

HDAP Monthly Housing Update

Complete this form each time the client's housing status or income changes.
After the client is permanently housed, complete this form each month at the monthly client follow up

Client Name: _____		SSN: _____	Date of Birth: ____/____/____
Agency or Program Name: _____		Date Effective: ____/____/____	
Case Manager Name: _____	Email: _____	Phone: () _____	
Updates to Monthly Income (leave fields blank if unchanged)			
Date of approval for disability benefit or date of final denial decision: ____/____/____			
Received in Past 30 Days?		Received in Past 30 Days?	
\$ _____ Earned income (i.e. employment income)	Yes / No	\$ _____ VA service-connected disability compensation	Yes / No
\$ _____ Pension from a former job (including military retirement pay)	Yes / No	\$ _____ VA non service-connected disability pension	Yes / No
\$ _____ Private disability insurance	Yes / No	\$ _____ Alimony or other spousal support	Yes / No
\$ _____ Child support	Yes / No	\$ _____ SSI	Yes / No
\$ _____ Unemployment insurance	Yes / No	\$ _____ SSDI	Yes / No
\$ _____ Worker's compensation	Yes / No	\$ _____ General Assistance	Yes / No
\$ _____ Retirement income from Social Security	Yes / No	\$ _____ TANF	Yes / No
		\$ _____ Other income source: _____	Yes / No
Updates to Housing Status			
Housing Status			
<input type="checkbox"/> Category 1 – Homeless (i.e. streets, shelter, transitional housing)		<input type="checkbox"/> Category 3 – Homeless only under other federal statutes	
<input type="checkbox"/> Category 2 – At imminent risk of losing housing (within 14 days)		<input type="checkbox"/> Category 4 – Fleeing domestic violence	
		<input type="checkbox"/> At risk of homelessness	
		<input type="checkbox"/> Stably Housed	
Housing Move-in Date: ____/____/____ (mm/dd/yy)	* If Move-in Date, Specify City Where Housed: City _____	New Permanent Housing Address _____ State _____ Zip _____	
Interim Housing Subsidy:			
If not at shelter, amount of subsidy: \$ _____ per month (Enter the monthly amount as a service in HMIS each month the client receives the subsidy)			
Permanent Housing Subsidy:			
If in permanent housing, amount of subsidy: \$ _____ per month (Enter the monthly amount as a service in HMIS each month the client receives the subsidy)			