



**GENDER [All Clients]**

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male		
<input type="radio"/>	Doesn't Identify as male, female, or transgender		

**RACE (Select all applicable) [All Clients]**

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused
<input type="radio"/>	Hawaiian or Other Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY [All Clients]**

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS [All 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 VETERAN STATUS**

<b>Year entered military service (year)</b>			
<b>Year separated from military service (year)</b>			
<b>Theater of Operations: World War II</b>			
<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
<b>Theater of Operations: Korean War</b>			
<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
<b>Theater of Operations: Vietnam War</b>			
<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

<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<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
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<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
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<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
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<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
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<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
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]**

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

**CLIENT LOCATION** *[only if multiple CoC's]* \_\_\_\_\_

**HOUSING STATUS AT ENTRY** *[Head of Household and Adults]*

<input type="radio"/> Homeless	<input type="radio"/> Fleeing domestic violence	<input type="radio"/> Client doesn't know
<input type="radio"/> At imminent risk of losing housing	<input type="radio"/> At-risk of homelessness	<input type="radio"/> Client refused
<input type="radio"/> Homeless only under other federal statutes	<input type="radio"/> Stably housed	<input type="radio"/> Data not collected

**LIVING SITUATION BY TYPE OF RESIDENCE**

*[Head of Household and Adults Only]*

<input type="radio"/> Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="radio"/> Rental by client, with VASH subsidy
<input type="radio"/> Foster care home or group home	<input type="radio"/> Rental by client, with GTD TIP subsidy
<input type="radio"/> Hospital or other residential non- psychiatric medical facility	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Residential project or halfway house with no homeless criteria
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Safe Haven
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Owned by client, no on-going housing subsidy	<input type="radio"/> Staying or living in a friend's room, apartment or house
<input type="radio"/> Owned by client, with ongoing housing subsidy	<input type="radio"/> Substance abuse treatment facility or detox center
<input type="radio"/> Place not meant for habitation	<input type="radio"/> Interim Housing
<input type="radio"/> Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="radio"/> Transitional housing for homeless persons (including homeless youth)
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Rental by client, no ongoing housing subsidy	<input type="radio"/> Data not collected

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client refused
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]**

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS**
*[If type of stay is Interim Housing- Facility /Institution etc]*

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN**
*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date Homelessness Started</b>	___/___/_____
<b>Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Four or More Times	<input type="radio"/> Data not collected
<b>Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**DISABLING 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

**PHYSICAL 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 PHYSICAL DISABILITY – SPECIFY**

Currently receiving services for physical 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

Long-term physical 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
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**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
<b>Documentation of the disability and severity on file</b>	<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
<b>Documentation of the disability and severity on file</b>	<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
<b>Documentation of the disability and severity on file</b>	<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 PROBLEM – 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 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
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/> Yes

**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
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/> Yes

**DOMESTIC VIOLENCE** *[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		
<b>IF "YES" TO DOMESTIC VIOLENCE</b>					
<b>LAST OCCURRENCE</b>					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
<b>Are you currently fleeing?</b>		<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

**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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assistance for Needy Families)	
<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"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other source	
<input type="radio"/>	Worker's Compensation		<b>Specify Other"</b>		
<b>Total monthly amount:</b>					

**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 ( <b>Specify</b> ):

**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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)**

<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	SCHIP	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	VA Medical	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

○	Employer Provided	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Obtained through COBRA	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Private Pay Health Insurance	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	State Health for Adults	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Indian Health Services Program	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Other Health Insurance ( <b>specify</b> )		

### Receiving Public HIV/AIDS Medical Assistance

<input type="radio"/>	Public HIV/AIDS Medical Assistance	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

### Receiving AIDS Drug Assistance Program (ADAP)

<input type="radio"/>	Receiving AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

### T-cell (CD4) Count Available

<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

**T-cell Count:** \_\_\_\_\_

### How Was the Data Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

### Viral Load Available

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

**Viral Load:** \_\_\_\_\_

### How Was the Data Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

\_\_\_\_\_  
**Signature of applicant stating all information is true and correct      Date**