household have any current income?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused

If No, move on to Household Income for AMI Below:

If Yes, indicate in each source if the household receives the income, and if they do, the household member receiving the income, the monthly amount (to the nearest dollar) of each source, and the income start date.

		HH Member	Amount	Start Date	HH Member	Amount	Start Date
Earned Income							
☐ Yes ☐ No	If Yes:		$			$	
			$			$	
Unemployment Insurance							
☐ Yes ☐ No	If Yes:		$			$	
SSI: Supplemental Security Income							
☐ Yes ☐ No	If Yes:		$			$	
Social Security Disability Income							
☐ Yes ☐ No	If Yes:		$			$	
VA Service Connected							
☐ Yes ☐ No	If Yes:		$			$	
Private Disability Insurance							
☐ Yes ☐ No	If Yes:		$			$	
Worker's Compensation							
☐ Yes ☐ No	If Yes:		$			$	
Temporary Assistance for Needy Families (TANF)							
☐ Yes ☐ No	If Yes:		$			$	
General Assistance							
☐ Yes ☐ No	If Yes:		$			$	
Retirement Income from Social Security							
☐ Yes ☐ No	If Yes:		$			$	
VA Non-Service Connected Disability Pension							
☐ Yes ☐ No	If Yes:		$			$	
Pension or retirement income from another job							
☐ Yes ☐ No	If Yes:		$			$	
Child Support							
☐ Yes ☐ No	If Yes:		$			$	
Alimony or Other Spousal Support							
☐ Yes ☐ No	If Yes:		$			$	
Other Source (specify):							
☐ Yes ☐ No	If Yes:		$			$	

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Head of Household Name: ___________________________

TOTAL MONTHLY HOUSEHOLD INCOME $_______________ **NUMBER OF HOUSEHOLD MEMBERS** ________

FY2020 AREA MEDIAN INCOME (AMI)

Household Size	1	2	3	4	5	6	7	8
30% AMI	$1,596	$1,821	$2,050	$2,275	$2,458	$2,642	$2,825	$3,004
50% AMI	$2,654	$3,033	$3,413	$3,792	$4,096	$4,400	$4,704	$5,008
80% AMI	$4,250	$4,854	$5,463	$6,067	$6,554	$7,038	$7,525	$8,008
100% AMI	$5,308	$6,067	$6,825	$7,583	$8,192	$8,667	$9,408	$10,017

TOTAL MONTHLY HOUSEHOLD INCOME AS PERCENTAGE OF AMI:

☐ BELOW 30% ☐ 30%-49% ☐ GREATER THAN 50%

NON-CASH BENEFITS

Does the household currently receive any Non-Cash Benefits?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused

Please indicate which of the following non-cash benefits have you received over the last 30 days.
(You may use "All" if all household members receive the benefit)

Food stamps or money for food on a benefits card (If yes, amount of benefit)	
☐ Yes ☐ No	If Yes, Household Members:
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
☐ Yes ☐ No	If Yes, Household Members:
TANF child care services	
☐ Yes ☐ No	If Yes, Household Members:
TANF transportation services	
☐ Yes ☐ No	If Yes, Household Members:
Other TANF-Funded Services	
☐ Yes ☐ No	If Yes, Household Members:
Other Source (specify):	
☐ Yes ☐ No	If Yes, Household Members:

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DUPAGE COUNTY CONTINUUM OF CARE
Working to end homelessness

Head of Household Name: ______________________________

HEALTH INSURANCE

Do household members currently have health insurance?

☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused

Complete the following *(You may use "All" if all household members receive the benefit)*

Medicaid	
☐ Yes ☐ No	If Yes, Household Members:
Medicare	
☐ Yes ☐ No	If Yes, Household Members:
Illinois All Kids (State Children's Health Insurance Program)	
☐ Yes ☐ No	If Yes, Household Members:
Veteran's Administration Medical Services	
☐ Yes ☐ No	If Yes, Household Members:
Employer Provided Health Insurance	
☐ Yes ☐ No	If Yes, Household Members:
Health Insurance obtained through COBRA	
☐ Yes ☐ No	If Yes, Household Members:
Private Pay Health Insurance	
☐ Yes ☐ No	If Yes, Household Members:
State Health Insurance for Adults	
☐ Yes ☐ No	If Yes, Household Members:
Indian Health Services Program	
☐ Yes ☐ No	If Yes, Household Members:
Other	
☐ Yes ☐ No	If Yes, Household Members:
If "Yes" to Other, Specify Source:	

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Head of Household Name: ___________________________

CLIENT'S RESIDENCE/LAST PERMANENT ADDRESS

For SSVF Projects, this is where the client lived for 90 days or more before coming to your project

Client's Street Address				Apt #	
City, Township		State		Zip	
Address Data Quality	☐ Full Address Reported ☐ Client Does Not Know	☐ Incomplete or estimated address reported ☐ Client Refused			
Phone Number		Alternate Phone			
Email Address					
Start Date		End Date			
Client's Residence Notes					
Address Type	☐ After Program ☐ Before Program-Last Permanent	☐ Before Program ☐ Program (while in your project)			

EMERGENCY CONTACT (OPTIONAL)

Contact's Name					
Client's Street Address				Apt #	
City, Township		State		ZIP	
Phone #		Second Phone #			
Relationship to Client					
Start Date		End Date			
Is there a release of information to contact this person?	☐ Yes ☐ No				

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DUPAGE COUNTY CONTINUUM OF CARE
Working to end homelessness

Head of Household Name: ___________________________

Universal Update Form

Household Member

HMIS CLIENT ID#	**INTAKE/ENTRY DATE**
FILL-IN AFTER SERVICEPOINT ENTRY	MONTH / DAY / YEAR

		Client doesn't know	Client refused
Domestic Violence Victim/Survivor	☐ Yes ☐ No	☐	☐
	(If Yes) how long ago was the last incident? ☐ Within the past 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused (If Yes) are you currently fleeing? ☐ Yes ☐ No ☐ Client Does Not Know ☐ Client Refused		

DISABILITY

Does the client have a disabling condition? *If the disability response changes during program participation contact the HMIS Help Desk for steps on how to complete the update.*

☐ Yes ☐ No ☐ Doesn't Know ☐ Refused

Disability Type	(If Yes) Start Date	Currently receiving Services or Treatment?	Will the Condition be long term?	Disability Determination
Alcohol Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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		
	Notes:			
Both Alcohol and Drug Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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		
	Notes:			
Chronic Health Condition ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
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	Notes:			
Developmental Disability ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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		
	Notes:			

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Drug Abuse ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
HIV/AIDS ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Mental Health Problem ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
	Notes:			
Physical Disability ☐ Yes ☐ No ☐ Client doesn't know ☐ Client Refused	______/______/______	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused	☐ Yes ☐ No	☐ Yes ☐ Doesn't Know ☐ No ☐ Refused
	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	
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