

<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

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Month Day Year

Is the Client an Adult or Head of Household? **Yes is Auto Generated for these questions**

Is the Program Type Either Homeless Prevention or Rapid-Rehousing? **Yes is Auto Generated for these questions**

Is the Program Type a Permanent Housing Program Type? **Yes is Auto Generated for these questions**

Is the Program Funding Source HUD:VASH or VA:SSVF? **Yes is Auto Generated for these questions**

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

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Month Day Year

LIVING SITUATION

<input type="checkbox"/>	Emergency shelter, including hotel/motel paid for w/voucher	<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
<input type="checkbox"/>	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 month or more, but less than 90 days	<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 collected

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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Percentage of AMI (SSVF Eligibility):

<input type="checkbox"/>	Less than 30%	<input type="checkbox"/>	30% to 50%	<input type="checkbox"/>	Greater than 50%
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Connection with SOAR?

<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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LAST GRADE COMPLETED/HIGHEST GRADE COMPLETED

<input type="checkbox"/>	Less than Grade 5	<input type="checkbox"/>	Associates degree
<input type="checkbox"/>	Grades 5 - 6	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Grades 7 - 8	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	Grades 9 - 11	<input type="checkbox"/>	Vocational certification
<input type="checkbox"/>	Grade 12 - High School Diploma	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	School Program does not have grade levels	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	GED	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Some College		

Employed?

<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, type of employment

<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Seasonal/Sporadic (including day labor)
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If no, why not employed?

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>	Not working
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LAST PERMANENT ADDRESS

Prior Street Address:

Prior City: _____ Prior State: _____ Zip: _____

PRIOR ADDRESS DATA QUALITY

<input type="checkbox"/>	Full address reported	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Incomplete or estimated address reported	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client doesn't know		

VAMC Station number: [\(614\) Memphis, TN](#)

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 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 Pen- sion	\$
<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 com- pensation	\$	<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 Case Income							

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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NO	YES	Health Insurance Providers	NO	YES	Health Insurance Providers
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Employer – Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other