

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

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
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IF "YES" TO PERMANENT HOUSING

Housing Move-in Date	___/___/_____
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CITY OF PERMANENT HOUSING LOCATION *[Rapid Re-Housing Projects, for Heads of Households]*

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

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"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Data not collected

*If Living Situation is "Place not meant for habitation"			
Is household's living situation in a vehicle?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
	<input type="radio"/>		<input type="radio"/> Data not collected
If "Yes", please select Vehicle type			
<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused
<input type="radio"/>	Camper/RV	<input type="radio"/>	Data Not Collected

CITY OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT *[Adults, Heads of Households]*

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client Refused
<input type="radio"/>		<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
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

CITY OF LAST PERMANENT RESIDENCE *[Adults, Heads of Households]*

<input type="radio"/> Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/> Medina
<input type="radio"/> Algona	<input type="radio"/> Mercer Island
<input type="radio"/> Auburn	<input type="radio"/> Milton
<input type="radio"/> Beaux Arts	<input type="radio"/> Newcastle
<input type="radio"/> Bellevue	<input type="radio"/> Normandy Park
<input type="radio"/> Black Diamond	<input type="radio"/> North Bend
<input type="radio"/> Bothell	<input type="radio"/> Pacific
<input type="radio"/> Burien	<input type="radio"/> Redmond
<input type="radio"/> Carnation	<input type="radio"/> Renton
<input type="radio"/> Clyde Hill	<input type="radio"/> Sammamish
<input type="radio"/> Covington	<input type="radio"/> Sea Tac
<input type="radio"/> Des Moines	<input type="radio"/> Seattle
<input type="radio"/> Duvall	<input type="radio"/> Shoreline
<input type="radio"/> Enumclaw	<input type="radio"/> Skykomish
<input type="radio"/> Federal Way	<input type="radio"/> Snoqualmie
<input type="radio"/> Hunts Point	<input type="radio"/> Tukwila
<input type="radio"/> Issaquah	<input type="radio"/> Woodinville
<input type="radio"/> Kenmore	<input type="radio"/> Yarrow Point
<input type="radio"/> Kent	<input type="radio"/> Washington State (outside of King County)
<input type="radio"/> Kirkland	<input type="radio"/> Outside of Washington State
<input type="radio"/> Lake Forest Park	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Maple Valley	<input type="radio"/> Client Refused
	<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 *[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 *[not required for SSVF]*

<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 *[Head of Household and Adults, 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 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

[Head of Household, not required for HUD VASH or GPD]

<input type="radio"/> Less than 30%	<input type="radio"/> Greater than 50%
<input type="radio"/> 30% to 50%	

CONNECTION WITH SOAR *[Heads of Households and Adults, not required for HUD VASH or GPD]*

<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]*

Employed	
<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" for employed – Type of employment	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
If "No" for employed – Why not employed	
<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						

QUALITY OF ADDRESS

<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

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 - 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		

Signature of applicant stating all information is true and correct Date