

CLARITY HMIS: KC- HUD CoC PROJECT INTAKE FORM

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]*

| | | | | | | | | | | |
|-------|--|--|-----|--|--|--|------|--|--|--|
| | | | | | | | | | | |
| Month | | | Day | | | | Year | | | |

SOCIAL SECURITY NUMBER *[All Clients]*

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

| QUALITY OF SOCIAL SECURITY | | | |
|----------------------------|-------------------------------------|-----------------------|---------------------|
| <input type="radio"/> | Full SSN reported | <input type="radio"/> | Client doesn't know |
| | | <input type="radio"/> | Client refused |
| <input type="radio"/> | Approximate or partial SSN reported | <input type="radio"/> | Data not collected |

| CURRENT NAME <i>[All Clients]</i> | | | | | | | | | | | | | | | | N/A | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----------------------|
| Last | | | | | | | | | | | | | | | | | <input type="radio"/> |
| First | | | | | | | | | | | | | | | | | |
| Middle | | | | | | | | | | | | | | | | | |
| Suffix | | | | | | | | | | | | | | | | | |

| QUALITY OF CURRENT NAME | | | |
|-------------------------|---|-----------------------|---------------------|
| <input type="radio"/> | Full name 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 |

DATE OF BIRTH *[All Clients]*

| | | | | | | | | | |
|-------|--|-----|--|------|---|--|--|--|------|
| | | - | | | - | | | | Age: |
| Month | | Day | | Year | | | | | |

| QUALITY OF DATE OF BIRTH | | | |
|--------------------------|-------------------------------------|-----------------------|---------------------|
| <input type="radio"/> | Full DOB reported | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Approximate or partial DOB reported | <input type="radio"/> | Client refused |
| | | <input type="radio"/> | 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) | | |
| <input type="radio"/> | Other | | |

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 |

WHEN CLIENT WAS ENGAGED *[Street Outreach Only or Night by Night Emergency Shelter]*

| | |
|----------------------------|---------------|
| Date of Engagement: | ___/___/_____ |
|----------------------------|---------------|

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: | ___/___/_____ |
|------------------------------|---------------|

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 |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT *[Head of Household, Adults]*

| | | | |
|-----------------------|---|-----------------------|--|
| <input type="radio"/> | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="radio"/> | Staying or living in a family member's room, apartment or house |
| <input type="radio"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | <input type="radio"/> | Rental by client, with GPD TIP housing subsidy |
| <input type="radio"/> | Safe Haven | <input type="radio"/> | Rental by client, with VASH housing subsidy |
| <input type="radio"/> | Foster care home or foster care group home | <input type="radio"/> | Permanent housing (other than RRH) for formerly homeless persons |
| <input type="radio"/> | Hospital or other residential non--psychiatric medical facility | <input type="radio"/> | Rental by client, with RRH or equivalent subsidy |
| <input type="radio"/> | Jail, prison or juvenile detention facility | <input type="radio"/> | Rental by client, with HCV voucher (tenant or project based) |
| <input type="radio"/> | Long-term care facility or nursing home | <input type="radio"/> | Rental by client in a public housing unit |
| <input type="radio"/> | Psychiatric hospital or other psychiatric facility | <input type="radio"/> | Rental by client, no ongoing housing subsidy |
| <input type="radio"/> | Substance abuse treatment facility or detox center | <input type="radio"/> | Rental by client, with other ongoing housing subsidy |
| <input type="radio"/> | Residential project or halfway house with no homeless criteria | <input type="radio"/> | Owned by client, with ongoing housing subsidy |
| <input type="radio"/> | Hotel or motel paid for without emergency shelter voucher | <input type="radio"/> | Owned by client, no on-going housing subsidy |
| <input type="radio"/> | Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Host Home (non-crisis) | <input type="radio"/> | Client refused |
| <input type="radio"/> | Staying or living in a friend's room, apartment or house | <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"/> | | <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 |
|-----------------------|----|-----------------------|-----|

LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations.]

| | | | |
|-----------------------|----|-----------------------|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
|-----------------------|----|-----------------------|-----|

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 <i>times</i> 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 <i>Months</i> 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 *[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 |

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 |

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 |

SUBSTANCE ABUSE PROBLEM [All Clients]

| | | |
|---|---|---|
| <input type="radio"/> No | <input type="radio"/> Both alcohol and drug abuse | |
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Client doesn't know | |
| | <input type="radio"/> Client refused | |
| <input type="radio"/> Drug abuse | <input type="radio"/> Data not collected | |
| IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY | | |
| 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"/> Earned Income | | <input type="radio"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> Unemployment Insurance | | <input type="radio"/> General Assistance (GA) | |
| <input type="radio"/> Supplemental Security Income (SSI) | | <input type="radio"/> Retirement Income from Social Security | |
| <input type="radio"/> Social Security Disability Insurance (SSDI) | | <input type="radio"/> Pension or Retirement Income from a Former Job | |
| <input type="radio"/> VA Service-Connected Disability Compensation | | <input type="radio"/> Child Support | |
| <input type="radio"/> VA Non-Service-Connected Disability Pension | | <input type="radio"/> Alimony and Other Spousal Support | |

| | | | | | |
|---|------------------------------|--|-----------------------|--------------|--|
| <input type="radio"/> | Private Disability Insurance | | <input type="radio"/> | Other source | |
| <input type="radio"/> | Worker's Compensation | | | | |
| Total Monthly Income for Individual: | | | | | |

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"/> | Health 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 |

Signature of applicant stating all information is true and correct

Date