

AKHMIS Interim Review / Update RHY BCP Shelter & Prevention Only

An Interim Review is used if there is a change in the client's health insurance coverage, disability information, and / or non-cash benefits while in the project.

Date: ____/____/____

Update Completed By: _____

Client Name: _____

Covered by Health Insurance? ____ Yes (if yes, select specific type(s)) ____ No

<input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Medicare <input type="checkbox"/> Veteran's Administration Medical Services <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Other
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Do you have a disabling condition? ____ Yes ____ No

Indicate what type of Disability and answer additional questions in table:

Disability Type	Long-Continued and Indefinite Duration?	Condition Going to be Long-Term?
Alcohol Abuse		
Both Alcohol & Drug Abuse		
Chronic Health Condition		
Developmental		
Drug Abuse		
HIV/AIDS		
Mental Health Problem		
Physical		

Do you receive any non-cash benefits? ____ Yes (if yes, select specific type(s)) ____ No

<input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Special Supplemental Nutrition Program for WIC <input type="checkbox"/> Other Source
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Are you pregnant? ____ Yes ____ No
If Yes, projected birth date: ____/____/____