

<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

RACE (Select all applicable) [All Clients]

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

ETHNICITY [All Clients]

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

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: non--relation member

IS CLIENT AN ADULT OR HEAD OF HOUSEHOLD? [All Client Households]

<input type="radio"/>	Yes
<input type="radio"/>	No

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Households]

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-In Date: [Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]	____/____/____
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WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged – Street Outreach Projects, for Adults & Head of Households]

Date of Engagement:	____/____/____
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PRIOR LIVING SITUATION
TYPE OF RESIDENCE

[Head of Household and Adults Only]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<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"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<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
[Institutional Housing Situations]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
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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"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		

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"/>	2-12 months (specify number of months): _____	<input type="radio"/>	Client refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

Disabling Conditions and Barriers
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

	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

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

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

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

MENTAL HEALTH DISORDER [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 DISORDER– SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

MONTHLY INCOME AND SOURCES
INCOME FROM ANY SOURCE [Head of Household and Adult]

<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
<input type="radio"/>	Earned Income		<input type="radio"/>
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>
<input type="radio"/>	Private disability insurance		<input type="radio"/>
<input type="radio"/>	Worker's Compensation		<input type="radio"/>
			TANF (Temporary Assist for Needy Families)
			General Assistance (GA)
			Retirement Income from Social Security
			Pension or retirement income from former job
			Child Support
			Alimony and other spousal support
			Other income source (specify):
Total monthly income for Individual:			

RECEIVING NON CASH 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 NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

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 Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults

<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program
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SEXUAL ORIENTATION *[Adults and Head of Households]*

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other, please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client refused
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

SCHOOL STATUS *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduate from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client refused
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

LAST GRADE COMPLETED *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate Degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's Degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate Degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12	<input type="radio"/> Client doesn't know
<input type="radio"/> School does not have grade levels	<input type="radio"/> Client refused
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some college	

GENERAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
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<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

PREGNANCY STATUS *[Adults and Head of Households]*

<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" for Pregnancy Status

Due Date	____/____/____
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FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY
[Adults and Head of Households, All program types except Street Outreach]

<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" for Formerly a Ward of Child Welfare/Foster Care Agency

<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years		
If "Less than one year" – Number of months			

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM
[Adults and Head of Households, All program types except Street Outreach]

<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" for Formerly a Ward of Juvenile Justice System

<input type="radio"/>	Less than one year	<input type="radio"/>	3 to 5 years or more
<input type="radio"/>	1 to 2 years		
If "Less than one year" – Number of months			

YOUTH EDUCATION STATUS
CURRENT SCHOOL ENROLLMENT AND ATTENDANCE

<input type="radio"/>	Not currently enrolled in any school or educational course	<input type="radio"/>	Client refused
<input type="radio"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/>	Data not collected
<input type="radio"/>	Currently enrolled and attending regularly (when school or the course is in session)		
<input type="radio"/>	Client doesn't know		

MOST RECENT EDUCATIONAL STATUS

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client refused
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

Current Educational Status

<input type="radio"/>	K12: Graduated from high school	<input type="radio"/>	Higher Education: Dropped out
<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher Education: Obtained a credential/degree
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client refused
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Data not collected
<input type="radio"/>	Higher Education: Pursuing a credential but not currently attending		

Signature of applicant stating all information is true and correct
Date