



COHMIS

OneHome Status Update Assessment

CLIENT NAME									
<i>If household has another name, please add to alias and include in parentheses type of name (e.g. legal name, nickname, street name, deadname)</i>									
<i>For last and first name, please enter the name that the household uses, even if not legal name.</i>									

PROJECT NAME										
PROJECT STATUS DATE (mm/dd/yyyy)						—				
Disabling Condition										
<input type="checkbox"/> No			<input type="checkbox"/>			<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Yes						<input type="checkbox"/> Client prefers not to answer				
						<input type="checkbox"/> Data not collected				
Physical Disability										
<input type="checkbox"/> No			<input type="checkbox"/>			<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Yes*						<input type="checkbox"/> Client prefers not to answer				
						<input type="checkbox"/> Data not collected				
*If YES for Physical Disability <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>					<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected			
Developmental Disability										
<input type="checkbox"/> No			<input type="checkbox"/>			<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Yes						<input type="checkbox"/> Client prefers not to answer				
						<input type="checkbox"/> Data not collected				
<input type="checkbox"/> Chronic Health Condition										
<input type="checkbox"/> No			<input type="checkbox"/>			<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Yes*						<input type="checkbox"/> Client prefers not to answer				
						<input type="checkbox"/> Data not collected				
*If YES for Chronic Health Condition <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>					<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected			
HIV/AIDS										
<input type="checkbox"/> No			<input type="checkbox"/>			<input type="checkbox"/> Client doesn't know				
<input type="checkbox"/> Yes						<input type="checkbox"/> Client prefers not to answer				
						<input type="checkbox"/> Data not collected				
Mental Health Disorder										

<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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*If YES for Mental Health Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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Substance Use Disorder

<input type="checkbox"/> No <input type="checkbox"/> Alcohol Use Disorder* <input type="checkbox"/> Drug Use Disorder* <input type="checkbox"/> Both Alcohol and Drug Use Disorder*	<input type="checkbox"/>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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*If YES for Substance Use Disorder <i>Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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SURVIVOR OF DOMESTIC VIOLENCE

<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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***If YES to Survivor Domestic Violence**

When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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CASH INCOME FOR INDIVIDUAL

Income from Any Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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***If YES to Income from Any Source – Indicate all sources that apply**

Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income (i.e. employment income)	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	

<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> VA Non-Service Connected Disability Pension	
<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> Pension or retirement income from a former job	
<input type="checkbox"/> Child support	
<input type="checkbox"/> Alimony and other spousal support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

<input type="checkbox"/> Supplemental Nutrition Assistance Program	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-Funded Services
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefit ○ (Specify source: _____)

HEALTH INSURANCE

Covered by health insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Client prefers not to answer
		<input type="checkbox"/> Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply**

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Health Insurance Obtained Through COBRA
<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Other Health Insurance <input type="checkbox"/> (Specify source: _____)

ONEHOME HOUSING PREFERENCES AND ELIGIBILITY

Which county would you be willing to live in? (SELECT ALL THAT APPLY)

- Any
 Boulder County
 Denver County
 Client doesn't know

<input type="checkbox"/> Adams County	<input type="checkbox"/> City of Boulder	<input type="checkbox"/> Douglas County	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Arapahoe County	<input type="checkbox"/> Longmont	<input type="checkbox"/> Jefferson County	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Broomfield County	<input type="checkbox"/> Rural/Mountains	<input type="checkbox"/> Rural/Mountains	
	<input type="checkbox"/> No preference	<input type="checkbox"/> No preference	
	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____	

Are there any neighborhoods or cities that you absolutely will not live in even if it is the only housing option available?	
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Do you have other housing needs that will support your success? (SELECT ALL THAT APPLY)
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<input type="checkbox"/> Smoking	<input type="checkbox"/> Can do maximum 1-3 steps (i.e. ledge or step to get into unit)	<input type="checkbox"/> Other(specify): _____
<input type="checkbox"/> Wheelchair accessible (roll-in shower, no steps, grab bars, etc.)	<input type="checkbox"/> Extra bedroom for live-in care	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Elevator	<input type="checkbox"/> Documented Service animal	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Documented Emotional Support Animal	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Other Pet	

Please mark the types of housing below that you would be interesting in. Explain types of housing available to ensure understanding, do not assume. Select all that apply.

<input type="checkbox"/> Project-based (support is generally available on-site, subsidy is tied to particular units and does not travel with individual tenants) <input type="checkbox"/> Scattered site/tenant-based (the housing resource is connected to the person and unit will be found in market housing; there can be flexibility with criminal and credit backgrounds) <input type="checkbox"/> Sober living (sobriety requirements in place) <input type="checkbox"/> Work program (employment supports built in and often required) <input type="checkbox"/> Single Room Occupancy (SRO) (like a hotel/dorm room, no individual kitchen) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
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Are there are any housing barriers, like criminal backgrounds, meth manufacturing, arson, sex offenses, violent felony in last year, misdemeanors in the last 3 years, felonies in last 5 years?	
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Do you owe any money to the following (check all that apply):
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<input type="checkbox"/> Past Landlord Debt	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Past Utility Debt	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Collection Agency for Rent	<input type="checkbox"/> Data not collected

Providers: If yes, please support household in obtaining payment plan as it may be needed for housing

Does the household have any evictions?

<input type="checkbox"/> Yes, less than 1 year	<input type="checkbox"/> No
<input type="checkbox"/> Yes, between 1 – 7 years	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes, more than 7 years	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

Do you receive services in Aurora?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

CONTACT INFORMATION (Optional — entered on the Contacts tab) Personal Work Message	
Phone Number	
Email	

ADDRESS (Optional — entered on the Locations tab)		<input type="checkbox"/> Current Address • Last Permanent Address • Mailing Address	
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date