

INTERIM REVIEWS

The Interim Review is an annual update of a client's income, benefits, and disability status. Interim Reviews are required for **each household member** even if there have been no status changes. Multnomah County programs that require Interim Reviews include:

- HUD Family Futures
- HUD Pathways Mental Health
- Action for Prosperity FUP (AFP FUP)
- HUD Homesafe
- HUD Pathways
- Girls Transitional Housing
- HUD Horizons
- New Doors

(*See city guidelines for submitting Interims for city-funded programs.)

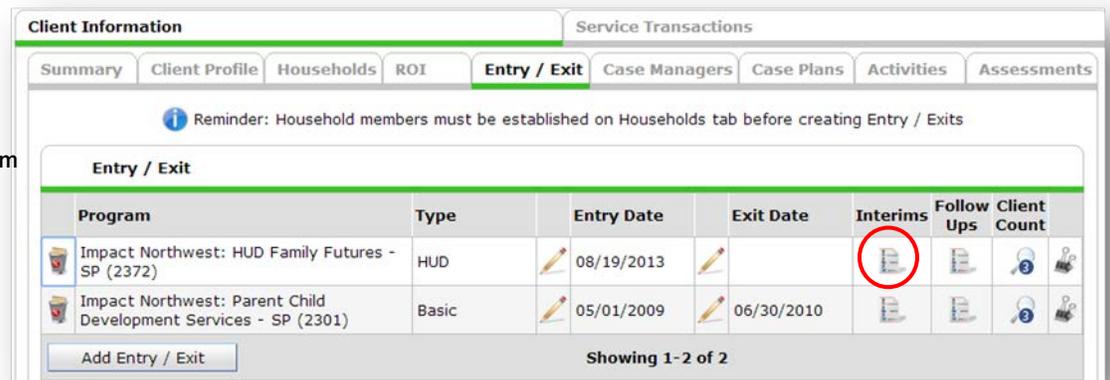
Effective July 1, 2014: Interim Reviews must be submitted on each anniversary of all client's entry date in the programs listed on pg. 1 plus or minus (\pm) 30 days*

*If a client is enrolled in multiple HUD programs, an Interim Review is required for **each HUD program entry**.

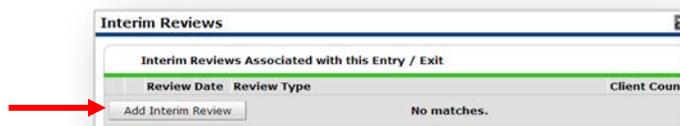
SETTING UP AN INTERIM REVIEW

The Interim Review can be found in the **Entry/Exit Tab** under 'Interims'

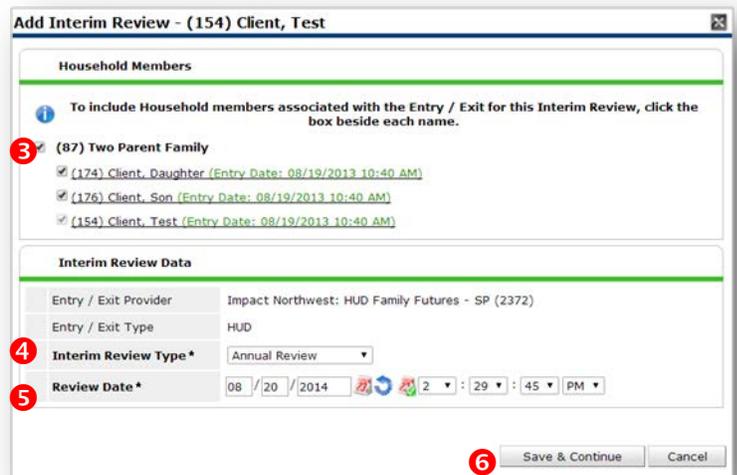
- 1 Click the Interims icon belonging to the program entry that requires an Interim Review



- 2 Click 'Add Interim Review'



- 3 Be sure that all household members are checked off
- 4 Interim Review Type = 'Annual Assessment'
- 5 Review Date = Date the Interim Review was completed (should be within 30 days before or after the anniversary of program entry)
- 6 Click 'Save and Continue'



COMPLETING AN ANNUAL ASSESSMENT

Assessment Updates (Formerly known as the RARE)

7 Verify that **Income** responses are still accurate as of the Interim Review date. (See all areas in purple.) If not, update responses.

Income from Any Source Yes (HUD) No (HUD) G

Monthly Income HUD Verification

| | Start Date * | Source of Income | Receiving Income Source? | Monthly Amount | End Date |
|--|--------------|-----------------------------|--------------------------|----------------|------------|
| | 06/12/2015 | Earned Income (HUD) | No | | |
| | 06/01/2015 | Earned Income (HUD) | Yes | US\$1,000.00 | 06/10/2015 |
| | 05/29/2015 | General Assistance (HUD) | No | | |
| | 11/28/2014 | Earned Income (HUD) | Yes | US\$200.00 | 12/03/2014 |
| | 11/28/2014 | Worker's Compensation (HUD) | No | | |

Add View Gross Income Showing 1-5 of 19 First Previous Next Last

Total Monthly Income G

8 Verify that responses to **Non-Cash Benefits** questions are still accurate as of the Interim Review date. (See all areas in blue.) If not, update responses.

Non-cash benefit from any source No (HUD) Yes (HUD) G

Non-Cash Benefits HUD Verification

| | Start Date * | Source of Non-Cash Benefit | Receiving Benefit? | Amount of Non-Cash Benefit | End Date |
|--|--------------|---|--------------------|----------------------------|------------|
| | 12/06/2014 | Supplemental Nutrition Assistance Program (Food Stamps) (HUD) | Yes | | |
| | 12/05/2014 | Supplemental Nutrition Assistance Program (Food Stamps) (HUD) | No | | 12/06/2014 |
| | 12/01/2014 | Supplemental Nutrition Assistance Program (Food Stamps) (HUD) | Yes | | 12/04/2014 |
| | 11/28/2014 | Temporary rental assistance (HUD) | No | | |
| | 11/28/2014 | Other Source (HUD) | No | | |

Add Showing 1-5 of 11 First Previous Next Last

9 Verify that responses to **Health Insurance** questions are still accurate as of the Interim Review date (See all areas in green). If not, update responses.

Covered by Health Insurance Yes (HUD) No (HUD) G

Health Insurance HUD Verification

| | Start Date * | Health Insurance Type | Covered? | End Date |
|--|--------------|-----------------------|----------|----------|
| | 12/05/2014 | MEDICARE | Yes | |

Add Showing 1-1 of 1

10 Verify that **Disability** responses are still accurate as of the Interim Review date. (See all areas in orange.) If not, update.

Does the client have a disabling condition? Yes (HUD) No (HUD) G

Disabilities HUD Verification

| | Disability Type | Start Date * | End Date | Disability determination |
|--|--------------------------------|--------------|------------|--------------------------|
| | Developmental (HUD) | 07/02/2015 | | No (HUD) |
| | Developmental (HUD) | 06/25/2015 | 06/27/2015 | |
| | Chronic Health Condition (HUD) | 06/25/2015 | | No (HUD) |
| | HIV/AIDS (HUD) | 06/25/2015 | | No (HUD) |
| | Physical (HUD) | 06/25/2015 | | No (HUD) |

Add Showing 1-5 of 17 First Previous Next Last

Relationship to Head of Household Self (head of household) G

In Permanent Housing Yes No G

If yes, Date of Move-In G

Remember to also check the **Level of Family Income** question. Hover over the question to see HHS guidelines.

IGNORE EVERYTHING ELSE BELOW THE ITEMS SHOWN IN THE ORANGE BOX

© SAVE and REPEAT steps 7-10 for all household members

Interim Review Assessment

Household Members

- (1) Test, Justin A
Age: 50
Veteran: Yes (HUD)
- (58100) Test, Just A, Jr
Age: 23
Veteran: No (HUD)