|  |  |  |  |
| --- | --- | --- | --- |
| **\*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 connectedDisability pension |  |
| *[ ]*  | Unemployment Insurance |  | *[ ]*  | Pension or retirement income from former job |  |
| *[ ]*  | Worker’s compensation |  | *[ ]*  | TANF / CalWorks |  |
| *[ ]*  | Private disability insurance |  | *[ ]*  | General Assistance (GA) |  |
| *[ ]*  | VA service-connecteddisability compensation |  | *[ ]*  | Alimony and other spousalsupport |  |
| *[ ]*  | Social Security DisabilityIncome (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**: