

Month
Day
Year

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male		
<input type="radio"/>	Doesn't Identify as male, female, or transgender		

RACE (Select all applicable) [All Clients]

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	Client does not know
<input type="radio"/>	Asian	<input type="radio"/>	Client refused
<input type="radio"/>	Black/African American	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Hawaiian or Other Pacific Islander		
<input type="radio"/>	White/Caucasian		

ETHNICITY [All Clients]

<input type="radio"/>	NonHispanic/ NonLatino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO VETERAN STATUS	
Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Korean War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Vietnam War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)	

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation New Dawn)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
Branch of the Military	
<input type="radio"/> Army	<input type="radio"/> Coast Guard
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know
<input type="radio"/> Navy	<input type="radio"/> Client refused
<input type="radio"/> Marines	<input type="radio"/> Data not collected
Discharge Status	
<input type="radio"/> Honorable	<input type="radio"/> Dishonorable
<input type="radio"/> General under honorable conditions	<input type="radio"/> Uncharacterized
<input type="radio"/> Other than honorable conditions (OTH)	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	
<input type="radio"/> Head of household's spouse or partner	<input type="radio"/> Other: nonrelation member

CLIENT LOCATION *[only if multiple CoC's]* _____

HOUSING STATUS AT ENTRY *[Head of Household and Adults]*

<input type="radio"/> Homeless	<input type="radio"/> Fleeing domestic violence	<input type="radio"/> Client doesn't know
<input type="radio"/> At imminent risk of losing housing	<input type="radio"/> At risk of homelessness	<input type="radio"/> Client refused
<input type="radio"/> Homeless only under other federal statutes	<input type="radio"/> Stably housed	<input type="radio"/> Data not collected

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY All Clients]*

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Date of Move In	___/___/_____

LIVING SITUATION BY TYPE OF RESIDENCE *[Head of Household and Adults]*

<input type="radio"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="radio"/> Rental by client, with VASH subsidy
<input type="radio"/> Foster care home or group home	<input type="radio"/> Rental by client, with GTD TIP subsidy
<input type="radio"/> Hospital or other residential non psychiatric medical facility	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Residential project or halfway house with no homeless criteria
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Safe Haven
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Owned by client, no ongoing housing subsidy	<input type="radio"/> Staying or living in a friend's room, apartment or house
<input type="radio"/> Owned by client, with ongoing housing subsidy	<input type="radio"/> Substance abuse treatment facility or detox center
<input type="radio"/> Place not meant for habitation	<input type="radio"/> Interim Housing
<input type="radio"/> Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="radio"/> Transitional housing for homeless persons (including homeless youth)
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused

<input type="radio"/>	Rental by client, no ongoing housing subsidy	<input type="radio"/>	Data not collected
LENGTH OF STAY IN PRIOR LIVING SITUATION			
<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[If type of stay is Interim Housing- Facility /Institution etc]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
Approximate Date Homelessness Started		____/____/____	
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years			
<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client refused
<input type="radio"/>	Four or More Times	<input type="radio"/>	Data not collected
Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years			
<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	212 months (specify number of months): _____	<input type="radio"/>	Client refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES]

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO CLIENT HAS BEEN ENGAGED	
Date of Engagement	___/___/___

DISABLING CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY	
Currently receiving services for physical disability	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client refused
Long-term physical disability	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client refused
Documentation of the disability and severity on file	<input type="radio"/> No <input type="radio"/> Yes
	<input type="radio"/> Yes <input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/>		<input type="radio"/>	Client refused
	<input type="radio"/>		<input type="radio"/>	Data not collected
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Currently receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>	<input type="radio"/>		Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/>		<input type="radio"/>	Client doesn't know
<input type="radio"/> Yes	<input type="radio"/>		<input type="radio"/>	Client refused
	<input type="radio"/>		<input type="radio"/>	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>	<input type="radio"/>		Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>	<input type="radio"/>		Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

HIVAIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO HIVAIDS – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO MENTAL HEALTH PROBLEM – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Long-term mental health problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	

Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes
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SUBSTANCE ABUSE PROBLEM *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse	
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Long-term substance abuse problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>			Data not collected	
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

DOMESTIC VIOLENCE *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO DOMESTIC VIOLENCE					
LAST OCCURRENCE					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY				
Income Source		Amount	Income Source	Amount
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Earned Income
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Pension or retirement income from former job
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Child support
<input type="radio"/>	VA NonService Connect Disability Pensioned		<input type="radio"/>	Private disability insurance
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Other source
<input type="radio"/>	Worker's Compensation		Specify Other"	
Total monthly amount:				

RECEIVING NONCASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other (Specify):

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date