

Agency Name: \_\_\_\_\_



**CLARITY HMIS: VA SERVICES INTAKE FORM  
(HUD VASH, SSVF, GPD)**

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

**PROJECT START DATE** *[All Clients]*

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Month Day Year

**ZIP CODE OF LAST PERMANENT ADDRESS** *[All Clients]*

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**SOCIAL SECURITY NUMBER** *[All Clients]*

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**QUALITY OF SOCIAL SECURITY**

○	Full SSN reported	○	Client doesn't know
		○	Client refused
○	Approximate or partial SSN reported	○	Data not collected

**CURRENT NAME** *[All Clients]*

N/A

Last																			✕
First																			✕
Middle																			✕
Suffix																			✕

**QUALITY OF CURRENT NAME**

○	Full name reported	○	Client doesn't know
		○	Client refused
○	Partial, street name, or code name reported	○	Data not collected

**DATE OF BIRTH** *[All Clients]*

		-			-					Age:
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Month Day Year

**QUALITY OF DATE OF BIRTH**

○	Full DOB reported	○	Client doesn't know
		○	Client refused
○	Approximate or partial DOB reported	○	Data not collected

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

**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

<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]* \_\_\_\_\_

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF "YES" TO PERMANENT HOUSING**

<b>Housing Move-in Date</b>	___/___/_____
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**LIVING SITUATION**

**TYPE OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT**

*[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"/>		<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 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 <i>times</i> 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"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		
<b>Total Number of <i>Months</i> 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
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**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** *[not required for SSVF]*

<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** *[not required for SSVF]*

<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** *[not required for SSVF]*

<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

**MENTAL HEALTH PROBLEM** *[not required for SSVF]*

<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

SUBSTANCE ABUSE PROBLEM <i>[not required for SSVF]</i>			
<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				
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 <i>[Head of Household and Adults, not required for SSVF]</i>			
<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

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI <i>[Head of Household, not required for HUD VASH or GPD]</i>			
<input type="radio"/>	Less than 30%	<input type="radio"/>	Greater than 50%
<input type="radio"/>	30% to 50%		

CONNECTION WITH SOAR <i>[Heads of Households and Adults, not required for HUD VASH or GPD]</i>			
<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

**LAST GRADE COMPLETED** *[Head of Household & Adults, not required for GPD]*

<input type="radio"/> Less than Grade 5	<input type="radio"/> Grades 5-6
<input type="radio"/> Grades 7-8	<input type="radio"/> Grades 9-11
<input type="radio"/> Grade 12	<input type="radio"/> School does not have grade levels
<input type="radio"/> GED	<input type="radio"/> Some college
<input type="radio"/> Associate's Degree	<input type="radio"/> Bachelor's degree
<input type="radio"/> Graduate Degree	<input type="radio"/> Vocational certification
<input type="radio"/> Client doesn't know	
<input type="radio"/> Data not collected	<input type="radio"/> Client refused

**EMPLOYMENT STATUS** *[Head of Household, Adults, HUD-VASH OTH and SSVF only]*

<b>Employed</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>If "Yes" for employed – Type of employment</b>	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
<b>If "No" for employed – Why not employed</b>	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	

**GENERAL HEALTH STATUS** *[Head of Household, Adults, HUD-VASH OTH only]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

**LAST PERMANENT ADDRESS** *[Head of Household and Adults, not required for GPD]*

Street Address															
City															
State								Zip Code							
<b>QUALITY OF ADDRESS</b>															
<input type="radio"/> Full address reported												<input type="radio"/> Client doesn't know			
<input type="radio"/> Partial, street name, or code name reported												<input type="radio"/> Client refused			
												<input type="radio"/> Data not collected			

**VAMC STATION NUMBER** *[Head of Household, not required for GPD]*

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**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>					
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>		<b>Amount</b>
<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):		
<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"/>	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 - HEALTH INSURANCE COVERAGE DETAILS**

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

**SSVF HP TARGETING CRITERIA:**

[Homeless Prevention Programs and HoH's, not required for GPD or HUD-VASH]

**Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**CURRENT HOUSING LOSS EXPECTED WITHIN**

<input type="radio"/>	0 - 6 Days	<input type="radio"/>	7 - 13 Days
<input type="radio"/>	14 - 21 Days	<input type="radio"/>	21 Days or more (0 Points)

**CURRENT HOUSEHOLD INCOME IS \$0 ?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:**

<input type="radio"/>	0-14% of Area Median Income (AMI) for Household Size	<input type="radio"/>	More than 30% of AMI for Household Size (0 points)
<input type="radio"/>	15 –30% of AMI for Household Size		

**Sudden & Significant Decrease in Cash Income (Employment and/or Cash Benefits) And/Or Unavoidable Increase in Non-Discretionary Expenses (e.g. Rent or Medical Expenses) in the Past 6 month:**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Major change in Household Composition (e.g. Death of Family Member, Separation Divorce from Adult Partner, Birth of New Child) in the Past 12 Months?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**RENTAL EVICTIONS WITHIN THE PAST 7 YEARS**

<input type="radio"/>	4 or More Prior Rental Evictions	<input type="radio"/>	2-3 prior Rental Evictions
<input type="radio"/>	1 Prior Rental Evictions	<input type="radio"/>	No Prior Rental Evictions (0 points)

**Currently at Risk of Losing Tenant Based Housing Subsidy or Housing Subsidized Building or Unit?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**History of Literal Homelessness (*street/shelter/transitional housing*)**

<input type="radio"/>	4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="radio"/>	2-3 in the Past Three Years
<input type="radio"/>	1 Time in the Past Three Years	<input type="radio"/>	None (0 points)

**Head of Household with Disabling Condition (physical health, mental health, Substance use) that directly affects ability to Secure/Maintain Housing?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Criminal Record for arson, drug dealing/manufacture or felony offense against persons or property?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**REGISTERED SEX OFFENDER?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**At least one dependent child under age 6?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Single parent with minor child(ren)?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Household size of 5 or more requiring at least 3 bedrooms (Due to age gender mix)?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Any Veteran in household served in Iraq or Afghanistan?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**Female Veteran?**

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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**HP applicant total points (integer) \_\_\_\_\_**

**Grantee targeting threshold score (integer) \_\_\_\_\_**

**USE OF OTHER CRISIS SERVICES:** *[RRH/HP] programs [Head of Household / Adults]*

**Number of Visits to an Emergency Room in the Past Year?**

<input type="radio"/>	0	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 - 2	<input type="radio"/>	Client refused
<input type="radio"/>	3 - 5	<input type="radio"/>	Data not collected
<input type="radio"/>	6 - 10		
<input type="radio"/>	11 – 20		
<input type="radio"/>	20 or More		

**Approximate Number of Nights in Jail/Prison in the Past Year?**

<input type="radio"/>	0	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 - 2	<input type="radio"/>	Client refused
<input type="radio"/>	3 - 5	<input type="radio"/>	Data not collected
<input type="radio"/>	6 - 10		
<input type="radio"/>	11 – 20		
<input type="radio"/>	20 or More		

**Approximate Number of Spent in an Inpatient Medical Facility in the Past Year?**

<input type="radio"/>	0	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 - 2	<input type="radio"/>	Client refused
<input type="radio"/>	3 - 5	<input type="radio"/>	Data not collected
<input type="radio"/>	6 - 10		
<input type="radio"/>	11 – 20		
<input type="radio"/>	20 or More		

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