



**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**

<b>Year entered military service (year)</b>	
<b>Year separated from military service (year)</b>	

**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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**CITY OF PERMANENT HOUSING LOCATION** *[Rapid Re-Housing Projects, for Heads of Households]*

○ Unincorporated King County (includes any community not otherwise listed)	○ Medina
○ Algona	○ Mercer Island
○ Auburn	○ Milton
○ Bear Creek/Sammamish (Unincorporated)	○ Newcastle
○ Beaux Arts	○ Normandy Park
○ Bellevue	○ North Highline (Unincorporated)
○ Black Diamond	○ North Bend
○ Bothell	○ Pacific
○ Burien	○ Redmond
○ Carnation	○ Renton
○ Clyde Hill	○ Sammamish
○ Covington	○ Sea Tac
○ Des Moines	○ Seattle
○ Duvall	○ Shoreline
○ East Federal Way (Unincorporated)	○ Skykomish
○ East Renton (Unincorporated)	○ Snoqualmie
○ Enumclaw	○ Snoqualmie Valley/Northeast King County (Unincorporated)
○ Fairwood (Unincorporated)	○ Southeast King County (Unincorporated)
○ Federal Way	○ Tukwila
○ Four Creeks/Tiger Mountain (Unincorporated)	○ Vashon/Maury Island
○ Hunts Point	○ West Hill (Unincorporated)
○ Issaquah	○ Woodinville
○ Kenmore	○ Yarrow Point
○ Kent	○ Washington State (outside of King County)
○ Kirkland	○ Outside of Washington State
○ Lake Forest Park	○ Client Doesn't Know
○ Maple Valley	○ Client Refused
	○ Data Not Collected

**LIVING SITUATION**

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

*[Head of Household and Adults ]*

○ Emergency shelter, including hotel/motel paid for w/ voucher	○ Rental by client, no ongoing housing subsidy
○ Foster care home or foster care group home	○ Rental by client, with GPD TIP subsidy
○ Hospital or other residential non--psychiatric medical facility	○ Rental by client, with VASH subsidy
○ Hotel or motel paid for without emergency shelter voucher	○ Rental by client, with other ongoing housing subsidy
○ Interim Housing	○ Residential project or halfway house with no homeless criteria
○ Jail, prison or juvenile detention facility	○ Safe Haven
○ Long-term care facility or nursing home	○ Staying or living in a family member's room, apartment or house
○ Owned by client, no on-going housing subsidy	○ 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"/>	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"/>	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

**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"/>	Bear Creek/Sammamish (Unincorporated)	<input type="radio"/>	Newcastle
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Normandy Park
<input type="radio"/>	Bellevue		North Highline (Unincorporated)
<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"/>	East Federal Way (Unincorporated)	<input type="radio"/>	Skykomish

<input type="radio"/> East Renton (Unincorporated)	<input type="radio"/> Snoqualmie
<input type="radio"/> Enumclaw	<input type="radio"/> Snoqualmie Valley/Northeast King County (Unincorporated)
<input type="radio"/> Fairwood (Unincorporated)	<input type="radio"/> Southeast King County (Unincorporated)
<input type="radio"/> Federal Way	<input type="radio"/> Tukwila
<input type="radio"/> Four Creeks/Tiger Mountain (Unincorporated)	<input type="radio"/> Vashon/Maury Island
<input type="radio"/> Hunts Point	<input type="radio"/> West Hill (Unincorporated)
<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	Outside of Washington State
<input type="radio"/> Lake Forest Park	Client Doesn't Know
<input type="radio"/> Maple Valley	Client Refused
	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?**

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





**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>	
<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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<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 ( <b>Specify</b> ):	<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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<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**