



1. Re-Assessment Summary

Re-Assessment Date MM / DD / YYYY

Assessment Staff Name

Program Name

Client ID (Computer Generated)

2. Client Profile

First Name MI Last Name Suffix

SS#

Date of Birth MM / DD / YYYY

3. Re-Assessment Information

Income::			
Income Received from Any Source in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Non-Cash Benefits Received in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Monthly Income	<input type="checkbox"/> A Veterans' Disability Payment <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Earned Income <input type="checkbox"/> General Assistance <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension from a Former Job <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Income <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Worker's Compensation	Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SCHIP <input type="checkbox"/> Special Supplementation Nutritional Program for WIC <input type="checkbox"/> VA Medical Services <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance <input type="checkbox"/> Other Source <input type="checkbox"/> Temporary Rental Assistance
Assets::			
Asset Type	<input type="checkbox"/> Cash	\$ _____	Description _____
	<input type="checkbox"/> Automobile	\$ _____	Description _____
	<input type="checkbox"/> Home	\$ _____	Description _____
	<input type="checkbox"/> Investment	\$ _____	Description _____