

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"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		

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

Year entered military service (year)	
Year separated from military service (year)	

Theater of Operations: World War II

<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

Theater of Operations: Korean War

<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

Theater of Operations: Vietnam War

<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

Theater of Operations: Persian Gulf War (Desert Storm)

<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

Theater of Operations: Afghanistan (Operation Enduring Freedom)

<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

Theater of Operations: Iraq (Operation Iraqi Freedom)			
<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
Theater of Operations: Iraq (Operation New Dawn)			
<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
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<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
Branch of the Military			
<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
Discharge Status			
<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]* _____

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date		____/____/____	

**LIVING SITUATION
 TYPE OF RESIDENCE**
[Head of Household and Adults]

<input type="radio"/>	Emergency shelter, including hotel/motel paid for w/ voucher	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Interim Housing	<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"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
<input type="radio"/>		Client refused	
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<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
Approximate Date Homelessness Started		___/___/_____	
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years			
<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"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		
Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years			
<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

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

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

Expected to substantially impair ability to live independently?	<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

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

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

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

Expected to substantially impair ability to live independently?	<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

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 CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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
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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"/>	Drug abuse	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY					
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		<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

DOMESTIC VIOLENCE VICTIM/SURVIVOR [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 DOMESTIC VIOLENCE					
WHEN EXPERIENCE OCCURRED					
<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		
Are you currently fleeing?		<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		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Child support	
<input type="radio"/>	Pension or retirement income from former job		<input type="radio"/>	Earned Income	
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Private disability insurance	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other source	
<input type="radio"/>	VA Non--Service Connected Disability Pension		Other (specify):		
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"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

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"/>	State Children's Health Insurance (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"/>	Veteran's Administration (VA) Medical Services	<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 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
○ Health Insurance 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 Insurance 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 (specify)	

IF "YES" TO HIV-AIDS:
Receiving Public HIV/AIDS Medical Assistance?

○ Public HIV/AIDS Medical Assistance	○ 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

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 (Integer between 0-1500): _____

How Was the Information Obtained?

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

Viral Load Information 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

Count (Integer between 0-999999): _____

How Was the Information 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