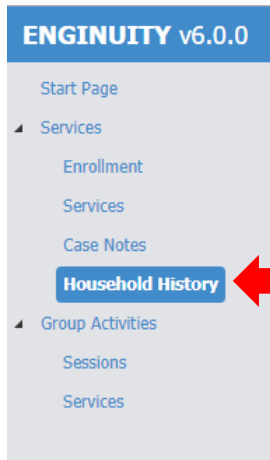
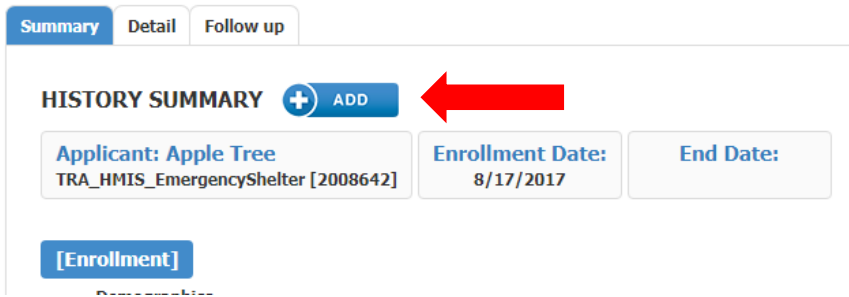


## Quick Reference: Adding an Annual Assessment

An annual assessment is required for any client who has been in your program for 1 year. It needs to be entered within 30 days (before or after) the anniversary date. Another annual review is required with each subsequent anniversary (2<sup>nd</sup>, 3<sup>rd</sup>, etc).

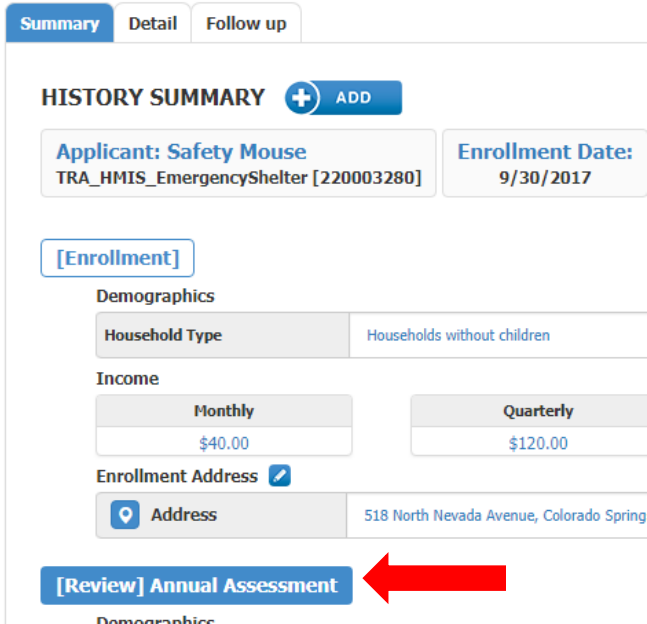
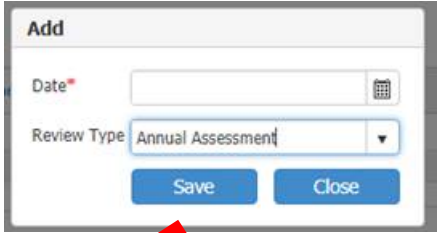


To enter a new annual assessment, first navigate to the correct client's record and select the correct application (program enrollment). This can be done either on the Applications tab or using the Application List widget on the upper-right of the Enrollment page. Then, navigate to the Household History page.



Then, click the "ADD" button

On the popup, fill in the appropriate date (the enrollment anniversary date is best), and select "Annual Assessment" from the drop down menu.



Click save, then select the "Annual Assessment" that you are working on (it will turn blue), then click on the "Detail" tab at the top of the page.

Then, you can confirm the details. If they need to be updated, click on the edit pencil. Also, you can add the Assessment by clicking the “+”

Summary **Detail** Follow up

**HISTORY DETAILS** SYNC

Applicant: Safety Mouse  
TRA\_HMIS\_EmergencyShelter [220003280]

Enrollment Date: 9/30/2017

End Date:

Snapshot Create Date: 9/30/2018

Household Information

Household type: Households without children

Household size: 1 Member(s)

Safety Mouse [Male 1/1/1970] Entry Date: 9/30/2017

DEMOGRAPHICS

MARITAL STATUS:  EDUCATION: GED VETERAN STATUS: No MEDICAL INSURANCE: No

INCOME

INCOME SOURCE	FREQUENCY	INCOME
Supplemental Security Income (SSI)	Monthly	\$40.00
TOTAL		\$40.00

NON-CASH BENEFITS/HEALTH INSURANCE

NON-CASH BENEFITS: None

HEALTH INSURANCE: VA Medical Services

ASSESSMENT

The assessment looks a lot like the enrollment assessment:

**Edit Question**

**General**

1.  Is this an Update or Annual assessment?  
 Project update  
 Project annual assessment
2.  Do you have a physical disability?
3.  Physical Disability: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
4.  Do you have a developmental disability?
5.  If Yes for "Developmental Disability" Expected to substantially impair ability to live independently
6.  Do you have a chronic health condition?
7.  Chronic Health Condition: Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.
8.  Have you been diagnosed with AIDS or have you tested positive for HIV?
9.  If Yes for "HIV / AIDS" Expected to substantially impair ability to live independently
10.  Do you feel that you have a mental health problem?

< 1 End >

Save

Close

Answer all the questions, then click “Save.”

You can add one for each HH member. See the example of father and son here:

Summary **Detail** Follow up

### HISTORY DETAILS SYNC

<b>Applicant:</b> Apple Tree TRA_HMIS_EmergencyShelter [2008642]	<b>Enrollment Date:</b> 8/17/2017	<b>End Date:</b>	<b>Snapshot Create Date:</b> 2/14/2018
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**Apple Tree [Male 3/15/1970]**

DEMOGRAPHICS ✎

MARITAL STATUS	EDUCATION	Some college	VETERAN
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INCOME ✎

No income

NON-CASH BENEFITS/HEALTH INSURANCE ✎

NON-CASH BENEFITS None

HEALTH INSURANCE No Health Insurance

ASSESSMENT + 

**Peach Tree [Male 1/13/2009]**

DEMOGRAPHICS ✎

MARITAL STATUS	EDUCATION	Grades 5-6	VETERAN
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INCOME ✎

No income

NON-CASH BENEFITS/HEALTH INSURANCE ✎

NON-CASH BENEFITS None

HEALTH INSURANCE State Children's Health Insurance

ASSESSMENT + 