

Income and Sources, Non-Cash Benefits

Indicate below the client's sources of **monthly** income, non-cash benefits and expenses.

The following instructions are quoted from the HMIS Data Manual:

- When a client has income, but does not know the exact amount, a "Yes" response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.
- Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS Program Specific Manual instructs otherwise. Income should be recorded at the client-level for heads of household and adult household members. Projects may choose to collect this information for all household members including minor children, as long as this does not interfere with accurate reporting per funder requirements. Projects collecting data through client interviews should ask clients whether they receive income from each of the sources listed rather than asking them to state the sources of income they receive.
- Income data should be recorded only for sources of income that are current as of the information date (i.e. have not been specifically terminated). As an example, if a client's employment has been terminated and the client has not yet secured additional employment, the response for Earned income would be "No." As a further example, if a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for \$15.00/hour, but the client is currently working 20 hours per week for \$12.00 an hour, record the income from the job the client has at the time data are collected (i.e. 20 hours at \$12.00 an hour).

Assessment:

No Assessment Selected

Assessment Date:

*

Income from Any Source:

- _____
- Yes
 - No
 - Client Doesn't Know
 - Client prefers not to answer
 - Data not collected

Non-Cash Benefits from Any Source:*

- Yes
- No
- Client Doesn't Know
- Client prefers not to answer
- Data not collected

Expenses:

- Yes
- No
- Client Doesn't Know
- Client prefers not to answer
- Data not collected

Income

<input type="checkbox"/> Type	Description	Monthly Amount
<input type="checkbox"/> CalWORKS	_____	_____
<input type="checkbox"/> Food Stamps/Supplemental Nutrition Assistance Program (SNAP)/CalFRESH	_____	_____
<input type="checkbox"/> General Relief (GR)	_____	_____
<input type="checkbox"/> In Home Support Services (IHSS)	_____	_____
Count/Total Monthly Income:	0	\$0.00

Type	Description	Monthly Amount
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Women, Infants, and Children Special Supplemental Nutrition Program (WIC)	
<input type="checkbox"/>	Children's Health Insurance Program (SCHIP)	
<input type="checkbox"/>	Unemployment	
<input type="checkbox"/>	Veteran's Administration Benefits	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Cash Assistance Program for Immigrants	
<input type="checkbox"/>	Employment	
<input type="checkbox"/>	State Disability Income (SDI)	
<input type="checkbox"/>	Transitional Aid to Families with Dependent Children	
Count/Total Monthly Income:		0 \$0.00

Non-Cash Benefits

Type	Description	Monthly Amount
<input type="checkbox"/>	MEDICAID	
<input type="checkbox"/>	MEDICARE	
<input type="checkbox"/>	State Children's Health Insurance Program	
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
<input type="checkbox"/>	TANF Child Care Services	
<input type="checkbox"/>	TANF Transportation Services	
<input type="checkbox"/>	Other TANF-funded Services	
<input type="checkbox"/>	Other Source	
<input type="checkbox"/>	Section 8, Public Housing, or Other Ongoing Rental Assistance¹	
<input type="checkbox"/>	Temporary rental assistance¹	
¹ Deprecated in 2017 (HMIS v6.1) Count/Total Monthly Income:		0 \$0.00

Expenses

- Expense Group: Household
 Automotive
 Food
 Medical
 Other

7 results found.

<input type="checkbox"/> Type	Description	Amount*	Details
<input type="checkbox"/> Household Bills (Rent, Utilities, etc.)	_____	_____	Details
<input type="checkbox"/> Food	_____	_____	Details
<input type="checkbox"/> Childcare/Child	_____	_____	Details
<input type="checkbox"/> Phone Service	_____	_____	Details
<input type="checkbox"/> Medication	_____	_____	Details
<input type="checkbox"/> Medical/Dental Care	_____	_____	Details
<input type="checkbox"/> Miscellaneous	_____	_____	Details
Count/Total:		0	\$0.00