

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Currently receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

HIV-AIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO HIV-AIDS – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

MENTAL HEALTH PROBLEM [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
		<input type="radio"/>	Data not collected	
IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY				
Receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term mental health problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report		
	<input type="radio"/>	Confirmed through assessment and clinical evaluation		
	<input type="radio"/>	Confirmed by prior evaluation or clinical records		
Serious mental illness (SMI) and, if SMI, how confirmed				
<input type="radio"/>	No	<input type="radio"/>	Confirmed by prior evaluation or clinical records	
<input type="radio"/>	Unconfirmed; presumptive or self report		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Confirmed by prior evaluation or clinical records		<input type="radio"/>	Client refused

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse	
<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY				
Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Long-term substance abuse problem	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes
How confirmed	<input type="radio"/>	Unconfirmed; presumptive or self report		
	<input type="radio"/>	Confirmed through assessment and clinical evaluation		
	<input type="radio"/>	Confirmed by prior evaluation or clinical records		

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> TANF (Temporary Assist for Needy Families)		<input type="radio"/> Earned Income	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement Income from Social Security	
<input type="radio"/> Social Security Disability Income (SSDI)		<input type="radio"/> Pension or retirement income from former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service Connect Disability Pensioned		<input type="radio"/> Private disability insurance	
<input type="radio"/> Alimony and other spousal support		<input type="radio"/> Other source	
<input type="radio"/> Worker's Compensation		Specify Other"	
Total monthly amount:			

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> SNAP	<input type="radio"/> Other TANF Benefit
<input type="radio"/> WIC	<input type="radio"/> Section 8
<input type="radio"/> TANF Childcare	<input type="radio"/> Temporary Rental Assistance
<input type="radio"/> TANF Transportation	<input type="radio"/> Other (Specify):

COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided
<input type="radio"/> MEDICARE	<input type="radio"/> Obtained through COBRA
<input type="radio"/> SCHIP	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> VA Medical	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program

Signature of applicant stating all information is true and correct Date