

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 checked="" 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"/> Gender non-conforming (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"/> Gender non-conforming (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"/> Gender non-conforming (not exclusively male or female)
If gender non-conforming:	<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"/> Agender <input type="checkbox"/> Not listed: <input type="checkbox"/> Non-binary _____ <input type="checkbox"/> Two spirit
Sexual orientation 14+	<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 (check all that apply)	<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

WHAT Veteran Information					
WHO Any client 18+					
Group Member 1		Group Member 2		Group Member 3	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
If Yes (veteran) , continue, otherwise STOP and proceed to next page					
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	<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	<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	<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	<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	<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	<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	<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	<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	<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	<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	<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			
RRH, PH & PSH ONLY Date client moved into permanent housing / / <i>For RRH, must be after program start date</i>		<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 (owned) <input type="checkbox"/> Eviction - foreclosure (rental) <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 (no deposit money) <input type="checkbox"/> New to area (no social supports) <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 (owned) <input type="checkbox"/> Eviction - foreclosure (rental) <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 (no deposit money) <input type="checkbox"/> New to area (no social supports) <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	
Homeless Situations <input type="checkbox"/> Place not for habitation ★ <input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home ★ <input type="checkbox"/> Safe haven ★ (proceed to Length of Stay)		Homeless Situations <input type="checkbox"/> Place not for habitation ★ <input type="checkbox"/> Emergency shelter/hotel w/ voucher, or RHY Host Home ★ <input type="checkbox"/> Safe haven ★ (proceed to Length of Stay)	
Institutional Situations <input type="checkbox"/> Hospital (non-psychiatric) <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		Institutional Situations <input type="checkbox"/> Hospital (non-psychiatric) <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)	Transitional, Permanent & Other <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 Client rental with subsidy: <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 Client rent/own, other: <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	Transitional, Permanent & Other <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 Client rental with subsidy: <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 Client rent/own, other: <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	Transitional, Permanent & Other <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 Client rental with subsidy: <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 Client rent/own, other: <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 only if selection starred (★) above			
Start date of this episode	/ / <i>must be before enrollment date</i>	/ /	/ /
Past 3 Years: 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
Past 3 years: Months homeless (on streets or ES)	_____ months	_____ months	_____ months
General Health	<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
Pregnant	<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
Physical	<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"/> 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
Developmental	<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
Chronic	<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"/> 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
Mental Health	<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"/> 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
HIV/AIDS	<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
Substance Abuse	<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"/> 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
Disabling Condition	<input type="checkbox"/> Yes (if Yes to any above, or other**) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes (if Yes* to any above, or other) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Yes (if Yes* to any above, or other) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

** Select 'Yes' to Disabling Condition if client receives SSI, SSDI, VA Service-Connected Disability Compensation ,or VA Non-Service Connected Disability Pension

WHAT	Domestic Violence											
WHO	Heads of Household & Adults (18+) only											
	Group Member 1		Group Member 2		Group Member 3							
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				
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				
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

WHAT	Income & Non-Cash Benefits											
WHO	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	Source of Income	Amount	Source of Income	Amount	Source of Income	Amount	Source of Income	Amount	Source of Income	Amount	Source of Income	Amount
	<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income		<input type="checkbox"/> Employment income	
	<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.		<input type="checkbox"/> Unemployment Ins.	
	<input type="checkbox"/> Workers comp		<input type="checkbox"/> Workers comp		<input type="checkbox"/> Workers comp		<input type="checkbox"/> Workers comp		<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"/> Private disability ins.		<input type="checkbox"/> Private disability ins.		<input type="checkbox"/> Private disability ins.		<input type="checkbox"/> Private disability ins.	
	<input type="checkbox"/> VA Disability (service)		<input type="checkbox"/> VA Disability (service)		<input type="checkbox"/> VA Disability (service)		<input type="checkbox"/> VA Disability (service)		<input type="checkbox"/> VA Disability (service)		<input type="checkbox"/> VA Disability (service)	
	<input type="checkbox"/> SSDI (disability)		<input type="checkbox"/> SSDI (disability)		<input type="checkbox"/> SSDI (disability)		<input type="checkbox"/> SSDI (disability)		<input type="checkbox"/> SSDI (disability)		<input type="checkbox"/> SSDI (disability)	
	<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension		<input type="checkbox"/> SSI VA pension	
	<input type="checkbox"/> SSA (retirement)		<input type="checkbox"/> SSA (retirement)		<input type="checkbox"/> SSA (retirement)		<input type="checkbox"/> SSA (retirement)		<input type="checkbox"/> SSA (retirement)		<input type="checkbox"/> SSA (retirement)	
	<input type="checkbox"/> VA pension (non-service)		<input type="checkbox"/> VA pension (non-service)		<input type="checkbox"/> VA pension (non-service)		<input type="checkbox"/> VA pension (non-service)		<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"/> Pension from former job		<input type="checkbox"/> Pension from former job		<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"/> TANF/Cal Works		<input type="checkbox"/> TANF/Cal Works		<input type="checkbox"/> TANF/Cal Works		<input type="checkbox"/> TANF/Cal Works	
	<input type="checkbox"/> GA		<input type="checkbox"/> GA		<input type="checkbox"/> GA		<input type="checkbox"/> GA		<input type="checkbox"/> GA		<input type="checkbox"/> GA	
	<input type="checkbox"/> Alimony/spousal support		<input type="checkbox"/> Alimony/spousal support		<input type="checkbox"/> Alimony/spousal support		<input type="checkbox"/> Alimony/spousal support		<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"/> Child support		<input type="checkbox"/> Child support		<input type="checkbox"/> Child support		<input type="checkbox"/> Child support		
<input type="checkbox"/> Other/Kids _____		<input type="checkbox"/> Other/Kids _____		<input type="checkbox"/> Other/Kids _____		<input type="checkbox"/> Other/Kids _____		<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 Receives, 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"/> 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"/> 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 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"/> 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 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 _____		<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 Covered, source of health insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical
	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer	<input type="checkbox"/> Medicaid/Medi-Cal	<input type="checkbox"/> Employer
	<input type="checkbox"/> Obtained through Cobra		<input type="checkbox"/> Obtained through Cobra		<input type="checkbox"/> Obtained through Cobra		<input type="checkbox"/> Obtained through Cobra		<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"/> Indian Health Services Program		<input type="checkbox"/> Indian Health Services Program		<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"/> Private pay health insurance		<input type="checkbox"/> Private pay health insurance		<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 _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

WHAT	Employment											
WHO	Everybody 16+											
	Group Member 1			Group Member 2			Group Member 3					
Employed?	<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 Yes (employed)	<input type="checkbox"/> Permanent			<input type="checkbox"/> Permanent			<input type="checkbox"/> Permanent			<input type="checkbox"/> Permanent		
Employment tenure	<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			<input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
	<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused		
Hours worked last week	_____ hours			_____ hours			_____ hours			_____ hours		
If No (unemployed) Seeking?	<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	Education											
WHO	Everybody 5+											
Currently enrolled in school?	<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 Yes (enrolled)	<input type="checkbox"/> Yes			<input type="checkbox"/> No			<input type="checkbox"/> DK			<input type="checkbox"/> Refused		
Enrolled in vocational school?	<input type="checkbox"/> Yes			<input type="checkbox"/> No			<input type="checkbox"/> DK			<input type="checkbox"/> Refused		
Name of school	_____			_____			_____			_____		
Type of school	<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private			<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private			<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private			<input type="checkbox"/> Public <input type="checkbox"/> Parochial or Private		
	DK <input type="checkbox"/> Refused			DK <input type="checkbox"/> Refused			DK <input type="checkbox"/> Refused			DK <input type="checkbox"/> Refused		
Highest level of school completed	<input type="checkbox"/> No School Completed			<input type="checkbox"/> No School Completed			<input type="checkbox"/> No School Completed			<input type="checkbox"/> No School Completed		
	<input type="checkbox"/> Nursery School to 4 th Grade			<input type="checkbox"/> Nursery School to 4 th Grade			<input type="checkbox"/> Nursery School to 4 th Grade			<input type="checkbox"/> Nursery School to 4 th Grade		
	<input type="checkbox"/> 5-6 th Grade <input type="checkbox"/> 7-8 th Grade			<input type="checkbox"/> 5-6 th Grade <input type="checkbox"/> 7-8 th Grade			<input type="checkbox"/> 5-6 th Grade <input type="checkbox"/> 7-8 th Grade			<input type="checkbox"/> 5-6 th Grade <input type="checkbox"/> 7-8 th Grade		
	<input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade			<input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade			<input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade			<input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade		
	<input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade (no diploma)			<input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade (no diploma)			<input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade (no diploma)			<input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade (no diploma)		
	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED			<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED			<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED			<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED		
	<input type="checkbox"/> Post-Secondary School			<input type="checkbox"/> Post-Secondary School			<input type="checkbox"/> Post-Secondary School			<input type="checkbox"/> Post-Secondary School		
	<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused		
If HS Diploma, GED, Post-Secondary:	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors			<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors			<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors			<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors		
Highest Degree Earned	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD)			<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD)			<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD)			<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (PhD)		
	<input type="checkbox"/> Grad/Professional Degree			<input type="checkbox"/> Grad/Professional Degree			<input type="checkbox"/> Grad/Professional Degree			<input type="checkbox"/> Grad/Professional Degree		
	<input type="checkbox"/> Cert. of Adv Training/Skilled Artisan			<input type="checkbox"/> Cert. of Adv Training/Skilled Artisan			<input type="checkbox"/> Cert. of Adv Training/Skilled Artisan			<input type="checkbox"/> Cert. of Adv Training/Skilled Artisan		
	<input type="checkbox"/> None <input type="checkbox"/> Other			<input type="checkbox"/> None <input type="checkbox"/> Other			<input type="checkbox"/> None <input type="checkbox"/> Other			<input type="checkbox"/> None <input type="checkbox"/> Other		
If No (not enrolled) and 5-17 years old:	_____ / _____ / _____			_____ / _____ / _____			_____ / _____ / _____			_____ / _____ / _____		
Date of last enrollment	_____ / _____ / _____			_____ / _____ / _____			_____ / _____ / _____			_____ / _____ / _____		
Barriers to enrolling child in school	<input type="checkbox"/> None			<input type="checkbox"/> None			<input type="checkbox"/> None			<input type="checkbox"/> None		
	<input type="checkbox"/> Residency Requirements			<input type="checkbox"/> Residency Requirements			<input type="checkbox"/> Residency Requirements			<input type="checkbox"/> Residency Requirements		
	<input type="checkbox"/> Availability of School Records			<input type="checkbox"/> Availability of School Records			<input type="checkbox"/> Availability of School Records			<input type="checkbox"/> Availability of School Records		
	<input type="checkbox"/> Birth Certificates			<input type="checkbox"/> Birth Certificates			<input type="checkbox"/> Birth Certificates			<input type="checkbox"/> Birth Certificates		
	<input type="checkbox"/> Legal Guardianship Requirements			<input type="checkbox"/> Legal Guardianship Requirements			<input type="checkbox"/> Legal Guardianship Requirements			<input type="checkbox"/> Legal Guardianship Requirements		
	<input type="checkbox"/> Transportation			<input type="checkbox"/> Transportation			<input type="checkbox"/> Transportation			<input type="checkbox"/> Transportation		
	<input type="checkbox"/> Lack of Available Preschool Programs			<input type="checkbox"/> Lack of Available Preschool Programs			<input type="checkbox"/> Lack of Available Preschool Programs			<input type="checkbox"/> Lack of Available Preschool Programs		
	<input type="checkbox"/> Immunization Requirements			<input type="checkbox"/> Immunization Requirements			<input type="checkbox"/> Immunization Requirements			<input type="checkbox"/> Immunization Requirements		
	<input type="checkbox"/> Physical Examination Records			<input type="checkbox"/> Physical Examination Records			<input type="checkbox"/> Physical Examination Records			<input type="checkbox"/> Physical Examination Records		
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____		
	<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused			<input type="checkbox"/> DK <input type="checkbox"/> Refused		
HUD Homeless Liaison	<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

Disability Information – Definitions

Disability	Description (HUD Data Standards)	Examples
Physical Disability	A physical impairment	
Developmental Disability	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	
Chronic Disability	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"> • heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease) • severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia) • adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions) • severe headache/migraine • cancer • chronic bronchitis • liver • condition • stroke • emphysema
Mental Health Problem	<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 LT & impairs</p>	

HMIS SUPPORTIVE SERVICES

Program: _____

Case Manager: _____

Client Name: _____

SSN: _____ - _____ - _____

Today's Date: ____ / ____ / ____

Service	Initial Referral Date	In Place	Start Date	1 st QTR	2 ND QTR	3 RD QTR	4 TH 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)