WV Statewide HMIS Network

HMIS Intake Form- SSVF Providers

Has the Client consented to have their information included in HMIS, and do they fully understand the MIS Privacy Posting / Data Collection Notice? _____ yes   _____no

Head of Household- Only ONE ADULT in a household should be designated as the Head of Household.

First Name_____ **MI** _____ **Last Name** _____

Alias _____

Social Security Number _____-_____-_____ ☐ Full SSN Reported   ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know   ☐ Client Refused ☐ Data Not Collected

US Military Veteran? ☐ Yes   ☐ No   ☐ Client Doesn't Know   ☐ Client Refused   ☐ Data Not Collected

Date of Birth _____/_____/_____   ☐ Full DOB Reported   ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know   ☐ Client Refused ☐ Data Not Collected

Client Phone Number _____

Client Residence/ Last Permanent Address _____
(Street)   (City)   (State)   (Zip)

On a regular day, where is it easiest to find you and what time of day is easiest to do so? _____

Gender	Ethnicity	Primary Race	Secondary Race
☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client's Relationship to Head of Household ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member ☐ Other non-relation member ☐ Data Not Collected	**Do you have a disability of long duration that substantially impedes your ability to live independently?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**In which WV County is the Client located?** _____	
Domestic violence victim/survivor: ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, when did the experience occur?** ☐ Within the past three months ☐ Three to six months ago ☐ From six to twelve months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, are you currently fleeing?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	

Complete the following questions to reflect the Client's housing situation the NIGHT PRIOR TO PROJECT START:

Current Housing Status	Residence Prior to Project Start
☐ Category 1- Homeless	*Homeless Situation*
☐ Cat. 2- At imminent risk of losing housing	☐ Place not meant for habitation
☐ Category 4- Fleeing domestic violence	☐ Emergency shelter (including hotel/motel paid with emergency voucher)
☐ At-risk of homelessness	☐ Safe Haven
☐ Stably Housed	☐ Interim Housing
☐ Client Doesn't Know	*Institutional Situation*
☐ Client Refused	☐ Foster care home or foster care group home
☐ Data Not Collected	☐ Hospital or other residential non-psychiatric medical facility
	☐ Jail, prison, or juvenile detention facility
Length of Stay in Previous Place	☐ Long-term care facility or nursing home
☐ One night or less	☐ Psychiatric hospital or other psychiatric facility
☐ Two to six nights	☐ Substance abuse treatment facility or detox center
☐ One week or more, but less than one month	*Transitional and Permanent Housing Situation*
☐ One month or more, but less than 90 days	☐ Hotel or motel paid without emergency shelter voucher
☐ 90 days or more, but less than one year	☐ Owned by client, no ongoing housing subsidy
☐ One year or longer	☐ Owned by client, with ongoing housing subsidy
☐ Client Doesn't Know	☐ Permanent housing (other than RRH) for formerly homeless persons
☐ Client Refused	☐ Rental by client no ongoing housing subsidy
☐ Data Not Collected	☐ Rental by Client with VASH Housing Subsidy
	☐ Rental by Client with GPD TIP Housing Subsidy
In which CoC is Client seeking services?	☐ Rental by client with other ongoing housing subsidy (including RRH)
	☐ Residential project or halfway house with no homeless criteria
Client Location	☐ Staying or living in a family member's room, apartment or house
☐ WV-500 (NPC)	☐ Staying or living in a friend's room, apartment or house
☐ WV-501 (CHW)	☐ Transitional housing for homeless persons (including homeless youth)
☐ WV-503 (KVC)	☐ Client Doesn't Know
☒ WV-508 (BoS)	☐ Client Refused
	☐ Data Not Collected

Did you stay less than 90 days? *(for Institutional Situation ONLY)* ☐ Yes ☐ No	**On the night before did you stay on the streets, Emergency Shelter or Safe Haven?** *(prior to entering Institutional Situation OR TH/PH Situation ONLY)* ☐ Yes ☐ No	**Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past three years including today:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Did you stay less than 7 nights? *(for TH/PH Situation ONLY)* ☐ Yes ☐ No	**Approximate date this current episode of homelessness started:** ____ / ____ / _____ MM DD YYYY	
Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years: ☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Length of Time Homeless- Status Documented?** ☐ Yes ☐ No	**A Client is considered permanently housed when they are NOT residing on the streets, in Emergency Shelter, Safe Haven, Transitional Housing or in a place not meant for human habitation:** If yes, Housing Move-In Date: ____ / ____ / _____ MM DD YYYY

Complete the following questions for ALL HOUSEHOLD MEMBERS at Project Start:

Is the Client covered by Health Insurance?	Please verify if the Client <u>is or is not</u> covered by the following types of Health Insurance:		
☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**MEDICAID:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**MEDICARE :** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**State CHIP:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected
	VA Medical Services: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**Employer-Provided Health Ins.:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**Health Ins. Through COBRA:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected
	State Health Ins. for Adults: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**Private Pay Health Insurance:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected	**Indian Health Services Program:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected
	Other: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collected		
Does the Client have a disabling condition? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Please verify if the Client <u>does or does not</u> have the following disabilities:**		
	Alcohol Abuse: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	**Both Alcohol and Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	**Chronic Health Condition:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected
	Developmental: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	**Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	**HIV/AIDS:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected
	Mental Health Problem: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	**Physical:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collected	

Complete the following questions for ALL HOUSEHOLD MEMBERS AGE 18 OR OVER:

Does the Client have income from any source? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected **Total Monthly Income:** _____	**Please verify if the Client <u>does or does not</u> have the following types of monthly income:**		
	Alimony/Other Spousal Supp. ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Child Support** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Earned Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*
	General Assistance ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Other** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____* If Other, specify_____ _____	**Pension/Retirement Income from another job** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*
	Private Disability Income ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Retirement Income from Social Security** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Social Security Disability Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*
	SSI ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**TANF** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Unemployment Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*
	VA Non-Service Connected Disability Pension ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**VA Service Connected Disability Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*	**Worker's Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected *Monthly Amount $_____*

Does the Client receive a non-cash benefit from any source? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Please verify if the Client <u>does or does not</u> receive the following types of non-cash benefits:**		
	SNAP Benefits (Food Stamps) ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected	**Special Supplemental Nutrition Program for WIC** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected	**TANF Child Care Services** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected
	TANF Transportation Services ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected	**Other TANF-Funded Services** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected	**Other Source** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collected

VETERAN INFORMATION

Year entered military service: ____ / ____ / _____

Year separated from military service: ____ / ____ / _____

World War II ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Persian Gulf War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Dawn** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Korean War ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Afghanistan** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Other Peace Keeping or Military Interventions** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Vietnam War ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Freedom** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Branch of the Military** ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Discharge Status		Last Grade Completed:
☐ Honorable		☐ Less than Grade 5
☐ General under honorable conditions	**Percentage of AMI:**	☐ Grade 5-6
☐ Under other than honorable conditions	☐ Less than 30%	☐ Grade 7-8
☐ Bad Conduct	☐ 30% to 50%	☐ Grade 9-11
☐ Dishonorable	☐ Greater than 50%	☐ Grade 12/ High school diploma
☐ Uncharacterized		☐ School program does not have grade levels
☐ Client Doesn't Know	**VAMC Station Number [up to 8 characters]:**	☐ GED
☐ Client Refused	☐ (517) Beckley, WV	☐ Some College
☐ Data Not Collected	☐ (540) Clarksburg, WV	☐ Associate's Degree
	☐ (581) Huntington, WV	☐ Bachelor Degree
	☐ (613) Martinsburg, WV	☐ Graduate Degree
	☐ (646) Pittsburgh, PA	☐ Vocational Certification
	☐ Other: _____	☐ Client Doesn't Know
		☐ Client Refused
	Connection with SOAR:	☐ Data Not Collected
	☐Yes ☐No ☐ Client Doesn't Know	
	☐Client Refused ☐ Data Not Collected	

Additional Household Member(s) Profile:

Additional Household Member #1

First Name_____ **MI** _____ **Last Name** _____

Alias _____

Social Security Number _____-_____-_____ ☐ Full SSN Reported ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

US Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth _____/_____/_____ ☐ Full DOB Reported ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

_____

Additional Household Member #2

First Name_____ **MI** _____ **Last Name** _____

Alias _____

Social Security Number _____-_____-_____ ☐ Full SSN Reported ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

US Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth _____/_____/_____ ☐ Full DOB Reported ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

_____

Additional Household Member #3

First Name_____ **MI** _____ **Last Name** _____

Alias _____

Social Security Number _____-_____-_____ ☐ Full SSN Reported ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

US Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth _____/_____/_____ ☐ Full DOB Reported ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

_____

Additional Household Member #4

First Name_____ **MI** _____ **Last Name** _____

Alias _____

Social Security Number _____-_____-_____ ☐ Full SSN Reported ☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

US Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth _____/_____/_____ ☐ Full DOB Reported ☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Attach additional copies of this form for more than 4 Household Members

Additional Member #1 First Name_____	Additional Member #2 First Name_____	Additional Member #3 First Name_____	Additional Member #4 First Name_____
Gender ☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Gender** ☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Gender** ☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Gender** ☐ Female ☐ Male ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-conforming (i.e. not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Ethnicity ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Ethnicity** ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Ethnicity** ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Ethnicity** ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Primary Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Primary Race** ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Primary Race** ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Primary Race** ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Secondary Race	Secondary Race	Secondary Race	Secondary Race
☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pac. Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client's Relationship to Head of Household ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member ☐ Other non-relation member ☐ Data Not Collected	**Client's Relationship to Head of Household** ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member ☐ Other non-relation member ☐ Data Not Collected	**Client's Relationship to Head of Household** ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member ☐ Other non-relation member ☐ Data Not Collected	**Client's Relationship to Head of Household** ☐ Self (head of household) ☐ Head of household's child ☐ Head of household's spouse/partner ☐ Head of household's other relation member ☐ Other non-relation member ☐ Data Not Collected
Do you have a disability of long duration that substantially impedes your ability to live independently? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Do you have a disability of long duration that substantially impedes your ability to live independently?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Do you have a disability of long duration that substantially impedes your ability to live independently?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Do you have a disability of long duration that substantially impedes your ability to live independently?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
In which WV County is the Client located? _____	**In which WV County is the Client located?** _____	**In which WV County is the Client located?** _____	**In which WV County is the Client located?** _____
Domestic violence victim/survivor: ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Domestic violence victim/survivor:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Domestic violence victim/survivor:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Domestic violence victim/survivor:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If yes for Domestic violence victim/ survivor, when did the experience occur? ☐ Within the past 3 months ☐ 3 to 6 months ago ☐ From 6 to 12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, when did the experience occur?** ☐ Within the past 3 months ☐ 3 to 6 months ago ☐ From 6 to 12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, when did the experience occur?** ☐ Within the past 3 months ☐ 3 to 6 months ago ☐ From 6 to 12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, when did the experience occur?** ☐ Within the past 3 months ☐ 3 to 6 months ago ☐ From 6 to 12 months ago ☐ More than a year ago ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
If yes for Domestic violence victim/ survivor, are you currently fleeing? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, are you currently fleeing?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, are you currently fleeing?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**If yes for Domestic violence victim/ survivor, are you currently fleeing?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Current Housing Status ☐ Category 1- Homeless ☐ Cat. 2- At imminent risk of losing housing ☐ Cat. 4- Fleeing domestic violence ☐ At-risk of homelessness ☐ Stably Housed	**Current Housing Status** ☐ Category 1- Homeless ☐ Cat. 2- At imminent risk of losing housing ☐ Cat. 4- Fleeing domestic violence ☐ At-risk of homelessness ☐ Stably Housed	**Current Housing Status** ☐ Category 1- Homeless ☐ Cat. 2- At imminent risk of losing housing ☐ Cat. 4- Fleeing domestic violence ☐ At-risk of homelessness ☐ Stably Housed	**Current Housing Status** ☐ Category 1- Homeless ☐ Cat. 2- At imminent risk of losing housing ☐ Cat. 4- Fleeing domestic violence ☐ At-risk of homelessness ☐ Stably Housed

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Residence Prior to Project Start *Homeless Situation* ☐ Place not meant for habitation ☐ Emergency shelter (including hotel/motel paid with emergency voucher) ☐ Safe Haven ☐ Interim Housing *Institutional Situation* ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center *Transitional and Permanent Housing Situation* ☐ Hotel or motel paid without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client no ongoing housing subsidy ☐ Rental by Client with VASH Housing Subsidy ☐ Rental by Client with GPD TIP Housing Subsidy ☐ Rental by client with other ongoing housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Residence Prior to Project Start** *Homeless Situation* ☐ Place not meant for habitation ☐ Emergency shelter (including hotel/motel paid with emergency voucher) ☐ Safe Haven ☐ Interim Housing *Institutional Situation* ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center *Transitional and Permanent Housing Situation* ☐ Hotel or motel paid without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client no ongoing housing subsidy ☐ Rental by Client with VASH Housing Subsidy ☐ Rental by Client with GPD TIP Housing Subsidy ☐ Rental by client with other ongoing housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Residence Prior to Project Start** *Homeless Situation* ☐ Place not meant for habitation ☐ Emergency shelter (including hotel/motel paid with emergency voucher) ☐ Safe Haven ☐ Interim Housing *Institutional Situation* ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center *Transitional and Permanent Housing Situation* ☐ Hotel or motel paid without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client no ongoing housing subsidy ☐ Rental by Client with VASH Housing Subsidy ☐ Rental by Client with GPD TIP Housing Subsidy ☐ Rental by client with other ongoing housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Residence Prior to Project Start** *Homeless Situation* ☐ Place not meant for habitation ☐ Emergency shelter (including hotel/motel paid with emergency voucher) ☐ Safe Haven ☐ Interim Housing *Institutional Situation* ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center *Transitional and Permanent Housing Situation* ☐ Hotel or motel paid without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client no ongoing housing subsidy ☐ Rental by Client with VASH Housing Subsidy ☐ Rental by Client with GPD TIP Housing Subsidy ☐ Rental by client with other ongoing housing subsidy (including RRH) ☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house ☐ Staying or living in a friend's room, apartment or house ☐ Transitional housing for homeless persons (including homeless youth) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Length of Stay in Previous Place ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	**Length of Stay in Previous Place** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	**Length of Stay in Previous Place** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days	**Length of Stay in Previous Place** ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month ☐ One month or more, but less than 90 days

☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	☐ 90 days or more, but less than one year ☐ One year or longer ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Did you stay less than 90 days? *(for Institutional Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 90 days?** *(for Institutional Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 90 days?** *(for Institutional Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 90 days?** *(for Institutional Situation ONLY)* ☐ Yes ☐ No
Did you stay less than 7 nights*? (for TH/PH Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 7 nights***? (for TH/PH Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 7 nights***? (for TH/PH Situation ONLY)* ☐ Yes ☐ No	**Did you stay less than 7 nights***? (for TH/PH Situation ONLY)* ☐ Yes ☐ No
On the night before did you stay on the streets, Emergency Shelter or Safe Haven? *(prior to entering Institutional Situation OR TH/PH Situation ONLY)* ☐ Yes ☐ No	**On the night before did you stay on the streets, Emergency Shelter or Safe Haven?** *(prior to entering Institutional Situation OR TH/PH Situation ONLY)* ☐ Yes ☐ No	**On the night before did you stay on the streets, Emergency Shelter or Safe Haven?** *(prior to entering Institutional Situation OR TH/PH Situation ONLY)* ☐ Yes ☐ No	**On the night before did you stay on the streets, Emergency Shelter or Safe Haven?** *(prior to entering Institutional Situation OR TH/PH Situation ONLY)* ☐ Yes ☐ No
Approximate date this current episode started: ___ / ____ / _____ MM DD YYYY	**Approximate date this current episode started:** ___ / ____ / _____ MM DD YYYY	**Approximate date this current episode started:** ___ / ____ / _____ MM DD YYYY	**Approximate date this current episode started:** ___ / ____ / _____ MM DD YYYY
Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past three years including today: ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past three years including today:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past three years including today:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past three years including today:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more times ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years: ☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years:** ☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years:** ☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Total number of months homeless on the street, in Emergency Shelter or Safe Haven in the past three years:** ☐ One month (this time is the first month) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Client Location ☐ WV-500 (NPC) ☐ WV-501 (CHW) ☐ WV-503 (KVC) ☒ WV-508 (BoS)	**Client Location** ☐ WV-500 (NPC) ☐ WV-501 (CHW) ☐ WV-503 (KVC) ☒ WV-508 (BoS)	**Client Location** ☐ WV-500 (NPC) ☐ WV-501 (CHW) ☐ WV-503 (KVC) ☒ WV-508 (BoS)	**Client Location** ☐ WV-500 (NPC) ☐ WV-501 (CHW) ☐ WV-503 (KVC) ☒ WV-508 (BoS)
Length of Time Homeless-Status Documented? ☐ Yes ☐ No	**Length of Time Homeless-Status Documented?** ☐ Yes ☐ No	**Length of Time Homeless-Status Documented?** ☐ Yes ☐ No	**Length of Time Homeless-Status Documented?** ☐ Yes ☐ No

A Client is considered permanently housed when they are NOT residing on the streets, Emergency Shelter, Safe Haven, Transitional Housing or in a place not meant for human habitation: If yes, Housing Move-In Date: ___ / ___ / _____ MM DD YYYY	**A Client is considered permanently housed when they are NOT residing on the streets, Emergency Shelter, Safe Haven, Transitional Housing or in a place not meant for human habitation:** If yes, Housing Move-In Date: ___ / ___ / _____ MM DD YYYY	**A Client is considered permanently housed when they are NOT residing on the streets, Emergency Shelter, Safe Haven, Transitional Housing or in a place not meant for human habitation:** If yes, Housing Move-In Date: ___ / ___ / _____ MM DD YYYY	**A Client is considered permanently housed when they are NOT residing on the streets, Emergency Shelter, Safe Haven, Transitional Housing or in a place not meant for human habitation:** If yes, Housing Move-In Date: ___ / ___ / _____ MM DD YYYY
VETERAN INFORMATION	**VETERAN INFORMATION**	**VETERAN INFORMATION**	**VETERAN INFORMATION**
Year entered military service: ___ / ___ / _____	**Year entered military service:** ___ / ___ / _____	**Year entered military service:** ___ / ___ / _____	**Year entered military service:** ___ / ___ / _____
Year separated from military service: ___ / ___ / _____	**Year separated from military service:** ___ / ___ / _____	**Year separated from military service:** ___ / ___ / _____	**Year separated from military service:** ___ / ___ / _____
World War II ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**World War II** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**World War II** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**World War II** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Korean War ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Korean War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Korean War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Korean War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Vietnam War ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Vietnam War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Vietnam War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Vietnam War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Persian Gulf War ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Persian Gulf War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Persian Gulf War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Persian Gulf War** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Afghanistan ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Afghanistan** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Afghanistan** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Afghanistan** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Iraq Freedom ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Freedom** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Freedom** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Freedom** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Iraq Dawn ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Dawn** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Dawn** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Iraq Dawn** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Other Peace Keeping or Military Interventions ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Other Peace Keeping or Military Interventions** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Other Peace Keeping or Military Interventions** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Other Peace Keeping or Military Interventions** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Branch of the Military ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Branch of the Military** ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Branch of the Military** ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Branch of the Military** ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Discharge Status ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Discharge Status** ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Discharge Status** ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Discharge Status** ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Last Grade Completed: ☐ Less than Grade 5 ☐ Grade 5-6 ☐ Grade 7-8 ☐ Grade 9-11 ☐ Grade 12/ High school diploma ☐ School program does not have grade levels ☐ GED ☐ Some College ☐ Associate's Degree ☐ Bachelor Degree ☐ Graduate Degree ☐ Vocational Certification ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Last Grade Completed:** ☐ Less than Grade 5 ☐ Grade 5-6 ☐ Grade 7-8 ☐ Grade 9-11 ☐ Grade 12/ High school diploma ☐ School program does not have grade levels ☐ GED ☐ Some College ☐ Associate's Degree ☐ Bachelor Degree ☐ Graduate Degree ☐ Vocational Certification ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Last Grade Completed:** ☐ Less than Grade 5 ☐ Grade 5-6 ☐ Grade 7-8 ☐ Grade 9-11 ☐ Grade 12/ High school diploma ☐ School program does not have grade levels ☐ GED ☐ Some College ☐ Associate's Degree ☐ Bachelor Degree ☐ Graduate Degree ☐ Vocational Certification ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	**Last Grade Completed:** ☐ Less than Grade 5 ☐ Grade 5-6 ☐ Grade 7-8 ☐ Grade 9-11 ☐ Grade 12/ High school diploma ☐ School program does not have grade levels ☐ GED ☐ Some College ☐ Associate's Degree ☐ Bachelor Degree ☐ Graduate Degree ☐ Vocational Certification ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Percentage of AMI: ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%	**Percentage of AMI:** ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%	**Percentage of AMI:** ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%	**Percentage of AMI:** ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%
VAMC Station Number [up to 8 characters]: ☐ (517) Beckley, WV ☐ (540) Clarksburg, WV ☐ (581) Huntington, WV ☐ (613) Martinsburg, WV ☐ (646) Pittsburgh, PA ☐ Other: _____	**VAMC Station Number [up to 8 characters]:** ☐ (517) Beckley, WV ☐ (540) Clarksburg, WV ☐ (581) Huntington, WV ☐ (613) Martinsburg, WV ☐ (646) Pittsburgh, PA ☐ Other: _____	**VAMC Station Number [up to 8 characters]:** ☐ (517) Beckley, WV ☐ (540) Clarksburg, WV ☐ (581) Huntington, WV ☐ (613) Martinsburg, WV ☐ (646) Pittsburgh, PA ☐ Other: _____	**VAMC Station Number [up to 8 characters]:** ☐ (517) Beckley, WV ☐ (540) Clarksburg, WV ☐ (581) Huntington, WV ☐ (613) Martinsburg, WV ☐ (646) Pittsburgh, PA ☐ Other: _____
Connection with SOAR: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Connection with SOAR:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Connection with SOAR:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Connection with SOAR:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
HEALTH INSURANCE INFO.	**HEALTH INSURANCE INFO.**	**HEALTH INSURANCE INFO.**	**HEALTH INSURANCE INFO.**
Is the Client covered by Health Insurance? ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Is the Client covered by Health Insurance?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Is the Client covered by Health Insurance?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Is the Client covered by Health Insurance?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.

Please verify if the Client is or is not covered by each of the following types:	Please verify if the Client is or is not covered by each of the following types:	Please verify if the Client is or is not covered by each of the following types:	Please verify if the Client is or is not covered by each of the following types:
MEDICAID: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICAID:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICAID:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICAID:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
MEDICARE: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICARE:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICARE:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**MEDICARE:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
State CHIP: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State CHIP:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State CHIP:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State CHIP:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
VA Medical Services: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**VA Medical Services:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**VA Medical Services:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**VA Medical Services:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Employer-Provided Health Insurance: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Employer-Provided Health Insurance:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Employer-Provided Health Insurance:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Employer-Provided Health Insurance:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Health Ins. Thru COBRA: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Health Ins. Thru COBRA:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Health Ins. Thru COBRA:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Health Ins. Thru COBRA:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
State Health Ins. For Adults: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State Health Ins. For Adults:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State Health Ins. For Adults:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**State Health Ins. For Adults:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Private Pay Health Ins.: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Private Pay Health Ins.:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Private Pay Health Ins.:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Private Pay Health Ins.:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Indian Health Services Program: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Indian Health Services Program:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Indian Health Services Program:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Indian Health Services Program:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Other: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Other:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Other:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Other:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
DISABILTY INFORMATION	**DISABILTY INFORMATION**	**DISABILTY INFORMATION**	**DISABILTY INFORMATION**
Does the Client have a disabling condition? ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Does the Client have a disabling condition?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Does the Client have a disabling condition?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Does the Client have a disabling condition?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Please verify if the Client does or does not have the following disabilities:	**Please verify if the Client does or does not have the following disabilities:**	**Please verify if the Client does or does not have the following disabilities:**	**Please verify if the Client does or does not have the following disabilities:**
Alcohol Abuse: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Alcohol Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Alcohol Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Alcohol Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.

Both Alcohol & Drug Abuse: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Both Alcohol & Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Both Alcohol & Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Both Alcohol & Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
Chronic Health Condition: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Chronic Health Condition:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Chronic Health Condition:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Chronic Health Condition:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
Developmental: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Developmental:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Developmental:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Developmental:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
Drug Abuse: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Drug Abuse:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
HIV / AIDS: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**HIV / AIDS:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**HIV / AIDS:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**HIV / AIDS:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.

Column 1	Column 2	Column 3	Column 4
Above condition is going to be long term? ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	*Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	*Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	*Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
Mental Health Problem: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Mental Health Problem:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect.	**Mental Health Problem:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Mental Health Problem:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
Physical: ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Physical:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Physical:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.	**Physical:** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *If yes, expected to be of long-continued & indefinite duration & substantial impairs ability to live independently?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect. *Above condition is going to be long term?* ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused ☐ Data Not Collect.
INCOME/NON-CASH BENEFIT	**INCOME/NON-CASH BENEFIT**	**INCOME/NON-CASH BENEFIT**	**INCOME/NON-CASH BENEFIT**
Does the Client have income from any source? ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. **Total Monthly Income:** _____	**Does the Client have income from any source?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. **Total Monthly Income:** _____	**Does the Client have income from any source?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. **Total Monthly Income:** _____	**Does the Client have income from any source?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. **Total Monthly Income:** _____
Please verify if the Client does or does not have the following types of income:	**Please verify if the Client does or does not have the following types of income:**	**Please verify if the Client does or does not have the following types of income:**	**Please verify if the Client does or does not have the following types of income:**
Alimony/Other Spousal Supp ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Alimony/Other Spousal Supp** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Alimony/Other Spousal Supp** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Alimony/Other Spousal Supp** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Child Support ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Child Support** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Child Support** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Child Support** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Earned Income ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Earned Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Earned Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Earned Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
General Assistance ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**General Assistance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**General Assistance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**General Assistance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Other ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____* If Other, specify_____	**Other** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____* If Other, specify_____	**Other** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____* If Other, specify_____	**Other** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____* If Other, specify_____

Pension/Retirement Income from another job	Pension/Retirement Income from another job	Pension/Retirement Income from another job	Pension/Retirement Income from another job
☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Private Disability Income ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Private Disability Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Private Disability Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Private Disability Income** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Retirement Income from SSA ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Retirement Income from SSA** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Retirement Income from SSA** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Retirement Income from SSA** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Social Security Disability Insurance ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Social Security Disability Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Social Security Disability Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Social Security Disability Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
SSI ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**SSI** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**SSI** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**SSI** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
TANF ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**TANF** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**TANF** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**TANF** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Unemployment Insurance ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Unemployment Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Unemployment Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Unemployment Insurance** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
VA Non-Service Connected Disability Pension ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Non-Service Connected Disability Pension** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Non-Service Connected Disability Pension** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Non-Service Connected Disability Pension** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
VA Service Connected Disability Compensation ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Service Connected Disability Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Service Connected Disability Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**VA Service Connected Disability Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Worker's Compensation ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Worker's Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Worker's Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*	**Worker's Compensation** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect. *Monthly Amount $_____*
Does the Client receive any non-cash benefits? ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Does the Client receive any non-cash benefits?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refuse☐Data Not Collect.	**Does the Client receive any non-cash benefits?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Does the Client receive any non-cash benefits?** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Please verify if the Client <u>does or does not</u> receive the following non-cash benefits:	**Please verify if the Client <u>does or does not</u> receive the following non-cash benefits:**	**Please verify if the Client <u>does or does not</u> receive the following non-cash benefits:**	**Please verify if the Client <u>does or does not</u> receive the following non-cash benefits:**
SNAP Benefits (Food Stamps) ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**SNAP Benefits (Food Stamps)** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**SNAP Benefits (Food Stamps)** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**SNAP Benefits (Food Stamps)** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Nutrition Program for WIC ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Nutrition Program for WIC** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Nutrition Program for WIC** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	**Nutrition Program for WIC** ☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.

TANF Child Care Services	TANF Child Care Services	TANF Child Care Services	TANF Child Care Services
☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
TANF Transportation Service	**TANF Transportation Service**	**TANF Transportation Service**	**TANF Transportation Service**
☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Other TANF-Funded Services	**Other TANF-Funded Services**	**Other TANF-Funded Services**	**Other TANF-Funded Services**
☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.
Other Source	**Other Source**	**Other Source**	**Other Source**
☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.	☐Yes ☐No ☐ Client Doesn't Know ☐Client Refused☐Data Not Collect.

For SSVF Prevention Programs ONLY: (answer the SSVF HP Targeting Criteria below for the HoH/Veteran in the household)

1. Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.
   ☐Yes ☐No

2. Current housing loss expected within…
   ☐0-6 days ☐7-13 days ☐14-21 days ☐More than 21 days

3. Current household income is $0
   ☐Yes ☐No

4. Annual household gross income amount
   ☐0-14% of AMI for household size ☐15-30% of AMI for household size ☐More than 30% of AMI for household size

5. Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months
   ☐Yes ☐No

6. Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months
   ☐Yes ☐No

7. Rental Evictions within the Past 7 Years
   ☐ 4 or more prior evictions ☐2-3 prior evictions ☐1 prior eviction ☐No prior evictions

8. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit
   ☐Yes ☐No

9. History of Literal Homelessness (street/shelter/transitional housing)
   ☐4 or mores times or total of 12 months in the past 3 years ☐2-3 times in the past three years ☐1 time in the past 3 year ☐None

10. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing
    ☐Yes ☐No

11. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property
    ☐Yes ☐No

12. Registered sex offender
    ☐Yes ☐No

13. At least one dependent child under age 6
    ☐Yes ☐No

14. Single parent with minor child(ren)
    ☐Yes ☐No

15. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)
    ☐Yes ☐No

16. Any Veteran in household served in Iraq or Afghanistan
    ☐Yes ☐No

17. Female Veteran
☐Yes ☐No

18. HP applicant total points (integer):
    a. Grantee targeting threshold score (integer):