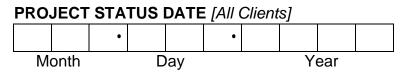


Youth Homelessness Demonstration Project Status Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone:901.527.1302

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:



CLIENT LOCATION [only if multiple CoC's]__

Disabling Conditions and Barriers

PHYSICAL DISABILITY [All Clients]

0	No No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
I	F "YES" TO PHYSICAL DISABILITY - SPECIFY				
_		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			Vee	0	Client doesn't know
		0	Yes	0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

0	No No			0	Client doesn't know
				0	Client doesn't know
0	Yes			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Vee	0	Client doesn't know	
		0	1 Yes		Data not collected



MENTAL HEALTH DISORDER [All Clients]

0	No No			0	Client doesn't know
				0	Client doesn't know
0	Yes			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY					
_		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		0	Vaa	0	Client doesn't know
			• Yes		Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders			
Alcohol use disorder		0	Client doesn't know			
		0	Client doesn	't know		
0	Drug use disorder	0	Data not collected			
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY						
_			No	Client doesn't know		
	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Vaa	Client doesn't know		
Su		U	Yes	Data not collected		

SURVIVOR OF DOMESTIC VIOLENCE [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 SURVIVOR OF DOMESTIC VIOLENCE – SPEC	IFY W	HEN EXP	PERIE	NCE OCCURRED	
WH	WHEN EXPERIENCE OCCURRED					
0	Within the past three months	0	One yea	ear ago or more		
	Three to give months ago (evoluting give months evoctive)	0	Client do	esn't k	now	
0	Three to six months ago (excluding six months exactly)	0	Client prefers not to answer			
0	Six months to one year ago (excluding one year exactly)	y) 🛛 🛛 Data not			ted	
		0	No	0	Client doesn't know	
Are you currently fleeing?				0	Client prefers not to	
Ale	you currently neering?	0	Yes	0	answer	
				0	Data not collected	

INCOME FROM ANY SOURCE [Head of Household and Adults]

-	<u>-</u>			
0	No	0	Client doesn't know	
		0	Client doesn't know	
U	Yes	0	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY				



Income Source	Amount	Inc	come Source	Amount
Earned Income		0	TANF (Temporary Assist for Needy Families)	
Unemployment Insurance		0	General Assistance (GA)	
Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job	
VA Service-Connected Disability Compensation		0	Child Support	
VA Non-Service Connected Disability Pension		0	Alimony and other spousal support	
Private disability insurance		0	Other income source	
Worker's Compensation			(specify):	
Total monthly income for Individual:				

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

Û	No			0	Client doesn't know
	Var			0	Client doesn't know
0	Yes			0	Data not collected
IF "Y	IF "YES" TO NON-CASH BENEFITS - INDICATE ALL SOURCES THAT APPL		Y		
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		1	Client doesn't know		
	Vec		1	Client doesn't know		
l.	Yes		1	Data not collected		
IF	"YES" TO HEALTH INSURANCE - HEALTH INSURANCE	S				
0	MEDICAID Emplo			ployer Provided Health Insurance		
0	MEDICARE	MEDICARE Insura				
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			

PREGNANCY STATUS [Adults and Head of Households]

0	No	0	Client doesn't know
	Vac	0	Client doesn't know
U	Yes	0	Data not collected
IF "YES" for Pregnancy Status			



Due Date

Signature of applicant stating all inform	tion is true and correct Date
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