



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

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

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

**ETHNICITY [All Clients]**

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

**RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]**

<input type="checkbox"/>	Self	<input type="checkbox"/>	Head of household - other relation to member
<input type="checkbox"/>	Head of household's child		
<input type="checkbox"/>	Head of household's spouse or partner	<input type="checkbox"/>	Other: non•-relation member

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

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

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

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

<b>Housing Move-In Date:</b> <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/____
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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]*

<b>Date of Engagement:</b>	____/____/____
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**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE**

*[Head of Household and Adults Only]*

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	Staying or living in a family member's room, apartment or house
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance abuse treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no on-going housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Host Home (non-crisis)	0	Client refused
0	Staying or living in a friend's room, apartment or house	0	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION					
0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client refused
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]**

0	No	0	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS**
*[Institutional Housing Situations]*

0	No	0	Yes
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**ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN [Head of Household and Adults]**

0	Yes	0	No
<b>Approximate Date Homelessness Started</b>		____/____/____	
<b>Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years</b>			
0	One Time	0	Client doesn't know
0	Two Times	0	Client refused
0	Three Times	0	Data not collected
0	Four or More Times		
<b>Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years</b>			
0	One month (this time is the first month)	0	Client doesn't know
0	2-12 months (specify number of months): _____	0	Client refused
0	More than 12 months	0	Data not collected

**Disabling Conditions and Barriers**
**DISABLING CONDITION [All Clients]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

**PHYSICAL DISABILITY [All Clients]**

0	No	0	Client doesn't know	
0	Yes	0	Client refused	
		0	Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>				
	0	No	0	Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	Yes	0	Client refused
			0	Data not collected

**DEVELOPMENTAL DISABILITY [All Clients]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

**CHRONIC HEALTH CONDITION [All Clients]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

**MENTAL HEALTH DISORDER [All Clients]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

**SUBSTANCE USE DISORDER [All Clients]**

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know
		0	Client refused
0	Drug use disorder	0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
0			Data not collected	

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

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>
0	Earned Income	0	TANF (Temporary Assist for Needy Families)
0	Unemployment Insurance	0	General Assistance (GA)
0	Supplemental Security Income (SSI)	0	Retirement Income from Social Security
0	Social Security Disability Insurance (SSDI)	0	Pension or retirement income from former job
0	VA Service-Connected Disability Compensation	0	Child Support
0	VA Non-Service Connected Disability Pension	0	Alimony and other spousal support
0	Private disability insurance	0	Other income source (specify):
0	Worker's Compensation		
<b>Total monthly income for Individual:</b>			

**RECEIVING NON CASH BENEFITS [Head of Household and Adults]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

**COVERED BY HEALTH INSURANCE [All Clients]**

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults

0	Other (specify)	0	Indian Health Services Program
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**SEXUAL ORIENTATION** *[Adults and Head of Households]*

0	Heterosexual	0	Other
0	Gay	<i>If Other, please specify:</i>	
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client refused
0	Questioning/Unsure	0	Data not collected

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

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client refused
0	Dropped out	0	Data not collected

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

0	Less than Grade 5	0	Associate Degree
0	Grades 5-6	0	Bachelor's Degree
0	Grades 7-8	0	Graduate Degree
0	Grades 9-11	0	Vocational certification
0	Grade 12	0	Client doesn't know
0	School does not have grade levels	0	Client refused
0	GED	0	Data not collected
0	Some college		

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

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

0	Excellent	0	Poor
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0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

**PREGNANCY STATUS** *[Adults and Head of Households]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

**IF "YES" for Pregnancy Status**

<b>Due Date</b>	___/___/_____
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**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**
*[Adults and Head of Households, All program types except Street Outreach]*

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

**If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency**

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
<b>If "Less than one year" – Number of months</b>			

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

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

**If "Yes" for Formerly a Ward of Juvenile Justice System**

0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
<b>If "Less than one year" – Number of months</b>			

**YOUTH EDUCATION STATUS**
**CURRENT SCHOOL ENROLLMENT AND ATTENDANCE**

0	Not currently enrolled in any school or educational course	0	Client refused
0	Currently enrolled but NOT attending regularly (when school or the course is in session)	0	Data not collected
0	Currently enrolled and attending regularly (when school or the course is in session)		
0	Client doesn't know		



**MOST RECENT EDUCATIONAL STATUS**

0	K12: Graduated from high school	0	Higher Education: Dropped out
0	K12: Obtained GED	0	Higher Education: Obtained a credential/degree
0	K12: Dropped out	0	Client doesn't know
0	K12: Suspended	0	Client refused
0	K12: Expelled	0	Data not collected
0	Higher Education: Pursuing a credential but not currently attending		

**Current Educational Status**

0	K12: Graduated from high school	0	Higher Education: Dropped out
0	K12: Obtained GED	0	Higher Education: Obtained a credential/degree
0	K12: Dropped out	0	Client doesn't know
0	K12: Suspended	0	Client refused
0	K12: Expelled	0	Data not collected
0	Higher Education: Pursuing a credential but not currently attending		

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