

# 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 This form contains all Universal Data Elements, common Project Specfic Data Elements, and SSVF Program Specific Elements. Head of Household- Only ONE ADULT in a household should be designated as the Head of Household. First Name\_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ 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 \_\_\_\_\_ (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 □ Non-Hispanic/Non-☐ American Indian/Alaska Native ☐ American Indian/Alaska Native ☐ Male Latino ☐ Trans Female (MTF or Male ☐ Hispanic/Latino ☐ Black or African-American ☐ Black or African-American ☐ Client Doesn't Know □ Native Hawaiian or Pacific Islander □ Native Hawaiian or Pac. Islander to Female) ☐ Trans Male (FTM or Female ☐ Client Refused □ White □ White □ Data Not Collected ☐ Client Doesn't Know ☐ Client Doesn't Know to Male) ☐ Gender Non-conforming (i.e. □ Client Refused □ Client Refused not exclusively male or female) □ Data Not Collected □ Data Not Collected ☐ Client Doesn't Know ☐ Client Refused □ Data Not Collected Client's Relationship to Head of Household Do you have a disability of long In which WV County is the Client duration that substantially impedes located? ☐ Self (head of household) ☐ Head of household's your ability to live independently? child □ Head of household's spouse/partner ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Head of household's other relation member ☐ Client Refused ☐ Data Not Collected □ Other non-relation member □ Data Not Collected If yes for Domestic violence victim/ Domestic violence victim/survivor: If yes for Domestic violence survivor, when did the experience victim/ survivor, are you occur? currently fleeing? □ Yes ☐ Within the past three months □ No ☐ Three to six months ago ☐ Yes ☐ Client Doesn't Know ☐ From six to twelve months ago □ No □ Client Refused ☐ More than a year ago ☐ Client Doesn't Know □ Data Not Collected ☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

☐ 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 ☐ Foster care home or foster care group home ☐ Client Refused □ 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 ☐ Psychiatric hospital or other psychiatric facility ☐ One night or less ☐ Two to six nights ☐ Substance abuse treatment facility or detox center □ One week or more, but less than one Transitional and Permanent Housing Situation month ☐ Hotel or motel paid without emergency shelter voucher ☐ One month or more, but less than 90 days ☐ Owned by client, no ongoing housing subsidy □ Owned by client, with ongoing housing subsidy □ 90 days or more, but less than one year

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected  In which CoC is Client seeking services?	☐ 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 ☐ Residential project or halfway house with n	y sidy s subsidy (including RRH) o homeless criteria
Client Location  □ WV-500 (NPC) □ WV-501 (CHW) □ WV-503 (KVC)  ■ WV-508 (BoS)	☐ Staying or living in a family member's room ☐ Staying or living in a friend's room, apartme ☐ Transitional housing for homeless persons ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	ent or house
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)	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 of homelessness started:	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
□ Yes	/	☐ 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	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: / / / YYYY

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

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

Does the Client have income	Please verify if the Client does of	or does not have the following type	s of monthly income:
from any source?	Alimony/Other Spousal Supp.	Child Support	Earned Income
□Yes	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□No	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected
☐ Client Doesn't Know			
☐ Client Refused	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
☐ Data Not Collected			
	General Assistance	Other	Pension/Retirement Income
	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	from another job
Total Monthly Income:	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected	□Yes □No □ Client Doesn't Know
Total Monthly Income:			□Client Refused□Data Not Collected
		Monthly Amount \$	
	Monthly Amount \$		
	Honenty Himoune #	If Other, specify	Monthly Amount \$
		in outer, speerly	Monthly Himount ψ
	Duizzata Digabilitza Inggres	Datinam ant In som a from	Coaial Coassity Disability
	Private Disability Income	Retirement Income from	Social Security Disability
	☐Yes ☐No ☐ Client Doesn't Know☐Client Refused☐Data Not Collected	Social Security	Insurance
	Literat Refused Librara Not Collected	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
		□Client Refused□Data Not Collected	□Client Refused□Data Not Collected
	14 d 1 d d	M (11 A ( )	3.6
	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
	SSI	TANF	Unemployment Insurance
	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected
	Chefit Refused Data Not Collected	Delient Refused Data Not Collected	delient Refused Data Not confected
	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
	Monthly Amount \$	Monthly Amount \$	Monthly Amount φ
	VA Non Compacted	VA Carries Connected	Worker's Compensation
	VA Non-Service Connected	VA Service Connected	□Yes □No □ Client Doesn't Know
	Disability Pension  □Yes □No □ Client Doesn't Know	<b>Disability Compensation</b> □Yes □No □ Client Doesn't Know	□Client Refused□Data Not Collected
	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected	Beliefit Refused Bata Not collected
	Benefit Refused Bata Not conceted	Edicite Refused Edita Not concered	Monthly Amount \$
	Monthly Amount \$	Monthly Amount \$	Monthly Himount ψ
	Μοπτηίγ Απισαπτ φ	Monthly Amount \$	
Does the Client receive a non-	Please verify if the Client does	or does not receive the following ty	nos of non sach honofits.
cash benefit from any source?	SNAP Benefits (Food Stamps)	Special Supplemental	TANF Child Care Services
□ Yes	□Yes □No □ Client Doesn't Know	Nutrition Program for WIC	□Yes □No □ Client Doesn't Know
□ No	□Client Refused□Data Not Collected	□Yes □No □ Client Doesn't Know	□Client Refused□Data Not Collected
☐ Client Doesn't Know	TANE Tours on the binner Countries	□Client Refused□Data Not Collected	041
☐ Client Refused	TANF Transportation Services	Other TANF-Funded Services	Other Source
☐ Data Not Collected	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected	□Client Refused□Data Not Collected
VETERAN INFORMATION			
Year entered military service:	//		
Year separated from military se	ervice://		
World War II	Persian Gulf War	Iraq Dawn	
□Yes	□ Yes	□Yes	
□No	□No	□No	
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn'	t Know
☐ Client Refused	☐ Client Refused	☐ Client Refuse	
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Coll	<del></del>
Korean War	Afghanistan		eeping or Military Interventions
			eping of Minitary interventions
□ Yes	□ Yes	□Yes	
□ No	□ No	□No	
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn'	
☐ Client Refused	☐ Client Refused	☐ Client Refuse	
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Coll	
Vietnam War	Iraq Freedom	Branch of the M	
☐ Yes	□ Yes		r Force 🛛 Navy 🗖 Marines
□No	□ No	☐ Coast Guard	
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn'	t Know
☐ Client Refused	☐ Client Refused	☐ Client Refuse	d
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Coll	

Discharge Status		Last Grade Completed:
☐ Honorable	Percentage of AMI:	☐ Less than Grade 5
☐ General under honorable conditions	☐ Less than 30%	☐ Grade 5-6
☐ Under other than honorable	□ 30% to 50%	☐ Grade 7-8
conditions	☐ Greater than 50%	☐ Grade 9-11
☐ Bad Conduct☐ Dishonorable		☐ Grade 12/ High school diploma
☐ Uncharacterized	VAMC Chatian Name has found a O	☐ School program does not have grade levels
☐ Client Doesn't Know	VAMC Station Number [up to 8	□ GED
☐ Client Refused	characters]:	☐ Some College
☐ Data Not Collected	☐ (517) Beckley, WV	☐ Associate's Degree
	☐ (540) Clarksburg, WV	☐ Bachelor Degree
	☐ (581) Huntington, WV ☐ (613) Martinsburg, WV	☐ Graduate Degree
	☐ (646) Pittsburgh, PA	☐ Vocational Certification
	□ Other:	☐ Client Doesn't Know
		☐ Client Refused
		☐ Data Not Collected
	Connection with SOAR:	
	□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 Colle	
<b>US Military Veteran?</b> □ Yes □ No □ Clie	ent Doesn't Know 🔲 Client Refused 🔲 Data Not Collected	
Date of Birth/	☐ Full DOB Reported ☐ Approximate or Partial DOB R☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collect	-
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 Colle	
IIS Military Veteran? □ Ves □ No □ Cliv	ent Doesn't Know	

 $\square$  Full DOB Reported

☐ Approximate or Partial DOB Reported

☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Date of Birth \_\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

| ☐ Client Doesn't Know             |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| ☐ Client Refused                  | ☐ Client Refused                  | ☐ Client Refused                  | ☐ Client Refused                  |
| ☐ Data Not Collected              |
Residence Prior to Project	Residence Prior to Project	Residence Prior to Project Start	Residence Prior to Project
Start	Start	Homeless Situation	Start
Homeless Situation	Homeless Situation	☐ Place not meant for habitation	Homeless Situation
☐ Place not meant for	☐ Place not meant for	☐ Emergency shelter (including	☐ Place not meant for habitation
habitation	habitation	hotel/motel paid with emergency	☐ Emergency shelter (including
☐ Emergency shelter	☐ Emergency shelter (including	voucher)	hotel/motel paid with emergency
(including hotel/motel paid	hotel/motel paid with	☐ Safe Haven	voucher)
with emergency voucher)	emergency voucher)	☐ Interim Housing	☐ Safe Haven
☐ Safe Haven	☐ Safe Haven	Institutional Situation	☐ Interim Housing
☐ Interim Housing	☐ Interim Housing	☐ Foster care home or foster care	Institutional Situation
Institutional Situation	Institutional Situation	group home	☐ Foster care home or foster
☐ Foster care home or foster	☐ Foster care home or foster	☐ Hospital or other residential	care group home
care group home	care group home	non-psychiatric medical facility	☐ Hospital or other residential
☐ Hospital or other residential	☐ Hospital or other residential	☐ Jail, prison, or juvenile	non-psychiatric medical facility
non-psychiatric medical facility	non-psychiatric medical facility	detention facility	☐ Jail, prison, or juvenile
☐ Jail, prison, or juvenile	☐ Jail, prison, or juvenile	☐ Long-term care facility or	detention facility
detention facility	detention facility	nursing home	☐ Long-term care facility or
☐ Long-term care facility or	☐ Long-term care facility or	☐ Psychiatric hospital or other	nursing home
nursing home	nursing home	psychiatric facility	☐ Psychiatric hospital or other
☐ Psychiatric hospital or other	☐ Psychiatric hospital or other	☐ Substance abuse treatment	psychiatric facility
psychiatric facility	psychiatric facility	facility or detox center	☐ Substance abuse treatment
☐ Substance abuse treatment	☐ Substance abuse treatment	Transitional and Permanent	facility or detox center
facility or detox center	facility or detox center	Housing Situation	Transitional and Permanent
Transitional and Permanent	Transitional and Permanent	☐ Hotel or motel paid without	Housing Situation
Housing Situation	Housing Situation	emergency shelter voucher	☐ Hotel or motel paid without
☐ Hotel or motel paid without	☐ Hotel or motel paid without	☐ Owned by client, no ongoing	emergency shelter voucher
emergency shelter voucher	emergency shelter voucher	housing subsidy	☐ Owned by client, no ongoing
☐ Owned by client, no ongoing	☐ Owned by client, no ongoing	☐ Owned by client, with ongoing	housing subsidy
housing subsidy	housing subsidy	housing subsidy	☐ Owned by client, with ongoing
☐ Owned by client, with	☐ Owned by client, with	☐ Permanent housing (other than	housing subsidy
ongoing housing subsidy	ongoing housing subsidy	RRH) for formerly homeless	☐ Permanent housing (other
☐ Permanent housing (other	☐ Permanent housing (other	persons	than RRH) for formerly homeless
than RRH) for formerly	than RRH) for formerly	☐ Rental by client no ongoing	persons
homeless persons	homeless persons	housing subsidy	☐ Rental by client no ongoing
☐ Rental by client no ongoing	☐ Rental by client no ongoing	☐ Rental by Client with VASH	housing subsidy
housing subsidy	housing subsidy	Housing Subsidy	☐ Rental by Client with VASH
☐ Rental by Client with VASH	☐ Rental by Client with VASH	☐ Rental by Client with GPD TIP	Housing Subsidy
Housing Subsidy	Housing Subsidy	Housing Subsidy	☐ Rental by Client with GPD TIP
☐ Rental by Client with GPD	☐ Rental by Client with GPD TIP	☐ Rental by client with other	Housing Subsidy
TIP Housing Subsidy	Housing Subsidy	ongoing housing subsidy	☐ Rental by client with other
☐ Rental by client with other	☐ Rental by client with other	(including RRH)	ongoing housing subsidy
ongoing housing subsidy	ongoing housing subsidy	☐ Residential project or halfway	(including RRH)
(including RRH)	(including RRH)	house with no homeless criteria	☐ Residential project or halfway
☐ Residential project or	☐ Residential project or	☐ Staying or living in a family	house with no homeless criteria
halfway house with no	halfway house with no	member's room, apartment or	☐ Staying or living in a family
homeless criteria	homeless criteria	house	member's room, apartment or
☐ Staying or living in a family	☐ Staying or living in a family	☐ Staying or living in a friend's	house
member's room, apartment or	member's room, apartment or	room, apartment or house	☐ Staying or living in a friend's
house	house	☐ Transitional housing for	room, apartment or house
☐ Staying or living in a friend's	☐ Staying or living in a friend's	homeless persons (including	☐ Transitional housing for
room, apartment or house	room, apartment or house	homeless youth)	homeless persons (including
☐ Transitional housing for	☐ Transitional housing for	☐ Client Doesn't Know	homeless youth)
homeless persons (including	homeless persons (including	☐ Client Refused	☐ Client Doesn't Know
homeless youth)	homeless youth)	□ Data Not Collected	□ Client Refused
☐ Client Doesn't Know	☐ Client Doesn't Know		☐ Data Not Collected
☐ Client Refused	☐ Client Refused		
☐ Data Not Collected	☐ Data Not Collected		
Length of Stay in Previous	Length of Stay in Previous	Length of Stay in Previous Place	Length of Stay in Previous
Place	Place		Place
☐ One night or less			
☐ Two to six nights			
☐ One week or more, but less			
than one month	than one month	than one month	than one month
☐ One month or more, but less			
than 90 days	than 90 days	than 90 days	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  Approximate date this	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	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	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
current episode started: /	current episode started: /	episode started:	episode started:
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	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	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	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
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	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	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	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)	□ WV-500 (NPC) □ WV-501 (CHW) □ WV-503 (KVC) ⊠WV-508 (BoS)	□ WV-500 (NPC) □ WV-501 (CHW) □ WV-503 (KVC) ⊠WV-508 (BoS)	□ WV-500 (NPC) □ WV-501 (CHW) □ WV-503 (KVC) ⊠WV-508 (BoS)
Length of Time Homeless- Status Documented?  ☐ Yes ☐ No	Length of Time Homeless-	Length of Time Homeless-	Length of Time Homeless-

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

Branch of the Military	Branch of the Military	Branch of the Military	Branch of the Military
☐ Army ☐ Air Force	☐ Army ☐ Air Force	☐ Army ☐ Air Force ☐ Navy	☐ Army ☐ Air Force ☐ Navy
☐ Navy ☐ Marines	□ Navy □ Marines	☐ Marines ☐ Coast Guard	☐ Marines ☐ Coast Guard
☐ Coast Guard	☐ Coast Guard	☐ Client Doesn't Know	☐ Client Doesn't Know
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Refused	☐ Client Refused
☐ Client Refused	☐ Client Refused	☐ Data Not Collected	☐ Data Not Collected
☐ Data Not Collected	☐ Data Not Collected		
Discharge Status	Discharge Status	Discharge Status	Discharge Status
☐ Honorable	☐ Honorable	☐ Honorable	□ Honorable
☐ General under honorable	☐ General under honorable	☐ General under honorable	☐ General under honorable
conditions	conditions	conditions	conditions
☐ Under other than honorable	☐ Under other than honorable	☐ Under other than honorable	☐ Under other than honorable
conditions  Bad Conduct	conditions  ☐ Bad Conduct	conditions  Bad Conduct	conditions ☐ Bad Conduct
☐ Dishonorable	☐ Dishonorable	☐ Dishonorable	☐ Dishonorable
☐ Uncharacterized	☐ Uncharacterized	☐ Uncharacterized	☐ Uncharacterized
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Doesn't Know
☐ Client Refused	☐ Client Refused	☐ Client Refused	☐ Client Refused
☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Collected	☐ Data Not Collected
	= Butta Not concetted		2 Batta Not Concetted
Last Grade Completed:	Last Grade Completed:	Last Grade Completed:	Last Grade Completed:
☐ Less than Grade 5	☐ Less than Grade 5	☐ Less than Grade 5	☐ Less than Grade 5
☐ Grade 5-6	☐ Grade 5-6	☐ Grade 5-6	☐ Grade 5-6
☐ Grade 7-8	☐ Grade 7-8	☐ Grade 7-8	☐ Grade 7-8
☐ Grade 9-11	☐ Grade 9-11	☐ Grade 9-11	☐ Grade 9-11
☐ Grade 12/ High school	☐ Grade 12/ High school	☐ Grade 12/ High school diploma	☐ Grade 12/ High school
diploma	diploma	☐ School program does not have	diploma
☐ School program does not	☐ School program does not	grade levels	☐ School program does not have
have grade levels	have grade levels	□ GED	grade levels
□ GED	□ GED	☐ Some College	□ GED
☐ Some College	☐ Some College	☐ Associate's Degree	☐ Some College
☐ Associate's Degree	☐ Associate's Degree	☐ Bachelor Degree	☐ Associate's Degree
☐ Bachelor Degree	☐ Bachelor Degree	☐ Graduate Degree	☐ Bachelor Degree
☐ Graduate Degree	☐ Graduate Degree	☐ Vocational Certification	☐ Graduate Degree
□ Vocational Certification	□ Vocational Certification	☐ Client Doesn't Know	☐ Vocational Certification
☐ Client Doesn't Know	☐ Client Doesn't Know	☐ Client Refused	☐ Client Doesn't Know
			☐ Client Refused
☐ Client Refused	☐ Client Refused	☐ Data Not Collected	
☐ Data Not Collected	☐ Data Not Collected		☐ Data Not Collected
Percentage of AMI:	Percentage of AMI:	Percentage of AMI:	Percentage of AMI:
☐ Less than 30%	☐ Less than 30%	□ Less than 30%	☐ Less than 30%
□ 30% to 50%	□ 30% to 50%	□ 30% to 50%	□ 30% to 50%
☐ Greater than 50%		☐ Greater than 50%	
Greater than 50%	☐ Greater than 50%	Greater than 50%	☐ Greater than 50%
VAMC Chatian Number Ive to	VAMC Chatian Number from to	VAMC Station Number Sun to O	VAMC Station Number from to O
VAMC Station Number [up to 8 characters]:	VAMC Station Number [up to 8 characters]:	VAMC Station Number [up to 8 characters]:	VAMC Station Number [up to 8 characters]:
(517) Beckley, WV	□ (517) Beckley, WV	□ (517) Beckley, WV	☐ (517) Beckley, WV
☐ (540) Clarksburg, WV	☐ (540) Clarksburg, WV	☐ (540) Clarksburg, WV	☐ (540) Clarksburg, WV
(581) Huntington, WV	☐ (581) Huntington, WV	☐ (581) Huntington, WV	☐ (581) Huntington, WV
☐ (613) Martinsburg, WV	☐ (613) Martinsburg, WV	☐ (613) Martinsburg, WV	☐ (613) Martinsburg, WV
(646) Pittsburgh, PA	☐ (646) Pittsburgh, PA	☐ (646) Pittsburgh, PA	☐ (646) Pittsburgh, PA
□ Other:	□ Other:	□ Other:	□ Other:
Connection with SOAR:	Connection with SOAR:	Connection with SOAR:	Connection with SOAR:
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
AND AL MILL DIGING AND	HEAL WILL INCOME ANGE THE	HEALEN MOVE AND THE	HEALEN INCOME ANGE
HEALTH INSURANCE INFO.	HEALTH INSURANCE INFO.	HEALTH INSURANCE INFO.	HEALTH INSURANCE INFO.
Is the Client covered by	Is the Client covered by	Is the Client covered by Health	Is the Client covered by Health
Health Insurance?  □Yes □No □ Client Doesn't Know	Health Insurance?  □Yes □No □ Client Doesn't Know	Insurance?  □Yes □No □ Client Doesn't Know	Insurance? □Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Please verify if the Client <u>is</u> or is not covered by each of	Please verify if the Client is or is not covered by each of the	Please verify if the Client is or is not covered by each of the	Please verify if the Client is or is not covered by each of the
the following types:	following types:	following types:	following types:
MEDICAID:	MEDICAID:	MEDICAID:	MEDICAID:
□Yes □No □ Client Doesn't Know			
□Client Refused□Data Not Collect.			
MEDICARE:	MEDICARE:	MEDICARE:	MEDICARE:
□Yes □No □ Client Doesn't Know			
□Client Refused□Data Not Collect.			
Edicit Refused Data Not concet.	Beliefit RefuseuBbata Not collect.	Benefit Refused Bata Not concet.	Beliefit Refused Bata Not Collect.
State CHIP:	State CHIP:	State CHIP:	State CHIP:
Yes □No □ Client Doesn't Know			
□Client Refused□Data Not Collect.			
VA Medical Services:	VA Medical Services:	VA Medical Services:	VA Medical Services:
□Yes □No □ Client Doesn't Know			
□Client Refused□Data Not Collect.			
Employer-Provided Health	Employer-Provided Health	Employer-Provided Health	Employer-Provided Health
Insurance:	Insurance:	Insurance:	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.	□Client Refused□Data Not Collect.	□ Client Refused □ Data Not Collect.	
□Cilent Refused□Data Not Collect.	Chefit Refused Data Not Collect.	Deficit Refused Data Not Collect.	□Client Refused□Data Not Collect.
Control of the Contro	Contract to the contract to th	Control of the Contro	Control of the contro
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.			
Indian Health Services	Indian Health Services	Indian Health Services	Indian Health Services
Program:	Program:	Program:	Program:
□Yes □No □ Client Doesn't Know			
□Client Refused□Data Not Collect.			
		_ cheme norasea_sata not concea	
	Other	Other	Other
Other:	Other:	Other:	Other:
Other:  □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
Other:			
Other:  □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
Other:  □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:  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION
Other:  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION Does the Client have a	☐Yes ☐No ☐ Client Doesn't Know☐Client Refused☐Data Not Collect.  DISABILTY INFORMATION  Does the Client have a	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a
Other:  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	☐Yes ☐No ☐ Client Doesn't Know☐Client Refused☐Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?
Other:    Yes   No   Client Doesn't Know     Client Refused   Data Not Collect.    DISABILTY INFORMATION     Does the Client have a     disabling condition?     Yes   No   Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know
Other:  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	☐Yes ☐No ☐ Client Doesn't Know☐Client Refused☐Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition?
Other:    Yes   No   Client Doesn't Know     Client Refused   Data Not Collect.    DISABILTY INFORMATION     Does the Client have a     disabling condition?     Yes   No   Client Doesn't Know     Client Refused   Data Not Collect.	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □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     Does the Client have a     disabling condition?     Yes   No   Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  DISABILTY INFORMATION  Does the Client have a disabling condition? □Yes □No □ Client Doesn't Know
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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	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	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	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
Developmental:  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.	Developmental:  □Yes □No □ Client Doesn't Know □Client Refused □Data Not Collect.	Developmental:  □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.	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.	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.	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.	Chronic Health Condition:  □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.	Chronic Health Condition:  □Yes □No □ Client Doesn't Know □Client Refused □ Data Not Collect.
□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.	□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.	How the pendentity:  □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.	□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.
If yes, expected to be of long- continued & indefinite duration & substantial impairs ability to live independently?	If yes, expected to be of long- continued & indefinite duration & substantial impairs ability to live independently?	If yes, expected to be of long- continued & indefinite duration & substantial impairs ability to live independently?	If yes, expected to be of long- continued & indefinite duration & substantial impairs ability to live independently?
Both Alcohol & Drug Abuse:  □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.	Both Alcohol & Drug Abuse:  □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.

□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.

If yes, expected to be of longcontinued & indefinite duration & substantial impairs ability to live independently?

□Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.

□Yes □No □ Client Doesn't Know □Client Refused □Data Not Collect.

If yes, expected to be of longcontinued & indefinite duration & substantial impairs ability to live independently?

□Yes □No □ Client Doesn't Know □Client Refused □Data Not Collect.

□Yes □No □ Client Doesn't Know □Client Refused □ Data Not Collect.

If yes, expected to be of longcontinued & indefinite duration & substantial impairs ability to live independently?

□Yes □No □ Client Doesn't Know □Client Refused □ Data Not Collect. □Yes □No □ Client Doesn't Know □Client Refused □ Data Not Collect.

If yes, expected to be of longcontinued & indefinite duration & substantial impairs ability to live independently?

□Yes □No □ Client Doesn't Know □Client Refused □ Data Not Collect.

47 700 0 0 7	41 100 1 1	47 199 4 4 7 7	41 100 0 1
Above condition is going to be	Above condition is going to be long term?	Above condition is going to be long term?	Above condition is going to be long term?
long term?  □Yes □No □ Client Doesn't Know	Yes □No □ Client Doesn't Know	Yes □No □ Client Doesn't Know	Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused □Data Not Collect.	□Client Refused □ Data Not Collect.	□Client Refused □ Data Not Collect.
Mental Health Problem:	Mental Health Problem:	Mental Health Problem:	Mental Health Problem:
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused □Data Not Collect.	☐ Client Refused ☐ Data Not Collect.	□Client Refused □ Data Not Collect.
If yes, expected to be of long-	If yes, expected to be of long-	If yes, expected to be of long-	If yes, expected to be of long-
continued & indefinite duration	continued & indefinite duration	continued & indefinite duration &	continued & indefinite duration &
& substantial impairs ability to	& substantial impairs ability to	substantial impairs ability to live	substantial impairs ability to live
live independently?	live independently?	independently?	independently?
☐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.
Above condition is going to be	Above condition is going to be	Above condition is going to be long	Above condition is going to be
long term?	long term?	term?	long term?
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused □Data Not Collect.	□ Client Refused □ Data Not Collect.	□Client Refused □ Data Not Collect.
Physical:  □Yes □No □ Client Doesn't Know	Physical:  □Yes □No □ Client Doesn't Know	Physical:  □Yes □No □ Client Doesn't Know	Physical:  □Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused □Data Not Collect.	☐ Client Refused ☐ Data Not Collect.	□Client Refused □ Data Not Collect.
If yes, expected to be of long-	If yes, expected to be of long-	If yes, expected to be of long-	If yes, expected to be of long-
continued & indefinite duration & substantial impairs ability to	continued & indefinite duration	continued & indefinite duration & substantial impairs ability to live	continued & indefinite duration & substantial impairs ability to live
live independently?	& substantial impairs ability to live independently?	independently?	independently?
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	☐Yes ☐No ☐ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused □Data Not Collect.	□Client Refused □ Data Not Collect.	□Client Refused □ Data Not Collect.
Above condition is going to be	Above condition is going to be	Above condition is going to be long	Above condition is going to be
long term? □Yes □No □ Client Doesn't Know	long term? □Yes □No □ Client Doesn't Know	term?  □Yes □No □ Client Doesn't Know	long term?  □Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	☐ Client Refused ☐ Data Not Collect.	☐ Client Refused ☐ Data Not Collect.	□Client Refused □ Data Not Collect.
INCOME/NON-CASH BENEFIT	INCOME/NON-CASH BENEFIT  Does the Client have income	INCOME/NON-CASH BENEFIT Does the Client have income	INCOME/NON-CASH BENEFIT  Does the Client have income
Does the Client have income	L Does the Chent have income		
from any source?	from any source?  □Yes □No □ Client Doesn't Know	from any source?	from any source?
	from any source?		
from any source? □Yes □No □ Client Doesn't Know	from any source? □Yes □No □ Client Doesn't Know	from any source? □Yes □No □ Client Doesn't Know	from any source? □Yes □No □ Client Doesn't Know
from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:
from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  Please verify if the Client	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  Please verify if the Client does	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  Please verify if the Client does	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  Please verify if the Client does
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:	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:	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:	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:
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: Alimony/Other Spousal Supp	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:  Alimony/Other Spousal Supp	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly 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:  Alimony/Other Spousal Supp
from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  ———————————————————————————————————	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly 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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know
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: Alimony/Other Spousal Supp	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:  Alimony/Other Spousal Supp	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly 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:  Alimony/Other Spousal Supp
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: Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$	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: Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$
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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$ Child Support	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support	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: Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support
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:  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	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:  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	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:  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	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:  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
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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$ Child Support	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support	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: Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support	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:  Alimony/Other Spousal Supp □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Child Support
From any source?   □Yes □No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Total Monthly 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:  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.	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:  Alimony/Other Spousal Supp □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 \$ □Child Support □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$ □Client Refused□Data Not Collect.	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income: □Yes □No □ 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 \$  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 \$
From any source?   □Yes □No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Total Monthly 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:  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 \$  Earned 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:  Alimony/Other Spousal Supp □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 \$ □ Earned Income	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income: □Yes □No □ 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 \$  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
From any source?   □Yes □No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Total Monthly 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:  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 \$  Earned Income □Yes □No □ Client Doesn't Know	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income: □Yease 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 \$  Child Support □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Earned Income □Yes □No □ Client Doesn't Know	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  □Yease 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 \$  Child Support □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$  Earned Income □Yes □No □ Client Doesn't Know
From any source?   □Yes □No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Total Monthly 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:  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 \$  Earned 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:  Alimony/Other Spousal Supp □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 \$ □ Earned Income	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income: □Yes □No □ 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 \$  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
From any source?	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:  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 \$  Earned Income □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.	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:  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 \$  Earned Income □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$	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:  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 \$  Earned Income □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.
From any source?	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:  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 \$  Earned Income □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 \$  General Assistance	From any source?	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:  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 \$  Earned Income □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.
From any source?	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:  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 \$  Earned Income □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.	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:  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 \$  Earned Income □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$	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:  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 \$  Earned Income □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Monthly Amount \$
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:  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 \$  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.	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  □Yease 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 \$  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 \$  General Assistance □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.	From any source?	From any source?
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:  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 \$  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.	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:  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 \$  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.	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly 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:  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 \$  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 \$  Chient Refused□Data Not Collect.
From any source?	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  □Yease 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 \$  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 \$  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 \$  Chient Refused□Data Not Collect.	From any source?	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:   Alimony/Other Spousal Supp □ 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 \$ □ 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 \$ □ 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 \$ □ 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 \$ □ Yes □ No □ Client Doesn't Know □ Yes □ Yes □ No □ Client Doesn't Know □ Yes □ Ye
From any source?	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:  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 \$  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.	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly 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:  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 \$  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 \$  Chient Refused□Data Not Collect.
From any source?	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:     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 \$     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 \$     Other       Yes   No     Client Doesn't Know     Client Refused   Data Not Collect.     Other       Yes   No     Client Doesn't Know     Client Refused   Data Not Collect.	From any source?	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:   Alimony/Other Spousal Supp □ Yes □ No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Monthly Amount \$
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:  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 \$  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 \$  Other □Yes □No □ Client Doesn't Know	from any source?  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.  Total Monthly Income:  □Yease 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 \$  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 \$  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	From any source?	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:   Alimony/Other Spousal Supp □ Yes □ No □ Client Doesn't Know □ Client Refused □ Data Not Collect.   Monthly Amount \$

Donaio - /Dokinson Income	Daniel Daties	D	Daniel - Daties - Dat
Pension/Retirement Income	Pension/Retirement Income	Pension/Retirement Income	Pension/Retirement Income
from another job  □Yes □No □ Client Doesn't Know	from another job  □Yes □No □ Client Doesn't Know	from another job  □Yes □No □ Client Doesn't Know	from another job  □Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Denent RefuseuDbata Not concet.	Deficit Refused Data Not concet.	Editent RefusedEbata Not doneet.	Delicite Relased Data Not concer.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
Private Disability Income	Private Disability Income	Private Disability Income	Private Disability Income
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
Retirement Income from SSA  □Yes □No □ Client Doesn't Know	Retirement Income from SSA  □Yes □No □ Client Doesn't Know	Retirement Income from SSA  □Yes □No □ Client Doesn't Know	Retirement Income from SSA  □Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□ Client Refused □ Data Not Collect.	☐ Client Refused☐Data Not Collect.	□ Client Refused □ Data Not Collect.
Deficit RefuseuDbata Not concet.	Deficit Refused Data Not concet.	Editent RefusedEbata Not doneet.	Denent Relasca Data Not concer.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
Social Security Disability	Social Security Disability	Social Security Disability	Social Security Disability
Insurance	Insurance	Insurance	Insurance
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
36 11 4	M 171 A 16	M	N
Monthly Amount \$	Monthly Amount \$ SSI	Monthly Amount \$ SSI	Monthly Amount \$ SSI
SSI  □Yes □No □ Client Doesn't Know	SSI  □Yes □No □ Client Doesn't Know	SSI   □Yes □No □ Client Doesn't Know	SSI   □Yes □No □ Client Doesn't Know
☐ Client Refused☐Data Not Collect.	☐ Client Refused☐Data Not Collect.	☐ Client Refused☐Data Not Collect.	☐ Client Refused☐Data Not Collect.
		_ short housed _ but not done to	
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
TANF	TANF	TANF	TANF
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Monthly Amount \$	March La America de	March La Amaron 6	Manual In Amanual &
II a complete control of the company	Monthly Amount \$ Unemployment Insurance	Monthly Amount \$ Unemployment Insurance	Monthly Amount \$ Unemployment Insurance
Unemployment Insurance □Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Monthly Amount \$			
	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
VA Non-Service Connected	VA Non-Service Connected	VA Non-Service Connected	VA Non-Service Connected
Disability Pension	Disability Pension	Disability Pension	Disability Pension
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
VA Service Connected	VA Service Connected	VA Service Connected Disability	VA Service Connected
Disability Compensation	Disability Compensation	Compensation	Disability Compensation
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
Worker's Compensation	Worker's Compensation	Worker's Compensation	Worker's Compensation
□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.
Cheff Refused Data Not Collect.	Cheff Refused Data Not Collect.	Glient Keiuseu Data Not Collect.	Gliefit Kelused Data Not Collect.
Monthly Amount \$	Monthly Amount \$	Monthly Amount \$	Monthly Amount \$
Does the Client receive any	Does the Client receive any	Does the Client receive any non-	Does the Client receive any
non-cash benefits?	non-cash benefits?	cash benefits?	non-cash benefits?
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refuse□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
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Please verify if the Client	Please verify if the Client does	Please verify if the Client does	Please verify if the Client does
does or does not receive the	or does not receive the	or does not receive the	or does not receive the
following non-cash benefits:	following non-cash benefits:	following non-cash benefits:	following non-cash benefits:
SNAP Benefits (Food Stamps)	SNAP Benefits (Food Stamps)	SNAP Benefits (Food Stamps)	SNAP Benefits (Food Stamps)
□Yes □No □ Client Doesn't Know	Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Nutrition Program for WIC	Nutrition Program for WIC	Nutrition Program for WIC	Nutrition Program for WIC
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
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TANF Child Care Services	TANF Child Care Services	TANF Child Care Services	TANF Child Care Services
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
TANF Transportation Service	TANF Transportation Service	TANF Transportation Service	TANF Transportation Service
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□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	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Other Source	Other Source	Other Source	Other Source
□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.

□Client Refused□Data Not Collect.		□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
Other TANF-Funded Services  □Yes □No □ Client Doesn't Know □Client Refused□Data Not Collect.		Other TANF-Funded Services	Other TANF-Funded Services	Other TANF-Funded Services
		□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
Other S		□Client Refused□Data Not Collect.  Other Source	□Client Refused□Data Not Collect.  Other Source	☐Client Refused☐Data Not Collect.  Other Source
□Yes □No □ Client Doesn't Know		□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know	□Yes □No □ Client Doesn't Know
	Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.	□Client Refused□Data Not Collect.
For SSV	F Prevention Programs	ONLY: (answer the SSVF HP Tar	geting Criteria below for the HoH/V	eteran in the household)
1.		d Entry or a homeless assistance pr from staying in a place not meant f	rovider to prevent the household fron or human habitation.	n entering an emergency shelter or
2.	<ol> <li>Current housing loss expected within</li> <li>□0-6 days □7-13 days □14-21 days □More than 21 days</li> </ol>			
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			MI for household size	
5.	<ol> <li>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</li> </ol>			
6.	6. Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) the past 12 months  □Yes □No			
7.	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.	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 □			□1 time in the past 3 year □None
10.	<ol> <li>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing □Yes □No</li> </ol>			directly affects ability to
11.	Criminal record for arso □Yes □No	on, drug dealing or manufacture, or	felony offense against persons or pro	perty
12.	Registered sex offender □Yes □No			
13.	At least one dependent □Yes □No	child under age 6		
14.	Single parent with minor child(ren)  □Yes □No			
<ul><li>15. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)</li><li>□Yes □No</li></ul>				

16. Any Veteran in household served in Iraq or Afghanistan  $\square$ Yes  $\square$ No

- 17. Female Veteran □Yes □No
- 18. HP applicant total points (integer):a. Grantee targeting threshold score (integer):