



<input type="checkbox"/>	Trans Female (MTF or Male to Female)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Trans Male (FTM or Female to Male)	<input type="checkbox"/>	Data Not Collected

**RACE** (Select all applicable) [All clients]

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Data not collected

**ETHNICITY** [All clients]

<input type="checkbox"/>	Non-Hispanic / Non-Latino	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic / Non-Latino	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

**VETERANS STATUS** (All clients)

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

**IF "YES" TO VETERAN STATUS**

Year entered Military Service: \_\_\_\_\_

Year separated from Military Service: \_\_\_\_\_

THEATRE OF OPERATIONS	NO	YES	Client doesn't know	Client refused	Data not collected
Theater of Operations: World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Persian Gulf War (Desert Storm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Iraq (Operation New Dawn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BRANCH(es) OF THE MILITARY**

<input type="checkbox"/>	Army	<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Marines	<input type="checkbox"/>	Data not collected

**DISCHARGE STATUS**

<input type="checkbox"/>	Honorable	<input type="checkbox"/>	Uncharacterized
<input type="checkbox"/>	General under honorable conditions	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Other than honorable conditions (OTH)	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Bad Conduct	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Dishonorable		

**PROGRAM ENROLLMENT**

**PROJECT START DATE**

Month	Day	Year							

Is the Client an Adult or Head of Household?

Yes is Auto Generated for these questions

**COMPLETE HOUSING MOVE-IN DATE WHEN THE CLIENT MOVES INTO A PERMANENT HOUSING UNIT**

		/			/				
Month	Day	Year							

**LIVING SITUATION**

<input type="checkbox"/>	Emergency shelter, including hotel/motel paidfor w/ voucherr	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Interim Housing	<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house
<input type="checkbox"/>	Jail, prison or juvenile detention facility	<input type="checkbox"/>	Staying or living in a friend's room, apartment or house
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Substance abuse treatment facility or detox center

<input type="checkbox"/>	Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Data not collected
	Psychiatric hospital or other psychiatric facility		

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="checkbox"/>	One night or less	<input type="checkbox"/>	Two nights to six nights	<input type="checkbox"/>	One week or more, but less than one month
<input type="checkbox"/>	1 than 90 days month or more, but less	<input type="checkbox"/>	90 days or more, but less than a year	<input type="checkbox"/>	A year or longer
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not

**DISABLING CONDITION AND BARRIERS**

Disabling Condition?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

**PHYSICAL DISABILITY**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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**DEVELOPMENTAL DISABILITY**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Substantially Impairs Independence?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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**CHRONIC HEALTH CONDITION**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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**HIV – AIDS**

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Substantially Impairs Independence?

Independence

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Mental Health Problem

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Substance Abuse Problem

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes, please check below:

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Both Alcohol & Drug Abuse
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Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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**INCOME FROM ANY SOURCE**

Have you received income from any source?

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

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source(s) that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	Pension or Retirement Income from a former Job	\$
<input type="checkbox"/>	<input type="checkbox"/>	Private Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Alimony and Other Spousal Support	\$
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	\$
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	Other Cash Income	\$

	Source of Other Cash:	
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**TOTAL CASH INCOME: Amount is Auto Generated**

**NON-CASH BENEFITS**

Have you received non-cash benefits from any source?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes for non-cash benefits from any source that apply:

No	Yes	Source of Benefit	No	Yes	Source of Benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	SANF Child Care services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, public housing, or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other Source	If yes to "Other" Source, please specify		

**HEALTH INSURANCE INFORMATION**

Covered by health insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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<b>NO</b>	<b>YES</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>MEDICAID</b>

Reason not covered by Medicare (check one):

- Applied, Decision Pending  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

<b>NO</b>	<b>YES</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>MEDICARE</b>

Reason not covered by Medicare (check one):

- Applied, Decision Pending  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

State Children's Health Insurance Program (or use local name)

Reason not covered by SCHIP (check one):

- Applied, Decision Pending Client  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Veteran's Administration (VA) Medical Services

Reason not covered by VA (check one):

- Applied, Decision Pending Client  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Employer – Provided Health Insurance

Reason not covered by Employer – Provided Health Insurance (check one):

- Applied, Decision Pending Client  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance obtained through COBRA

Reason not covered by COBRA (check one):

- Applied, Decision Pending Client  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

Private Pay Health Insurance

Reason not covered by Private Pay Health Insurance (check one):

- Applied, Decision Pending Client  
  Applied, Client not eligible  
  Client did not apply  
  Insurance Type N/A for this Client  
 Client Doesn't Know  
  Client Refused  
  Data Not Collected

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

State Health Insurance for Adults (or use local name)

Reason not covered by State Health Insurance for Adults (check one):

- Applied, Decision Pending  Applied, Client not eligible  Client did not apply  Insurance Type N/A for this Client  
 Client Doesn't Know  Client Refused  Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program

Reason not covered by Indian Health Services Program (check one):

- Applied, Decision Pending  Applied, Client not eligible  Client did not apply  Insurance Type N/A for this Client  
 Client Doesn't Know  Client Refused  Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Other

Source of Other Insurance: \_\_\_\_\_

### MEDICAL ASSISTANCE

Receiving Public HIV/AIDS Medical Assistance

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Receiving AIDS Drug Assistance Program (ADAP)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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### T-CELL (CD4) AND VIRAL LOAD

T-cell (CD4) Count Available

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

T-cell Count (integer between 0 – 1500)

Viral Load Information Available

- Not Available  Available  Undetectable  Client doesn't know  Client Refused  Data Not Collected

If Available, :

Count (integer between 0 – 999999)