

# HMIS HOUSEHOLD QUESTIONNAIRE (INTAKE)

- Check only one  per question except where noted
- Answers in **bold** have additional follow-up questions
- 'DK' = client doesn't know



SACRAMENTO  
STEPS FORWARD

Adapted from form developed by Lutheran Social Services

Program Name	Program Start Date	Case Manager Name
<input type="checkbox"/> New Individual Enrollment <input type="checkbox"/> New Family/Group Application <input type="checkbox"/> Add to Existing Group: _____		

**WHAT** General Demographic (Profile) Information

**WHO** All clients

	Group Member 1	Group Member 2	Group Member 3
Relationship to household <small>i.e., self, husband, wife, significant other, son, daughter, aunt, etc.</small>	_____	_____	_____
Is individual or head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(optional)</i> Current/contact address type	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____	<input type="checkbox"/> Home <input type="checkbox"/> Emergency <input type="checkbox"/> Mailing <input type="checkbox"/> Other _____
Street address City, State Zip Code			
Phone number	(    )    -	(    )    -	(    )    -
Email address			
Zip code of last permanent address	_____	_____	_____
SSN	-    -	-    -	-    -
Quality of SSN	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused
DOB	/  /	/  /	/  /
Quality of DOB	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> DK <input type="checkbox"/> Refused
Last name			
First name			
Middle name			
Alias			
Suffix	<input type="checkbox"/> Jr <input type="checkbox"/> I <input type="checkbox"/> None <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> DK <input type="checkbox"/> III <input type="checkbox"/> Refused	<input type="checkbox"/> Jr <input type="checkbox"/> I <input type="checkbox"/> None <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> DK <input type="checkbox"/> III <input type="checkbox"/> Refused	<input type="checkbox"/> Jr <input type="checkbox"/> I <input type="checkbox"/> None <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> DK <input type="checkbox"/> III <input type="checkbox"/> Refused
Quality of name	<input type="checkbox"/> Full <input type="checkbox"/> Partial / street name <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial / street name <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Full <input type="checkbox"/> Partial / street name <input type="checkbox"/> DK <input type="checkbox"/> Refused

	Group Member 1	Group Member 2	Group Member 3
Gender assigned at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> DK <input type="checkbox"/> Refused
Gender identity	<input type="checkbox"/> Female <input type="checkbox"/> DK <input type="checkbox"/> Male <input type="checkbox"/> Refused <input type="checkbox"/> Trans female (male to female) <input type="checkbox"/> Trans male (female to male) <input type="checkbox"/> <b>Gender non-conforming</b> (not exclusively male or female)	<input type="checkbox"/> Female <input type="checkbox"/> DK <input type="checkbox"/> Male <input type="checkbox"/> Refused <input type="checkbox"/> Trans female (male to female) <input type="checkbox"/> Trans male (female to male) <input type="checkbox"/> <b>Gender non-conforming</b> (not exclusively male or female)	<input type="checkbox"/> Female <input type="checkbox"/> DK <input type="checkbox"/> Male <input type="checkbox"/> Refused <input type="checkbox"/> Trans female (male to female) <input type="checkbox"/> Trans male (female to male) <input type="checkbox"/> <b>Gender non-conforming</b> (not exclusively male or female)
If <b>gender non-conforming</b> :	<input type="checkbox"/> Gender fluid <input type="checkbox"/> Gender queer <input type="checkbox"/> Agender <input type="checkbox"/> Not listed: <input type="checkbox"/> Non-binary _____ <input type="checkbox"/> Two spirit _____	<input type="checkbox"/> Gender fluid <input type="checkbox"/> Gender queer <input type="checkbox"/> Agender <input type="checkbox"/> Not listed: <input type="checkbox"/> Non-binary _____ <input type="checkbox"/> Two spirit _____	<input type="checkbox"/> Gender fluid <input type="checkbox"/> Gender queer <input type="checkbox"/> <input type="checkbox"/> Agender <input type="checkbox"/> Not listed: <input type="checkbox"/> Non-binary <input type="checkbox"/> <input type="checkbox"/> Two spirit _____
Sexual orientation <b>14+</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Demi sexual <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Pansexual <input type="checkbox"/> DK <input type="checkbox"/> Lesbian <input type="checkbox"/> Refused <input type="checkbox"/> Fluid <input type="checkbox"/> Bisexual <input type="checkbox"/> Gray-sexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Demi sexual <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Pansexual <input type="checkbox"/> DK <input type="checkbox"/> Lesbian <input type="checkbox"/> Refused <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Bisexual <input type="checkbox"/> Gray-sexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Demi sexual <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Pansexual <input type="checkbox"/> DK <input type="checkbox"/> Lesbian <input type="checkbox"/> Refused <input type="checkbox"/> Gender fluid <input type="checkbox"/> Bisexual <input type="checkbox"/> Gray-sexual
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused
Ethnicity	<input type="checkbox"/> Non Hispanic/Non Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Non Hispanic/Non Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Non Hispanic/Non Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> DK <input type="checkbox"/> Refused
Primary language			
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

<b>WHAT</b> Veteran Information				
<b>WHO</b> Any client 18+				
		<b>Group Member 1</b>	<b>Group Member 2</b>	<b>Group Member 3</b>
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>If Yes (veteran), continue, otherwise STOP and proceed to next page</b>				
Year Entered Military				
Year Separated Military				
World War II Operations 1939 – 1945	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Korean War Operations 1950 – 1953	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Vietnam War Operations 1961 – 1973	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Persian Gulf War Operations 1990 – 1991	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Afghanistan Operations 2001 – Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Iraq (Freedom Operations) 2003 – 2010	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Iraq (New Dawn Operations) 2010 – 2011	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Other War Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Military Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> DK <input type="checkbox"/> Coast Guard <input type="checkbox"/> Refused <input type="checkbox"/> Navy	<input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> DK <input type="checkbox"/> Coast Guard <input type="checkbox"/> Refused <input type="checkbox"/> Navy	<input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> DK <input type="checkbox"/> Coast Guard <input type="checkbox"/> Refused <input type="checkbox"/> Navy	<input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Army <input type="checkbox"/> DK <input type="checkbox"/> Coast Guard <input type="checkbox"/> Refused <input type="checkbox"/> Navy
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General (honorable conditions) <input type="checkbox"/> Other (under other than honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable <input type="checkbox"/> General (honorable conditions) <input type="checkbox"/> Other (under other than honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable <input type="checkbox"/> General (honorable conditions) <input type="checkbox"/> Other (under other than honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Honorable <input type="checkbox"/> General (honorable conditions) <input type="checkbox"/> Other (under other than honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> DK <input type="checkbox"/> Refused
Discharge Status Verified (DD-214)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

WHAT History of Homelessness Information & General Health			
WHO Heads of Household & Adults (18+) only			
	Group Member 1	Group Member 2	Group Member 3
<b>RRH, PH &amp; PSH ONLY</b> Date client moved into permanent housing / / <i>For RRH, must be after program start date</i>	<input type="checkbox"/> Same as Group Member 1 / /	<input type="checkbox"/> Same as Group Member 1 / /	<input type="checkbox"/> Same as Group Member 1 / /
Primary reason for homelessness	<input type="checkbox"/> Not homeless <input type="checkbox"/> Loss of job <input type="checkbox"/> Financial <input type="checkbox"/> Incarceration <input type="checkbox"/> Gambling <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug and/or alcohol problems <input type="checkbox"/> Eviction - foreclosure ( <b>owned</b> ) <input type="checkbox"/> Eviction - foreclosure ( <b>rental</b> ) <input type="checkbox"/> Eviction - non-financial reasons <input type="checkbox"/> Eviction - non payment <input type="checkbox"/> Fire/condemnation <input type="checkbox"/> Kicked out by family/friends <input type="checkbox"/> Left state foster care <input type="checkbox"/> Loss of public assistance/aid <input type="checkbox"/> Medical problems (non-mental) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Medical problems, non-mental <input type="checkbox"/> New to area ( <b>no deposit money</b> ) <input type="checkbox"/> New to area ( <b>no social supports</b> ) <input type="checkbox"/> Previous evictions/unpaid utilities <input type="checkbox"/> Unable to find work <input type="checkbox"/> Other _____	<input type="checkbox"/> Not homeless <input type="checkbox"/> Loss of job <input type="checkbox"/> Financial <input type="checkbox"/> Incarceration <input type="checkbox"/> Gambling <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug and/or alcohol problems <input type="checkbox"/> Eviction - foreclosure ( <b>owned</b> ) <input type="checkbox"/> Eviction - foreclosure ( <b>rental</b> ) <input type="checkbox"/> Eviction - non-financial reasons <input type="checkbox"/> Eviction - non payment <input type="checkbox"/> Fire/condemnation <input type="checkbox"/> Kicked out by family/friends <input type="checkbox"/> Left state foster care <input type="checkbox"/> Loss of public assistance/aid <input type="checkbox"/> Medical problems (non-mental) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Medical problems, non-mental <input type="checkbox"/> New to area ( <b>no deposit money</b> ) <input type="checkbox"/> New to area ( <b>no social supports</b> ) <input type="checkbox"/> Previous evictions/unpaid utilities <input type="checkbox"/> Unable to find work <input type="checkbox"/> Other _____	<input type="checkbox"/> Not homeless <input type="checkbox"/> Loss of job <input type="checkbox"/> Financial <input type="checkbox"/> Incarceration <input type="checkbox"/> Gambling <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug and/or alcohol problems <input type="checkbox"/> Eviction - foreclosure ( <b>owned</b> ) <input type="checkbox"/> Eviction - foreclosure ( <b>rental</b> ) <input type="checkbox"/> Eviction - non-financial reasons <input type="checkbox"/> Eviction - non payment <input type="checkbox"/> Fire/condemnation <input type="checkbox"/> Kicked out by family/friends <input type="checkbox"/> Left state foster care <input type="checkbox"/> Loss of public assistance/aid <input type="checkbox"/> Medical problems (non-mental) <input type="checkbox"/> Mental health problems <input type="checkbox"/> Medical problems, non-mental <input type="checkbox"/> New to area ( <b>no deposit money</b> ) <input type="checkbox"/> New to area ( <b>no social supports</b> ) <input type="checkbox"/> Previous evictions/unpaid utilities <input type="checkbox"/> Unable to find work <input type="checkbox"/> Other _____
Where did you sleep last night?	<input type="checkbox"/> Same as Group Member 1	<input type="checkbox"/> Same as Group Member 1	<input type="checkbox"/> Same as Group Member 1
	<b>Homeless Situations</b> <input type="checkbox"/> Place not for habitation ★ <input type="checkbox"/> Emergency shelter/hotel w/ voucher ★ <input type="checkbox"/> Safe haven ★ <input type="checkbox"/> Interim housing ★ (proceed to <b>Length of Stay</b> )	<b>Homeless Situations</b> <input type="checkbox"/> Place not for habitation ★ <input type="checkbox"/> Emergency shelter/hotel w/ voucher ★ <input type="checkbox"/> Safe haven ★ <input type="checkbox"/> Interim housing ★ (proceed to <b>Length of Stay</b> )	<b>Homeless Situations</b> <input type="checkbox"/> Place not for habitation ★ <input type="checkbox"/> Emergency shelter/hotel w/ voucher ★ <input type="checkbox"/> Safe haven ★ <input type="checkbox"/> Interim housing ★ (proceed to <b>Length of Stay</b> )
	<b>Institutional Situations</b> <input type="checkbox"/> Hospital ( <b>non-psychiatric</b> ) <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Foster care/foster group home <input type="checkbox"/> Jail/prison or juvenile detention <input type="checkbox"/> Long-term care/nursing facility <input type="checkbox"/> Substance abuse/detox center	<b>Institutional Situations</b> <input type="checkbox"/> Hospital ( <b>non-psychiatric</b> ) <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Foster care/foster group home <input type="checkbox"/> Jail/prison or juvenile detention <input type="checkbox"/> Long-term care/nursing facility <input type="checkbox"/> Substance abuse/detox center	<b>Institutional Situations</b> <input type="checkbox"/> Hospital ( <b>non-psychiatric</b> ) <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Foster care/foster group home <input type="checkbox"/> Jail/prison or juvenile detention <input type="checkbox"/> Long-term care/nursing facility <input type="checkbox"/> Substance abuse/detox center
	On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter? <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter? <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	On the night before your stay at this institution, were you on the streets or at a safe haven or emergency shelter? <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

Where did you sleep last night? (cnt'd)	<b>Transitional, Permanent &amp; Other</b> <input type="checkbox"/> Hotel/motel (no ES voucher) <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> PSH for formerly homeless <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Residential/halfway house, no homeless criteria  <b>Client rental with subsidy:</b> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy <input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar <input type="checkbox"/> Other type of ongoing subsidy  <b>Client rent/own, other:</b> <input type="checkbox"/> Public housing <input type="checkbox"/> Rental, no subsidy <input type="checkbox"/> Owned by client, w/ subsidy <input type="checkbox"/> Owned by client, no subsidy  <input type="checkbox"/> DK <input type="checkbox"/> Refused <hr/> On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<b>Transitional, Permanent &amp; Other</b> <input type="checkbox"/> Hotel/motel (no ES voucher) <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> PSH for formerly homeless <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Residential/halfway house, no homeless criteria  <b>Client rental with subsidy:</b> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy <input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar <input type="checkbox"/> Other type of ongoing subsidy  <b>Client rent/own, other:</b> <input type="checkbox"/> Public housing <input type="checkbox"/> Rental, no subsidy <input type="checkbox"/> Owned by client, w/ subsidy <input type="checkbox"/> Owned by client, no subsidy  <input type="checkbox"/> DK <input type="checkbox"/> Refused <hr/> On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<b>Transitional, Permanent &amp; Other</b> <input type="checkbox"/> Hotel/motel (no ES voucher) <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> PSH for formerly homeless <input type="checkbox"/> Host home (non-crisis) <input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Residential/halfway house, no homeless criteria  <b>Client rental with subsidy:</b> <input type="checkbox"/> GPD TIP <input type="checkbox"/> VASH subsidy <input type="checkbox"/> HCV <input type="checkbox"/> RRH or similar <input type="checkbox"/> Other type of ongoing subsidy  <b>Client rent/own, other:</b> <input type="checkbox"/> Public housing <input type="checkbox"/> Rental, no subsidy <input type="checkbox"/> Owned by client, w/ subsidy <input type="checkbox"/> Owned by client, no subsidy  <input type="checkbox"/> DK <input type="checkbox"/> Refused <hr/> On the night before your stay in that residence, were you on the streets or at a safe haven or emergency shelter?  <input type="checkbox"/> Yes ★ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Length of stay in previous place	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than 1 month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than 1 month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than 1 month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> DK <input type="checkbox"/> Refused
★ Answer the following <b>only if selection starred (★) above</b>			
Start date of this episode	/ / <i>must be before enrollment date</i>	/ /	/ /
<b>Past 3 Years:</b> Total times homeless* (on streets or ES)	<input type="checkbox"/> One time (this is the first time) <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four+ times <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> One time (this is the first time) <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four+ times <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> One time (this is the first time) <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four+ times <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Past 3 years:</b> Months homeless (on streets or ES)	_____ months	_____ months	_____ months
<b>General Health</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Pregnant</b>	<input type="checkbox"/> Yes, Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes, Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes, Due Date: _____ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

\*times = periods spent on streets, ES, or safe haven, separated by a break of 7+ days in a housed situation (s/a rental, with friends/family, or PSH) or institution up to 90 days

**WHAT** Disability Information

**WHO** Everybody

**Note: LT & Impairs** = Expected to be **long-term** and **impairs** ability to live independently  
For additional information on disability types, please see Disability Types Appendix on Page 8

Disability:	Group Member 1	Group Member 2	Group Member 3
<b>Physical</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<i>Answer if Yes:</i>			
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Developmental</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Chronic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Mental Health</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>HIV/AIDS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>Substance Abuse</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
Which type(s)?	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both
Receiving services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
LT & Impairs	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
<b>*Disabling Condition</b>	<input type="checkbox"/> Yes (if <b>Yes*</b> to any above, or other) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes (if <b>Yes*</b> to any above, or other) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes (if <b>Yes*</b> to any above, or other) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

<b>WHAT</b>	Domestic Violence		
<b>WHO</b>	Heads of Household & Adults (18+) only		
	<b>Group Member 1</b>	<b>Group Member 2</b>	<b>Group Member 3</b>
Domestic Violence Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If survivor, currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If fleeing, then last date of DV	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to one year <input type="checkbox"/> Over a year ago <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to 12 months <input type="checkbox"/> Over a year ago <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 to 6 months ago <input type="checkbox"/> 6 months to 12 months <input type="checkbox"/> Over a year ago <input type="checkbox"/> DK <input type="checkbox"/> Refused

<b>WHAT</b>	Income & Non-Cash Benefits		
<b>WHO</b>	Heads of Household & Adults (18+) only		
Cash Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If cash income, check all that apply and include amounts	<b>Source of Income</b>	<b>Amount</b>	<b>Source of Income</b> <b>Amount</b>
	<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income
	<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.
	<input type="checkbox"/> Workers comp		<input type="checkbox"/> Workers comp
	<input type="checkbox"/> Private disability ins.		<input type="checkbox"/> Private disability ins.
	<input type="checkbox"/> VA Disability ( <b>service</b> )		<input type="checkbox"/> VA Disability ( <b>service</b> )
	<input type="checkbox"/> SSDI ( <b>disability</b> )		<input type="checkbox"/> SSDI ( <b>disability</b> )
	<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension
	<input type="checkbox"/> SSA ( <b>retirement</b> )		<input type="checkbox"/> SSA ( <b>retirement</b> )
	<input type="checkbox"/> VA pension (non-service)		<input type="checkbox"/> VA pension (non-service)
	<input type="checkbox"/> Pension from former job		<input type="checkbox"/> Pension from former job
	<input type="checkbox"/> TANF/Cal Works		<input type="checkbox"/> TANF/Cal Works
	<input type="checkbox"/> GA		<input type="checkbox"/> GA
	<input type="checkbox"/> Alimony/spousal support		<input type="checkbox"/> Alimony/spousal support
<input type="checkbox"/> Child support		<input type="checkbox"/> Child support	
<input type="checkbox"/> Other/Kids _____		<input type="checkbox"/> Other/Kids _____	
Receives Non-Cash Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If <b>Receives</b> , sources of non-cash benefits (check all that apply)	<input type="checkbox"/> SNAP/Cal Fresh/Food Stamps	<input type="checkbox"/> SNAP/Cal Fresh/Food Stamps	<input type="checkbox"/> SNAP/Cal Fresh/Food Stamps
	<input type="checkbox"/> WIC (Women, Infant & Child Sup)	<input type="checkbox"/> WIC (Women, Infant & Child Sup)	<input type="checkbox"/> WIC (Women, Infant & Child Sup)
	<input type="checkbox"/> TANF Child Care	<input type="checkbox"/> TANF Child Care	<input type="checkbox"/> TANF Child Care
	<input type="checkbox"/> TANF Transportation	<input type="checkbox"/> TANF Transportation	<input type="checkbox"/> TANF Transportation
	<input type="checkbox"/> Other TANF Benefits _____	<input type="checkbox"/> Other TANF Benefits _____	<input type="checkbox"/> Other TANF Benefits _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Covered by Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If <b>Covered</b> , source of health insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare
	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal
	<input type="checkbox"/> Obtained through Cobra		<input type="checkbox"/> Obtained through Cobra
	<input type="checkbox"/> Indian Health Services Program		<input type="checkbox"/> Indian Health Services Program
	<input type="checkbox"/> Private pay health insurance		<input type="checkbox"/> Private pay health insurance
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

<b>WHAT</b>	Employment							
<b>WHO</b>	Everybody 16+							
	<b>Group Member 1</b>		<b>Group Member 2</b>		<b>Group Member 3</b>			
<b>Employed?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused
<b>If Yes (employed)</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> DK <input type="checkbox"/> Refused			
Hours worked last week	_____ hours		_____ hours		_____ hours			
<b>If No (unemployed) Seeking?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused

<b>WHAT</b>	Education							
<b>WHO</b>	Everybody 5+							
<b>Currently enrolled in school?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused
<b>If Yes (enrolled)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused			
<b>Enrolled in vocational school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused			
<b>Name of school</b>	_____		_____		_____			
<b>Type of school</b>	<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private <input type="checkbox"/> DK <input type="checkbox"/> Refused			
<b>Highest level of school completed</b>	<input type="checkbox"/> No School Completed <input type="checkbox"/> Nursery School to 4 <sup>th</sup> Grade <input type="checkbox"/> 5-6 <sup>th</sup> Grade <input type="checkbox"/> 7-8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> No School Completed <input type="checkbox"/> Nursery School to 4 <sup>th</sup> Grade <input type="checkbox"/> 5-6 <sup>th</sup> Grade <input type="checkbox"/> 7-8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> No School Completed <input type="checkbox"/> Nursery School to 4 <sup>th</sup> Grade <input type="checkbox"/> 5-6 <sup>th</sup> Grade <input type="checkbox"/> 7-8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> Grade <input type="checkbox"/> 10 <sup>th</sup> Grade <input type="checkbox"/> 11 <sup>th</sup> Grade <input type="checkbox"/> 12 <sup>th</sup> Grade (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary School <input type="checkbox"/> DK <input type="checkbox"/> Refused			
<b>If HS Diploma, GED, Post-Secondary: Highest Degree Earned</b>	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Grad/Professional Degree <input type="checkbox"/> Cert. of Adv Training/Skilled Artisan <input type="checkbox"/> None <input type="checkbox"/> Other		<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Grad/Professional Degree <input type="checkbox"/> Cert. of Adv Training/Skilled Artisan <input type="checkbox"/> None <input type="checkbox"/> Other		<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Grad/Professional Degree <input type="checkbox"/> Cert. of Adv Training/Skilled Artisan <input type="checkbox"/> None <input type="checkbox"/> Other			
<b>If No (not enrolled) and 5-17 years old:</b>	_____ / _____ / _____		_____ / _____ / _____		_____ / _____ / _____			
<b>Barriers to enrolling child in school</b>	<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool Programs <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool Programs <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused		<input type="checkbox"/> None <input type="checkbox"/> Residency Requirements <input type="checkbox"/> Availability of School Records <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Legal Guardianship Requirements <input type="checkbox"/> Transportation <input type="checkbox"/> Lack of Available Preschool Programs <input type="checkbox"/> Immunization Requirements <input type="checkbox"/> Physical Examination Records <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused			
<b>HUD Homeless Liaison</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> Refused



## Disability Information – Definitions

Disability	Description (HUD Data Standards)	Examples
<b>Physical Disability</b>	A physical impairment	
<b>Developmental Disability</b>	A severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency	
<b>Chronic Disability</b>	A chronic health condition means a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance	<ul style="list-style-type: none"> <li>• heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease)</li> <li>• severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia)</li> <li>• adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions)</li> <li>• severe headache/migraine</li> <li>• cancer</li> <li>• chronic bronchitis</li> <li>• liver</li> <li>• condition</li> <li>• stroke</li> <li>• emphysema</li> </ul>
<b>Mental Health Problem</b>	<p>May range from situational depression to serious mental illnesses</p> <p>*If the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature, select "Yes" to <b>LT &amp; impairs</b></p>	

## HMIS SUPPORTIVE SERVICES

Program: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Client Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service	Initial Referral Date	In Place	Start Date	1 <sup>st</sup> QTR	2 <sup>ND</sup> QTR	3 <sup>RD</sup> QTR	4 <sup>TH</sup> QTR	End Date
Alcohol Or Drug Abuse Services	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Case Management	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Child Care (Child Action, etc.)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Education (High School Diploma, GED, etc.)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Employment Assistance - Placement (employed)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Hourly Wage	Hours Per Week							
Employer								
Position								
Employment Assistance – Services (job search, etc.)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
HIV/AIDS Related Services	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Housing Placement Assistance (outside project)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Housed with <input type="checkbox"/> (Lease Signed)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Rental Assistance <input type="checkbox"/> For (Lease Signed)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Legal (CPS, Court, etc.)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Life Skills (Outside of Case Management)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Mental Health Services	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Other Health Care Services	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
Transportation (Bus Passes, etc.)	/ /	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /

Rental Amount \$ \_\_\_\_\_ & date rent paid \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (FOR RRH PROGRAMS ONLY)