|  |  |  |  |
| --- | --- | --- | --- |
| **\*Project Enrollment Date**: |  | **Project Name:** |  |

\*For **ES/TH/PSH Projects** this is the first date of occupancy in the project.

\*For **RRH & Non-Residential Projects**, this is the date the client began receiving services

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Household**: |  | **Staff Completing Intake**: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Phone #**: |  | **Client’s E-Mail Address**: |  |

Complete a separate form for each household member.

[All Clients = Adults & Children / HoH = Head of Household]

**Please carefully READ the instructions before answering these questions.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT NAME** [*All Clients]* | | | | | | | | | | | | | | | | | | | | **N/A** |
| Last | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| First | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| Middle | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| Suffix | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| Alias | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |
| **QUALITY OF CURRENT NAME** *[All Clients]* | | | | | | | | | | | | | | | | | | | | |
|  | Full name reported | | | | | | | | | |  | | | Client doesn’t know | | | | | | |
|  | Partial, street name, or code name reported | | | | | | | | | |  | | | Client refused | | | | | | |

**SOCIAL SECURITY NUMBER** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | *-* |  |  | *-* |  |  |  | | |  |  |
| **QUALITY OF SOCIAL SECURITY** | | | | | | | | | | | | | | |
|  | Full SSN reported | | | | | | | | | |  | Client doesn’t know | | |
|  | Approximate or partial SSN reported | | | | | | | | | |  | Client refused | | |

**DATE OF BIRTH** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | *-* |  |  | *-* |  |  |  |  |
| Month | | | | *Day* | | | *Year* | | | |
| **QUALITY OF DATE OF BIRTH** | | | | | | | | | | | | | |
|  | Full DOB reported | | | | | | | | | | |  | Client doesn’t know |
|  | Approximate or partial DOB reported | | | | | | | | | | |  | Client refused |

**GENDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female |  | Transgender female to male |
|  | Male |  | Client doesn’t know |
|  | Transgender male to female |  | Client refused |
|  | Doesn’t Identify As Male, Female, Or Transgender | | |

**RACE** (select ALL that apply) *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | Native Hawaiian or Other Pacific Islander |
|  | Black or African American |  | Client doesn’t know |
|  | Asian |  | Client refused |
|  | American Indian or Alaskan Native | | |

**ETHNICITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-Hispanic Non-Latino |  | Client doesn’t know |
|  | Hispanic/Latino |  | Client refused |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Zip Code of Last Permanent Address** *[All Clients]* | | | |  |
|  | Full ZIP reported |  | Client doesn’t know | |
|  | Approximate or partial ZIP reported |  | Client refused | |

|  |  |
| --- | --- |
| **Language** (Primary Language Spoken) |  |

**Are you A U.S. Citizen** *[Head of Households and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Clients]*

|  |  |  |
| --- | --- | --- |
|  | | Self (Head of the Household) |
|  | **Head of Household’s Child** | | |
|  | **Head of Household’s Spouse or Partner** | | |
|  | **Head of Household’s Other Relation Member** | | |
|  | **Other: Non-Relation Member** | | |

**VETERAN STATUS** *[All Adults] Data collection Instructions: Asking additional questions may result in more accurate information as some clients may not be aware that they are considered veterans. Examples include:* ***“Have you ever been on active duty in the United States military?”*** *This does not include inactive military reserves or the National Guard unless the person was called up to active duty.*

**VETERAN STATUS** *[All Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| **IF YES TO VETERAN STATUS** (Please complete all Veteran related questions listed below) | | | | | |
| Year entered military service (year) | | | |  | |
| Year separated from military service (year) | | | |  | |
| Theater of Operations: **World War II** (1939 – 1945) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Korean War** (1950 – 1953) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Vietnam War** (1961 – 1973) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Persian Gulf War (Desert Storm)** (1990 – 1991) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Afghanistan (Operation Enduring Freedom)** (2001 – Present) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Iraq (Operation Iraqi Freedom)** (2003 - 2010) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Iraq (Operation New Dawn)** (2010 - 2011) | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| Theater of Operations: **Other peace-keeping operations or military interventions**  **(i.e. Lebanon** (82-85)**, Panama** (89-90)**, Somalia** (92-94)**, Bosnia** (92-96)**, Kosovo** (‘99)**)** | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |
| **Branch of the Military** | | | | | |
|  | Army |  | Coast Guard | | |
|  | Air Force |  | Client doesn’t know | | |
|  | Navy |  | Client refused | | |
|  | Marines |  |  | | |
| **Discharge Status** | | | | | |
|  | Honorable | | |  | Dishonorable |
|  | General under honorable conditions | | |  | Uncharacterized |
|  | Other than honorable conditions (OTH) | | |  | Client doesn’t know |
|  | Bad Conduct | | |  | Client refused |
| **Discharge Status Verified (**Client Has DD-214?**)** | | | | | |
|  | No |  | Client doesn’t know | | |
|  | Yes |  | Client refused | | |

**ENROLLMENT**

**HOUSING STATUS AT ENTRY** *[ALL Clients]*

*Please review the description of all categories in* ***HMIS Data Standards Manual*** *before responding.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Category 1 – Homeless (Client slept in an Emergency Shelter or Place Not Meant For Habitation) | | |  | Stably Housed |
|  | Category 2 - At Imminent Risk of Losing Housing |  | At-risk of homelessness |  | Data Not Collected |
|  | Fleeing domestic violence |  | Client Doesn’t Know |  | Client Refused |

**Reason for Homelessness** [*Adults & HoH]* ***Mark only one***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Homeless |  | Financial |  | Medical Problems, Non-Mental |
|  | Credit Problems |  | Fire/Condemnation |  | Mental Health Problems |
|  | Domestic Violence |  | Gambling |  | New to Area (No Deposit Money) |
|  | Drug or Alcohol Problems |  | Incarceration |  | New to Area (No Social Supports) |
|  | Eviction due to **Foreclosure** (**Owner Occupied)** |  | Kicked out by Family/Friends |  | Previous Evictions/Unpaid Utilities |
|  | Eviction due to **Foreclosure (Rental)** |  | Left State Foster Care |  | Unable to Find Work |
|  | Eviction for Non-Financial Reasons |  | Loss of Public Assistance/Aid |  | Other |
|  | Eviction for Non-Payment |  | Loss of Job |  |  |

**RESIDENTIAL MOVE-IN DATE (ESG and RRH Programs *ONLY*)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HAS THE CLIENT MOVED INTO PERMANENT HOUSING? | | | |  | | No | | | |  | | Yes | | |
| If “YES”, Date Of Residential Move-In: |  |  | / | |  | |  | / |  | |  | |  |  |

**PRIOR LIVING SITUATION**

**TYPE OF RESIDENCE (Where Did The Client Sleep Last Night?)** [*Adults & HoH]*

|  |  |  |  |
| --- | --- | --- | --- |
| **LITTERALLY HOMELESS** | | | |
|  | Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station, airport or anywhere outside) |  | Emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| **INSTITUTIONAL SITUATION** | | | |
|  | Foster care home or group home |  | Long-term care facility or nursing home |
|  | Hospital or other residential non-  psychiatric medical facility |  | Psychiatric hospital or other psychiatric facility |
|  | Jail, prison or juvenile detention facility |  | Substance abuse treatment facility or detox center |
| **TRANSITIONAL (TH) & PERMANENT HOUSING (PH) SITUATION** | | | |
|  | Hotel or motel paid for without emergency shelter voucher |  | Rental by client, with other ongoing  Housing subsidy |
|  | Owned by client, no ongoing housing subsidy |  | Residential project or halfway house with no homeless criteria |
|  | Owned by client, with ongoing housing subsidy |  | Staying or living in a family member’s  Room, apartment or house |
|  | Permanent housing for formerly homeless persons (ex. CoC project, HOPWA PH) |  | Staying or living in a friend’s room,  apartment or house |
|  | Rental by client, no ongoing housing subsidy |  | Transitional housing for homeless  persons (including homeless youth) |
|  | Rental by client, with VASH subsidy |  | Client doesn’t know |
|  | Rental by client, with GPD TIP subsidy |  | Client refused |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LENGTH OF STAY IN PRIOR LIVING SITUATION** [*Adults & HoH]* | | | | | |
|  | One night or less |  | One month or more, but less than 90 days |  | Client doesn’t know |
|  | Two to six nights |  | 90 days or more, but less than one year |  | Client refused |
|  | One week or more, but  less than one month |  | One year or longer |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1) IF CLIENT’S PRIOR LIVING SITUATION WAS TH OR PH, WAS THEIR LENGTH OF STAY *LESS* THAN 7 NIGHTS** |  | No |  | Yes |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2) IF CLIENT’S PRIOR LIVING SITUATION WAS INSTITUTION, WAS THEIR LENGTH OF STAY *LESS* THAN 90 DAYS** |  | No |  | Yes |

**3) ON THE NIGHT BEFORE ENTERING THE TH/PH/INSTITUTION – DID THE CLIENT SLEEP ON STREETS OR IN AN EMERGENCY SHELTER** [*Adults & HoH]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Only*** *Answer If You Selected “YES” To Either 1 Or 2 Above* |  | No |  | Yes |

**APPROXIMATE DATE THIS EPISODE OF HOMELESSNESS STARTED** [*Adults & HoH]*

|  |  |  |  |
| --- | --- | --- | --- |
| **If “Yes” to Prior Living Situation of Literally Homeless OR Yes to “3” Above** | | | |
| **MONTH / DAY / YEAR** |  | | |
| Collect the TOTAL time client has been Category 1 – Literally Homeless during this episode. Stays in institutions of less than 90 days do not constitute a break in homelessness, provided the client was homeless prior to entering the institution. Stays in a TH or PH situation as defined above of less than 7 nights do not constitute a break in homelessness, provided the client was homeless prior to entering. *(See the example below. This Client enters your program on 12.01.15 & came directly from jail. In this example, the date you would enter for the start of this episode of homelessness would be 03.01.15)* | | | |
| **Question** | | **Answer** | **From When to When?** |
| Where were you Last Night? | | Jail | *10.01.15 to 11.30.15* |
| Where were you the night before you went to jail? | | Streets | *06.15.15 to 09.30.15* |
| Where were you before you went out on the streets? | | Detox | *06.01.15 to 06.14.15* |
| Where were you before you went into detox? | | Shelter | *03.01.15 to 05.31.15* |
| Where were you before you went into the shelter? | | Rental | Lost house on 02.28.15 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TOTAL NUMBER OF TIMES HOMELESS ON THE STREETS OR IN AN EMERGENCY SHELTER IN THE PAST THREE YEARS (EPISODES)** [*Adults & HoH]* | | | | | | | | | | |
|  | | 1 Time (This is the First Time) | | | | |  | 4 Or More Times | | |
|  | | 2 Times | | | | |  | Client doesn’t know | | |
|  | | 3 Times | | | | |  | Client refused | | |
| **TOTAL NUMBER OF MONTHS HOMELESS ON THE STREETS OR IN AN EMERGENCY SHELTER IN THE PAST THREE YEARS** [*Adults & HoH]*  (*Any single day or part of a month spent homeless should be counted as one month.)* | | | | | | | | | | |
|  | One | |  | Five |  | Nine | | |  | More Than 12 |
|  | Two | |  | Six |  | Ten | | |  | Client Doesn’t Know |
|  | Three | |  | Seven |  | Eleven | | |  | Client Refused |
|  | Four | |  | Eight |  | Twelve | | |  |  |

**General Health** *[All Adults]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Excellent |  | Very Good |  | Good |  | Fair |  | Poor |  | Don’t Know |  | Refused |

**Pregnant**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Doesn’t Know |  | Refused |  | N/A | *If “YES” Expected Due Date:* |  |

**DISABLING CONDITIONS AND BARRIERS**

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** | | | | | | | |
| Receiving services for physical disability | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY** | | | | | | | |
| Receiving services for developmental disability | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the developmental disability expected to substantially impair ability to live independently? | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | | |
|  | Yes |  | Client refused | | | | | |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** | | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes | |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | |
|  | Yes |  | Client refused | | | | |
| **IF “YES” TO HIV-AIDS – SPECIFY** | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the condition expected to substantially impair ability to live independently? | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**MENTAL HEALTH PROBLEMS** *[All Clients]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | | | |
|  | Yes |  | Client refused | | | | | |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – SPECIFY** | | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know | |
|  | Yes |  | Client refused | |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | | Client doesn’t know |
|  | Yes |  | | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | | Yes |

**SUBSTANCE ABUSE PROBLEMS** *[All Clients]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Both alcohol and drug abuse | | | | |
|  | Alcohol abuse |  | Client doesn’t know | | | | |
|  | Drug abuse |  | Client refused | | | | |
| **IF “YES” TO ALCOHOL ABUSE, DRUG ABUSE OR BOTH – SPECIFY** | | | | | | | |
| Currently receiving services/treatment for this condition | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| Is the condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. | | | |  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |
| **Documentation of the disability and severity on file** | | | |  | No |  | Yes |

**DISABLING CONDITION** *[All Clients] (See Definition Below)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Client doesn’t know |
|  | Yes |  | Client refused |

**DISABLING CONDITION** *[All Clients] This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness. Record whether the client has a disabling condition based on one or more of the following:*

*• A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:*

*(1) Is expected to be long-continuing or of indefinite duration;*

*(2) Substantially impedes the individual's ability to live independently; and*

*(3) Could be improved by the provision of more suitable housing conditions.*

*• A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*

* *The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).*

**DOMESTIC VIOLENCE** [*Adults & HoH]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | No | |  | | Client doesn’t know | | |
|  | | Yes | |  | | Client refused | | |
| **IF “YES” TO DOMESTIC VIOLENCE – LAST OCCURANCE** | | | | | | | | |
|  | | Within the past three months | | | | |  | One year ago or more |
|  | | Three to six months ago (excluding six months exactly) | | | | |  | Client doesn’t know |
|  | | Six months to one year ago (excluding one year exactly) | | | | |  | Client refused |
| **IF “YES” TO DOMESTIC VIOLENCE – ARE YOU CURRENTLY FLEEING?** | | | | | | | | |
|  | No | |  | | Client doesn’t know | | | |
|  | Yes | |  | | Client refused | | | |

**CASH INCOME FROM ANY SOURCE (Monthly)** [*Adults & HoH]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | No |  | | Client doesn’t know | | | | |
|  | | Yes |  | | Client refused | | | | |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** | | | | | | | | | |
| **Income Source** | | | | **Amount** | | **Income Source** | | | **Amount** |
|  | Employment Income | | |  | |  | VA non-service connected  Disability pension | |  |
|  | Unemployment Insurance | | |  | |  | Pension or retirement income  from former job | |  |
|  | Worker’s compensation | | |  | |  | TANF / CalWorks | |  |
|  | Private disability insurance | | |  | |  | General Assistance (GA) | |  |
|  | VA service-connected  disability compensation | | |  | |  | Alimony and other spousal  support | |  |
|  | Social Security Disability  Income (SSDI) | | |  | |  | Child support | |  |
|  | Supplemental Security  Income (SSI) | | |  | |  | Other Cash Income (Including Children’s SSI / Employment) | |  |
|  | Social Security Retirement Income (SSA) | | |  | | **Specify “Other”** | |  | |

**RECEIVING NON-CASH BENEFITS** [*Adults & HoH]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | No | | |  | Client doesn’t know | | |
|  | Yes | | |  | Client refused | | |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** | | | | | | | |
|  | | SNAP / Food Stamps / CalFresh | | | |  | Other TANF Benefit |
|  | | WIC | | | |  | Section 8 / Housing Voucher |
|  | | TANF Childcare | | | |  | Other Source |
|  | | TANF Transportation | | | |  | Temporary Rental Assistance |
| **Specify “Other”** | | |  | | | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No |  | Client doesn’t know | | | |
|  | Yes |  | Client refused | | | |
| **IF “YES” TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS** | | | | | | |
|  | MEDICAID (aka Medi-Cal) | | |  | Obtained through COBRA | |
|  | MEDICARE | | |  | Private Pay Health Insurance | |
|  | VA Medical | | |  | Indian Health Services Program | |
|  | Employer Provided | | |  | Other: (Specify) |  |

**EMPLOYMENT**

*[All Clients,* ***For Age 16 & Over****]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IS CLIENT EMPLOYED** | | | | |
|  | No |  | Client doesn’t know | |
|  | Yes |  | Client refused | |
| **If “Yes” To Employed** | | | | |
|  | Permanent |  | Client Doesn’t Know | |
|  | Temporary |  | Client Refused | |
|  | Seasonal | Hours Worked Last Week: | |  |
| **If “No” To Employed – Are You Seeking Employment?** | | | | |
|  | Yes |  | Client Doesn’t Know | |
|  | No |  | Client Refused | |

**EDUCATION**

*[All Clients,* ***For Age 5 & over****]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IS CLIENT CURRENTLY ENROLLED IN SCHOOL** | | | | | | | | | | |
|  | | Yes |  | | Client doesn’t know | | | | | |
|  | | No |  | | Client refused | | | | | |
| **If “Yes” To Enrolled – Enrolled In a Vocational or Apprenticeship Program?** | | | | | | | | | | |
|  | | Yes |  | | Client Doesn’t Know | | | | | |
|  | | No |  | | Client Refused | | | | | |
| **Highest Educational Level Completed:** | | | | | | | | | | |
|  | No School Completed | | |  | | | 10th Grade | |  | Postsecondary School |
|  | Nursery School to 4th Grade | | |  | | | 11th Grade | |  | Client Doesn’t Know |
|  | 5th or 6th Grade | | |  | | | 12th Grade, No Diploma | |  | Client Refused |
|  | 7th or 8th Grade | | |  | | | High School Diploma | |  |  |
|  | 9th Grade | | |  | | | GED | |  |  |
| **Highest Degree Earned:** | | | | | | | | | | |
|  | | None | | | |  | | Doctorate Degree | | |
|  | | Associate’s Degree | | | |  | | Other Graduate/Professional Degree | | |
|  | | Bachelor’s Degree | | | |  | | Certificate of advanced training or skilled artisan | | |
|  | | Master’s Degree | | | |  | |  | | |

**List all Family Members served in this Project**: