

0	Earned Income (e.g., employment income)	0	Temporary Assistance for Needy Families (TANF)
0	Current Employer:	0	General Assistance (GA)
0	Unemployment Insurance	0	Retirement Income from Social Security
0	Supplemental Security Income (SSI)	0	Pension or Retirement Income from a Former Job
0	Social Security Disability Insurance (SSDI)	0	Child Support
0	VA Service-Connected Disability Compensation	0	Alimony and Other Spousal Support
0	VA Non-Service-Connected Disability Pension	0	Worker's Compensation
0	Private Disability Insurance	0	Other Source:
Total Monthly Income for Individual:			

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
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 prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
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 Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

CONNECTION WITH SOAR [*Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

Signature of applicant stating all information is true and correct Date