



	<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
Long-term physical disability	<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>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**DEVELOPMENTAL 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 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"/>	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
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**CHRONIC HEALTH 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

**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"/>	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"/>	Yes	<input type="radio"/>	Data not collected
<b>Documentation of the disability and severity on file</b>	<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	
<b>Documentation of the disability and severity on file</b>	<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 PROBLEMS – SPECIFY**

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	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes
	<input type="radio"/>	Unconfirmed; presumptive or self report		

How confirmed	<input type="radio"/>	Confirmed through assessment and clinical evaluation
	<input type="radio"/>	Confirmed by prior evaluation or clinical records
<b>Serious mental illness (SMI) and, if SMI, how confirmed</b>		
<input type="radio"/>	No	<input type="radio"/> Confirmed by prior evaluation or clinical records
<input type="radio"/>	Unconfirmed; presumptive or self report	<input type="radio"/> Client doesn't know
<input type="radio"/>	Confirmed by prior evaluation or clinical records	<input type="radio"/> Client refused

**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	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report		
	<input type="radio"/>	Confirmed through assessment and clinical evaluation		
	<input type="radio"/>	Confirmed by prior evaluation or clinical records		

**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 ServiceConnected 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		<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

**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

<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**