



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

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
<b>Date of MoveIn</b>	____/____/____

**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"/> Private disability insurance	
<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"/> Alimony and other spousal support	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> Other source	
<input type="radio"/> Worker's Compensation		<b>Specify Other"</b>	
<b>Total monthly amount:</b>			

**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
<b>IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<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 ( <b>Specify</b> ):

**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
<b>IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS</b>			
<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

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**Signature of applicant stating all information is true and correct    Date**