

# Tulare HPRP Reassessment Form

## 1. Reassessment Summary

**Date Reassessed** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Staff Name:** \_\_\_\_\_  
**Agency Name** \_\_\_\_\_      **Program Name:** \_\_\_\_\_

## 2. Client Information

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

Income at Reassessment::		Non-Cash Benefits at Reassessment::	
<b>Income Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Non-Cash Benefits Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Monthly Income</b>	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Supplemental Security Income/SSI <input type="checkbox"/> Social Security Disability Income/SSDI <input type="checkbox"/> A veteran's disability payment <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source	<b>Non-Cash Benefits</b>	<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

## 3. Additional Household Member Information

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

Income at Reassessment::		Non-Cash Benefits at Reassessment::	
<b>Income Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Non-Cash Benefits Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Monthly Income</b>	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Supplemental Security Income/SSI <input type="checkbox"/> Social Security Disability Income/SSDI <input type="checkbox"/> A veteran's disability payment <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source	<b>Non-Cash Benefits</b>	<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

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**Additional Household Member Information (con't.)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Income at Reassessment::		Non-Cash Benefits at Reassessment::	
<b>Income Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Non-Cash Benefits Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Monthly Income</b>	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Supplemental Security Income/SSI <input type="checkbox"/> Social Security Disability Income/SSDI <input type="checkbox"/> A veteran's disability payment <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source	<b>Non-Cash Benefits</b>	<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

**Additional Household Member Information (con't.)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Income at Reassessment::		Non-Cash Benefits at Reassessment::	
<b>Income Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Non-Cash Benefits Received in Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Monthly Income</b>	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Supplemental Security Income/SSI <input type="checkbox"/> Social Security Disability Income/SSDI <input type="checkbox"/> A veteran's disability payment <input type="checkbox"/> Private disability insurance <input type="checkbox"/> Worker's compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Retirement income from Social Security <input type="checkbox"/> Veteran's pension <input type="checkbox"/> Pension from a former job <input type="checkbox"/> Child support <input type="checkbox"/> Alimony or other spousal support <input type="checkbox"/> Other source	<b>Non-Cash Benefits</b>	<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