

1. Reassessment Summary

Reassessment Date ____/____/____

Case Manager _____

Project Name _____

Client ID (Computer Generated) _____

2. Client Demographics

First _____ **Middle** _____ **Last** _____ **Suffix** _____

3. Program Specific Information

Covered by Health Insurance	<i>If Yes, Which Source(s)</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other _____
Connection with SOAR	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Income From Any Source	<i>If Yes, Indicate All Sources and Dollar Amounts that Apply</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	_____ Earned Income _____ Unemployment Insurance _____ SSI _____ SSDI _____ VA Service-Connected Disability Compensation _____ VA Non-Service-Connected Disability Compensation _____ Private Disability Insurance _____ Worker's Compensation _____ TANF _____ General Assistance _____ Retirement Income from Social Security _____ Pension or Retirement from a Former Job _____ Child Support _____ Alimony or Other Spousal Support _____ Other Source _____
Non-Cash Benefits from Any Source	<i>If Yes, Indicate All Sources and Dollar Amounts that Apply</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	_____ Supplemental Nutritional Assistance Program (Food Stamps) _____ Special Supplementation Nutritional Program for WIC _____ TANF Child Care Services _____ TANF Transportation Services _____ Other TANF-Funded Services _____ Other Source _____