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DATE OF BIRTH [All Clients] Age: Month Day Year QUALITY OF DATE OF BIRTH Full DOB reported Client doesn't know Client prefers not to answer Approximate or partial DOB reported Data not collected **GENDER** [All Clients] Woman (Girl, if child) Questioning Man (Boy, if child) Different Identity (specify): o Culturally Specific Identity (e.g., Two-Spirit) Client doesn't know Transgender Client prefers not to answer ○ Non-Binary Data not collected RACE AND ETHNICITY (Select all applicable) [All Clients] American Indian, Alaska Native, or Indigenous Native Hawaiian or Pacific Islander Asian or Asian American ○ White o Black, African American, or African Client doesn't know Hispanic/Latina/e/o Client prefers not to answer o | Middle Eastern or North African Data not collected **VETERAN STATUS** [All Adults] Client doesn't know o No o Yes Client prefers not to answer 0 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 Client doesn't know o No Yes 0 Client prefers not to answer Data not collected 0 **Theater of Operations: Korean War** Client doesn't know o No 0 Yes Client prefers not to answer 0 Data not collected 0 **Theater of Operations: Vietnam War** Client doesn't know No Yes Client prefers not to answer 0 Data not collected 0 Theater of Operations: Persian Gulf War (Desert Storm)

Client doesn't know

Data not collected

Client prefers not to answer

0

0

0

o No

Yes

Th	Theater of Operations: Afghanistan (Operation Enduring Freedom)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
T	Theater of Operations: Iraq (Operation Iraqi Freedom)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
T	leater of Operations: Iraq (Operation New Dawn)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
	Theater of Operations: Other peace-keeping operations or military interventions (such as							
Le	banon, Panama, Somalia, Bosnia, Kosovo)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					

Br	anch of the Military		
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		
Di	scharge Status		
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer
0	Bad Conduct	0	Data not collected
0	Dishonorable		

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self	0	Head of household - other relation to member
0	Head of household's child	0	Other: non-relation member
0	Head of household's spouse or partner		

ENROLLMENT CoC	[only if multiple CoC's]
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PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home		Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Residential project or halfway house with no homeless criteria	0	Data not collected

II	IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:							
0	GPD TIP housing subsidy	0	Emergency Housing Voucher					
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)					
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)					
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing					
0	Public Housing Unit		Other permanent housing dedicated for					
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons					

LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

0	No	0	Yes

LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

o No o Yes	
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ON THE NIGHT BEFORE – STAYED ON THE STREETS. EMERGENCY SHELTER. SAFE HAVEN [Head of Household and Adults] o Yes No Approximate Date This Episode of Homelessness Started Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years o One Time Client doesn't know Two Times Client prefers not to answer Three Times Data not collected o Four or More Times Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years • One month (this time is the first month) Client doesn't know Client prefers not to answer • 2-12 months (specify number of months): More than 12 months Data not collected **DISABLING CONDITION** [All Clients] Client doesn't know o No o Yes Client prefers not to answer Data not collected PHYSICAL DISABILITY [All Clients] Client doesn't know No Client prefers not to answer o Yes 0 Data not collected 0 IF "YES" TO PHYSICAL DISABILITY - SPECIFY Expected to be of long-continued and indefinite No Client doesn't know 0 duration and substantially impairs ability to live o Yes 0 Client prefers not to answer independently? Data not collected **DEVELOPMENTAL DISABILITY** [All Clients] Client doesn't know No o Yes Client prefers not to answer 0 Data not collected 0 CHRONIC HEALTH CONDITION [All Clients] No Client doesn't know o Yes Client prefers not to answer Data not collected IF "YES" TO CHRONIC HEALTH CONDITION - SPECIFY Expected to be of long-continued and indefinite Client doesn't know No duration and substantially impairs ability to live Yes Client prefers not to answer 0 independently? Data not collected HIV-AIDS [All Clients] Client doesn't know o No Yes Client prefers not to answer Data not collected

MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know
○ Yes	0	Client prefers not to answer		
	0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Client prefers not to answer		
independently?	0	Data not collected		

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know			
0	Alcohol use disorder			0	Client prefers not to answer			
0	Drug use disorder	0	Data not collected					
0	Both alcohol and drug use disorders							
IF	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE							
DI	SORDERS" – SPECIFY							
E	spected to be of long-continued and indefinite	0	No	0	Client doesn't know			
dυ	ration and substantially impairs ability to live	0	Client prefers not to answer					
			Yes	_	Chaire prototo fiot to anotro.			

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF	"YES" TO SURVIVOR OF DOMESTIC VIOLE	ENC	E - SPEC	IFY '	WHEN EXPERIENCE OCCURRED
0	Within the past three months			0	Client doesn't know
0	Three to six months ago (excluding six month	ns e	xactly)	0	Client prefers not to answer
0	Six months to one year ago (excluding one year	ear	exactly)	0	Data not collected
0	One year ago or more				
		0	No	0	Client doesn't know
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer
			•	0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No	C		Client doesn't know					
0	Yes	C)	Client prefers not to answer					
		C)	Data not collected					
IF	"YES" TO INCOME FROM ANY SOU	RCE - IN	NDIC	SATE ALL SOURCES THAT APPLY					
Inc	Income Source Amou			ome Source	Amount				
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support					
0	Private disability insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	tal Monthly Income for Individual:								

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES	S THAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE & REASONS NOT COVER		
		0	Applied; decision pending
	MEDICAID	0	Applied; client not eligible
0		0	Client did not apply Insurance type N/A for this client
	MEDICAID	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
	MEDICARE	0	Applied; client not eligible
		0	Client did not apply
0		0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	State Children's Health Insurance (SCHIP)	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Veteran's Health Administration (VHA)	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Employer Provided Health Insurance	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Health Insurance Obtained through COBRA	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
	Private Pay Health Insurance	0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0		0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	State Health Insurance for Adults	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Indian Health Services Program	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

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0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM	I (AD	OAP) – SPECIFY REASON
0	Applied; decision Pending	0	Client doesn't know
0	Applied; client not eligible	0	Client prefers not to answer
0	Client did not apply	0	Data not collected
0	Insurance type N/A for this client		

	Receiving Ryan White-funde	0	Client doesn't know
	Yes	0	Client prefers not to answer
	103	0	Data not collected
	"NO" TO RECEIVING RYAN WHITE-FUNDED	=	NTAL ASSISTANCE – SPECIFY
	Applied; decision pending	0	Client doesn't know
	Applied; client not eligible	0	Client prefers not to answer
)	Client did not apply	0	Data not collected
	Insurance type N/A for this client		
	T-cell (CD4) Count Available		
)	No	0	Client doesn't know
	No Yes	0	Client doesn't know Client prefers not to answer
	Yes T-cell Count (Integer betwee How Was the Information Ob	o o n 0-1500):	
	Yes T-cell Count (Integer betwee How Was the Information Ob	o o n 0-1500):	Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ob Medical Report Client report	o o n 0-1500):	Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ob Medical Report	o o n 0-1500):	Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ob Medical Report Client report	on 0-1500):otained?	Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ok Medical Report Client report Other (specify) Viral Load Information Avail Not available	on 0-1500):otained?	Client prefers not to answer Data not collected Client doesn't know
	T-cell Count (Integer betwee How Was the Information Ok Medical Report Client report Other (specify) Viral Load Information Available Available	on 0-1500):otained?	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ok Medical Report Client report Other (specify) Viral Load Information Avail Not available	on 0-1500):otained?	Client prefers not to answer Data not collected Client doesn't know
	T-cell Count (Integer betwee How Was the Information Ok Medical Report Client report Other (specify) Viral Load Information Available Available	on 0-1500): ptained? able 9999):	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ok Medical Report Client report Other (specify) Viral Load Information Avail Not available Available Undetectable Count (Integer between 0-99	on 0-1500): ptained? able 9999):	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
	T-cell Count (Integer betwee How Was the Information Ob Medical Report Client report Other (specify) Viral Load Information Available Available Undetectable Count (Integer between 0-99 How Was the Information Ob	on 0-1500): ptained? able 9999):	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

Signature of applicant stating all information is true and correct

Date

ency Name:		
HUD-HOPWA UPDATE AS Use block letters for text and bubble Please complete a separate form for	in the ap	propriate circles.
LIENT NAME OR IDENTIFIER:		
DDO IECT STATUS DATE [All Cliente]		
PROJECT STATUS DATE [All Clients]		
Month Day Year		
Month Day real		
PHYSICAL DISABILITY [All Clients]		
○ No	0	Client doesn't know
o Yes	0	Client prefers not to answer
	0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY	1	Officer days 201
Expected to be of long-continued and indefinite	0	Client doesn't know
duration and substantially impairs ability to live o Yes independently?	0	Client prefers not to answer Data not collected
independently:	U	Data flot collected
DEVELOPMENTAL DISABILITY [All Clients]		
No	0	Client doesn't know
o Yes	0	Client prefers not to answer
	0	Data not collected
CHRONIC HEALTH CONDITION [All Clients]		
o No	0	Client doesn't know
o Yes	0	Client prefers not to answer
IE (VENILE OLIDANIA LIEAL THE CONDITION CONDITION	0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIF		Client doesn't know
Expected to be of long-continued and indefinite on No duration and substantially impairs ability to live on Yes	0	Client prefers not to answer
independently?	0	Data not collected
		Bata flot collected
HIV-AIDS [All Clients]		
		Client doesn't know
○ No	0	Client doesn't know Client prefers not to answer
○ No		Client doesn't know Client prefers not to answer Data not collected
NoYes	0	Client prefers not to answer
NoYes	0	Client prefers not to answer
No Yes MENTAL HEALTH DISORDER [All Clients]	0	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
No Yes MENTAL HEALTH DISORDER [All Clients] No Yes	0 0	Client prefers not to answer Data not collected Client doesn't know
No Yes MENTAL HEALTH DISORDER [All Clients] No Yes IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY	0 0 0	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected
 Yes MENTAL HEALTH DISORDER [All Clients] No Yes IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY Expected to be of long-continued and indefinite ○ No 	0 0 0 0	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know
 No Yes MENTAL HEALTH DISORDER [All Clients] No Yes IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY	0 0 0	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know
0	Alcohol use disorder			0	Client prefers not to answer
0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
IF	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER"				BOTH ALCOHOL AND DRUG USE
DI	SORDERS" – SPECIFY				
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
inc	lependently?			0	Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF	IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC				WHEN EXPERIENCE OCCURRED
0	Within the past three months			0	Client doesn't know
0	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer
0	Six months to one year ago (excluding one year	ear	exactly)	0	Data not collected
0	One year ago or more				
		0	No	0	Client doesn't know
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

Total Monthly Income for Individual:

	JOINE THOM 7 ATT GOORGE [T			,					
0	No		0	Client doesn't know					
0	Yes		0	Client prefers not to answer					
			0	Data not collected					
IF	"YES" TO INCOME FROM ANY	SOURCE -	- INDICATE ALL SOURCES THAT APPLY						
In	Income Source Amount			Income Source					
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support					
0	Private disability insurance		0	Other income source (specify):					
0	Worker's Compensation								

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	Data not collected	
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES THAT APPLY		
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services	
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services	
0	Other (specify):	0	Other TANF-funded services	

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know							
0	Yes	0	Client prefers not to answer							
		0	Data not collected							
IF	F "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)									
		0	Applied; decision pending							
		0	Applied; client not eligible							
		0	Client did not apply							
0	MEDICAID	0	Insurance type N/A for this client							
		0	Client doesn't know							
		0	Client prefers not to answer							
		0	Data not collected							
		0	Applied; decision pending							
		0	Applied; client not eligible							
		0	Client did not apply							
0	MEDICARE	0	Insurance type N/A for this client							
		0	Client doesn't know							
		0	Client prefers not to answer							
		0	Data not collected							
		0	Applied; decision pending							
		0	Applied; client not eligible							
		0	Client did not apply							
0	State Children's Health Insurance (SCHIP)	0	Insurance type N/A for this client							
	,	0	Client doesn't know							
		0	Client prefers not to answer							
		0	Data not collected							
		0	Applied; decision pending							
		0	Applied; client not eligible							
		0	Client did not apply							
0	Veteran's Health Administration (VHA)	0	Insurance type N/A for this client							
	,	0	Client doesn't know							
		0	Client prefers not to answer							
		0	Data not collected							
		0	Applied; decision pending							
		0	Applied; client not eligible							
		0	Client did not apply							
0	Employer Provided Health Insurance	0	Insurance type N/A for this client							
	Employof Frovided Froditi insulation	0	Client doesn't know							
		0	Client prefers not to answer							
		0	Data not collected							
		U	Data not collected							

			T
		0	Applied; decision pending
		0	Applied; client not eligible
	Health Insurance Obtained through COBRA	0	Client did not apply
0		0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Private Pay Health Insurance	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	State Health Insurance for Adults	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Indian Health Services Program	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

	Receiving Aibo Brag Assistance i regiani (ABAi)									
0	No	0	Client doesn't know							
0	Yes	0	Client prefers not to answer							
		0	Data not collected							
IF	"NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGR	AM ((ADAP) – SPECIFY REASON							
0	Applied; decision Pending	0	Client doesn't know							
0	Applied; client not eligible	0	Client prefers not to answer							
0	Client did not apply	0	Data not collected							
0	Insurance type N/A for this client									

	ED MEDICAL (OR DEN	Client doesn't know Client prefers not to answer Data not collected									
F "NO" TO RECEIVING RYAN WHITE-FUNDE REASON Applied; decision pending Applied; client not eligible Client did not apply	ED MEDICAL (o OR DEN	Data not collected									
Applied; decision pending Applied; client not eligible Client did not apply	ED MEDICAL (OR DEN										
REASON Applied; decision pending Applied; client not eligible Client did not apply	ED MEDICAL (ITAL ASSISTANCE – SPECIFY									
Applied; client not eligible Client did not apply		0	IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON									
Client did not apply			Client doesn't know									
		0	Client prefers not to answer									
Insurance type N/A for this client		0	Data not collected									
T-cell (CD4) Count Availabl	le											
No		0	Client doesn't know									
Yes		0	Client prefers not to answer									
		0	Data not collected									
How Was the Information C Medical Report	Obtained?											
Client report												
Other (specify)												
Viral Load Information Available												
Not available		0	Client doesn't know									
Available		0	Client prefers not to answer									
Undetectable		0	Data not collected									
Count (Integer between 0-999999): How Was the Information Obtained? Medical Report Client report												
Other (specify) Has the participant been pr	rescribed an	ti-retr										
No		0	Client doesn't know									
Yes		0	Client prefers not to answer									
		0	Data not collected									
IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household] o No o Yes IF "YES" TO PERMANENT HOUSING												
lousing Move-In Date:*	//		<u> </u>									
		40 5 = 11										
If client moved into permanent housing, make	e sure to upda	te on tr	ne enrollment screen.									

Agency Name:	
Ascincy Huille.	

HUD-HOPWA PROJECT EXIT FORM

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

CLIENT NAME OR IDENTIFIER:														
PROJECT EXIT DATE [All Clients]														
			/			/								
	Мо	nth		Da	ay			Ye	ar	1				

DESTINATION [All Clients]

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA TH
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Staying or living with family, permanent tenure
Safe Haven	0	Staying or living with friends, permanent tenure
Foster care home or foster care group home	0	Moved from one HOPWA funded project to HOPWA PH
Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
	0	Owned by client, with on-going housing subsidy
	0	Owned by client, no on-going housing subsidy
Substance abuse treatment facility or detox center	0	No exit interview completed
Transitional housing for homeless persons (including homeless youth)	0	Other
Residential project or halfway house with no homeless criteria	0	Deceased
Hotel or motel paid for without emergency shelter voucher	0	Client doesn't know
Host Home (non-crisis)	0	Client prefers not to answer
Staying or living in a friend's room, apartment, or house	0	Data not collected
Staying or living in a family member's room, apartment or house		
	SIN	G SUBSIDY" – SPECIFY:
GPD TIP housing subsidy	0	Emergency Housing Voucher
VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
Public Housing Unit		Other nermonent housing dedicated for
Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons
	an abandoned building, bus/train/subway station/airport, or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter Safe Haven Foster care home or foster care group home Hospital or other residential non-psychiatric medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis) Staying or living in a friend's room, apartment, or house Staying or living in a family member's room, apartment or house "RENTAL BY CLIENT, WITH ONGOING HOUS GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit	an abandoned building, bus/train/subway station/airport, or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter Safe Haven Foster care home or foster care group home Hospital or other residential non-psychiatric medical facility Jail, prison or juvenile detention facility Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis) Staying or living in a friend's room, apartment, or house Staying or living in a family member's room, apartment or house ""RENTAL BY CLIENT, WITH ONGOING HOUSING GPD TIP housing subsidy VASH Housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit

HOUSING ASSESSMENT AT EXIT [All Clier	ntel					
Able to maintain the housing they had at projection.		ontry		0	Jail/prison	
	0	Deceased				
 Moved to new housing unit Moved in with family/friends on a temporary l 	haci			0	Client doesn't know	
Moved in with family/friends on a permanent				0	Client prefers not to answer	
			arom			
Moved to a transitional or temporary housing				0	Data not collected	
Client became homeless – moving to a shelt unfit for human habitation	er o	other pia	ace			
IF "ABLE TO MAINTAIN HOUSING AT PROJE	СТ	FNTRY"	TO H	OUSI	NG ASSESSMENT	
Subsidy Information	<u> </u>		10 11	500.	NO AGGEGGMENT	
Without a subsidy	۱۸/	ith an on	-aoina	suhs	sidy acquired since project entry	
 With the subsidy they had at project entry 					sistance other than a subsidy	
IF "MOVED TO NEW HOUSING UNIT" TO HO					istarioc otrici triari a subsidy	
Subsidy Information	<u> </u>	10 AOOL	.00			
	5 T V	Vithout ar	n on-a	oina	subsidy	
o With on-going subsidy	○ v	vitilout ai	i on-g	oning .	subsidy	
PHYSICAL DISABILITY [All Clients]						
○ No			0	Clie	nt doesn't know	
○ Yes			0		nt prefers not to answer	
			0		a not collected	
IF "YES" TO PHYSICAL DISABILITY - SPECI	FY				2.1101.001100100	
Expected to be of long-continued and indefinite	0	No	0	Clie	nt doesn't know	
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer		
independently?			0	Data not collected		
					2.1101.001100100	
DEVELOPMENTAL DISABILITY [All Clients]	7					
○ No			0	Clie	nt doesn't know	
○ Yes			0	Client prefers not to answer		
			0		a not collected	
CHRONIC HEALTH CONDITION [All Clients]	1					
o No			0	Clie	nt doesn't know	
○ Yes			0	Clie	nt prefers not to answer	
			0		a not collected	
IF "YES" TO CHRONIC HEALTH CONDITION	– SF	PECIFY				
Expected to be of long-continued and indefinite	0	No	0	Clie	nt doesn't know	
duration and substantially impairs ability to live	0	Yes	0	Clie	nt prefers not to answer	
independently?		•	0	Data	a not collected	
HIV-AIDS [All Clients]			•			
○ No			0	Clia	nt doesn't know	
o Yes		nt prefers not to answer				
0 165			0		a not collected	
			O	Date	a not conected	
MENTAL HEALTH DISORDER [All Clients]						
○ No			0	Clia	nt doesn't know	
o Yes			0		nt prefers not to answer	
- 100			0		a not collected	
IF "YES" TO MENTAL HEALTH DISORDER –	SDE	CIEV	U	Dala	A HOL COHECTER	
Expected to be of long-continued and indefinite	OF E	No	0	Clic	nt doesn't know	
duration and substantially impairs ability to live	0	Yes	0		nt prefers not to answer	
independently?	U	162			a not collected	
macpendently:			0	Date	a HOL COHECLEU	

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know
0	Alcohol use disorder	0	Client prefers not to answer		
0	Drug use disorder	0	Data not collected		
0	Both alcohol and drug use disorders				
IF	"ALCOHOL USE DISORDER" "DRUG USE I	OR "	BOTH ALCOHOL AND DRUG USE		
DI	SORDERS" – SPECIFY				
Ex	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Client prefers not to answer		
ind	dependently?	0	Data not collected		

INCOME FROM ANY SOURCE [Head of Household and Adults]

COME PROM ANT SOURCE [1]	eau oi i io	usei	iolu aliu Auulisj							
No		0	Client doesn't know							
Yes		0	Client prefers not to answer							
		0	Data not collected							
"YES" TO INCOME FROM ANY	SOURCE -	· IND	ICATE ALL SOURCES THAT APPLY							
come Source	Amount	Inc	Income Source							
Earned Income		0	Temporary Assistance for Needy Families (TANF)							
Unemployment Insurance		0	General Assistance (GA)							
Supplemental Security Income (SSI)		0	Retirement income from Social Security							
Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job							
VA Service-Connected Disability Compensation		0	Child support							
VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support							
Private Disability Insurance		0	Other income source (specify):							
Worker's Compensation										
otal Monthly Income for Individua	al:	•		•						
	No Yes "YES" TO INCOME FROM ANY Scome Source Earned Income Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private Disability Insurance Worker's Compensation	No Yes "YES" TO INCOME FROM ANY SOURCE - come Source Amount Earned Income Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private Disability Insurance	No Yes "YES" TO INCOME FROM ANY SOURCE – IND come Source Earned Income Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private Disability Insurance Worker's Compensation	Yes ○ Client prefers not to answer "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY come Source Amount Income Source Earned Income ○ Temporary Assistance for Needy Families (TANF) Unemployment Insurance ○ General Assistance (GA) Supplemental Security Income (SSI) ○ Retirement income from Social Security Social Security Disability Insurance (SSDI) ○ Pension or retirement income from a former job VA Service-Connected Disability Compensation ○ Child support VA Non-Service-Connected Disability Pension ○ Alimony and other spousal Support Private Disability Insurance ○ Other income source (specify): Worker's Compensation ○ Other income source (specify):						

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	Data not collected	
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES THAT APPLY		
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services	
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services	
0	Other (specify):	0	Other TANF-funded services	

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE & REASONS NOT COVER	ED E	
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	MEDICAID	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
	MEDIOADE	0	Client did not apply
0	MEDICARE	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	State Children's Health Insurance (SCHIP)	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Veteran's Health Administration (VHA)	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Employer Provided Health Insurance	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Health Insurance Obtained through COBRA	0	Insurance type N/A for this client
	The state of the s	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
			Data Not concoted

		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Private Pay Health Insurance	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	State Health Insurance for Adults	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Indian Health Services Program	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

			•
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM	I (AC	OAP) – SPECIFY REASON
0	Applied; decision Pending	0	Client doesn't know
0	Applied; client not eligible	0	Client prefers not to answer
0	Client did not apply	0	Data not collected
0	Insurance type N/A for this client		

Receiving Ryan White-funded Medical or Dental Assistance

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR	DEN	ITAL ASSISTANCE – SPECIFY
RE	EASON		
0	Applied; decision pending	0	Client doesn't know
0	Applied; client not eligible	0	Client prefers not to answer
0	Client did not apply	0	Data not collected
0	Insurance type N/A for this client		

	T-c	ell (CD4	l) Count	Availa	ıble						
0	No	•	•				0		oesn't knov		
0	Yes						0	Client p	refers not t	o answer	
							0	Data no	t collected		
					ween 0-1	,					
	Ho	w Was t	he Infor	mation	Obtain O	ed?					
0	Medical Repor	t									
0	Client report										
0	Other (specify))									
	Vir	al I nad	Informa	ntion Av	vailahla						
0	Not available	ai Loau	1111011116	ttion A	valiable		0	Client de	oesn't knov	Λ/	
0	Available						0		refers not t		
0	Undetectable						0		t collected	o anowor	
							<u> </u>				
	Co	unt (Inte	eger bet	ween ()	-999999	١:					
		•	•		Obtain	,					
0	Medical Repor			mation	Obtain	<u> </u>					
0	Client report										
0	Other (specify))									
	сине (оргону	<i>'</i>									
	Has	s the pa	rticipan	t been	prescrib	ed anti	-retr	oviral dr	ugs?		
0	No						0		oesn't knov		
0	Yes						0		refers not t	o answer	
							0	Data no	t collected		
N F	PERMANENT	HOUSIN	NG [Peri	nanent	Housina	Project.	s for	· Head of	Househo	ld1	
0	No		10 [/ 0//		o Yes		o, .o.	7.1044 07	1.00,00	,	
	"YES" TO PER	MANFN	T HOUSI	NG	9 1 100						
			1 11000		1	1					
Но	using Move-In	Date:									
*If	client moved in	to perma	nent hou	sing, ma	ake sure t	o update	on th	ne enrolin	nent scree	en.	
		•				<u> </u>					
CO	NTACT INFO	RMATIO	N [Optio	onal – c	an be en	tered in	Con	tact Tabl			
	ntact Type										
En	nail										
Ph	one (#1)										
	one (#2)										
	tive Contact	0	Yes	1		1	C) No	`		
	ivate	0	Yes				С) No)		
Co	ntact Date										
No	te										

CURRENT ADDRESS	(IF APPLICABLE)	[Optional – can	be entered in l	Location Tab]
------------------------	-----------------	-----------------	-----------------	---------------

Signature of applicant stating all information is true and correct

Street	
City Street	
Street	Zip Code
•	1 -

Date

CURRENT LIVING SITUATION

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

Record the date and location of each interaction/contact with a client by recording their *Current Living Situation*. The first *Current Living Situation* with the client will occur at the same point as *Project Start Date*.

DATE	OF	CON	TACT	[Ad	ults ai	nd He	ad of	Hous	seholo
		1			1				
Mor	nth		Da	у	•		Ye	ar	

CURRENT LIVING SITUATION [Adults and Head of Household]

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: "Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside),""Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter,""Safe Haven,""Other," or "Worker unable to determine."

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Host Home (non-crisis)
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Staying or living in a friend's room, apartment, or house
0	Safe Haven	0	Staying or living in a family member's room, apartment or house
0	Foster care home or foster care group home	0	Rental by client, no ongoing housing subsidy
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Owned by client, with on-going housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, no on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Other
0	Substance abuse treatment facility or detox center	0	Worker unable to determine
0	Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
0	Residential project or halfway house with no homeless criteria	0	Client prefers not to answer
0	Hotel or motel paid for without emergency shelter voucher	0	Data not collected
IF	"RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit		Other permanent housing dedicated for
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons

s the client going to have to leave their c	•	ation within 14 days?
f 'Current Living Situation' response is a non-ho	omeless situation]	
No No	0	Client doesn't know
Yes	0	Client prefers not to answe
	0	Data not collected
laa a aybaanyant maaldanaa baan idantifi	: a d O	
as a subsequent residence been identifi		on within 14 days?
f 'Yes' to 'Is client going to have to leave their c		
No No	0	Client doesn't know
> Yes	0	Client prefers not to answe Data not collected
	0	Data not collected
oes an individual or family have resourd	ces or support ne	etworks to obtain other
ermanent housing?		
f 'Yes' to 'Is client going to have to leave their c	urrent living situatio	n within 14 days?']
•	current living situatio	n within 14 days?'] Client doesn't know
'Yes' to 'Is client going to have to leave their c		
Yes' to 'Is client going to have to leave their con No Yes as the client had a lease or ownership in the last 60 days?	o o o nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in
f 'Yes' to 'Is client going to have to leave their con No Yes As the client had a lease or ownership in the last 60 days? If 'Yes' to 'Is client going to have to leave their continue to the second	nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?']
f 'Yes' to 'Is client going to have to leave their converse No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their converse No	nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in an within 14 days?'] Client doesn't know
r 'Yes' to 'Is client going to have to leave their con No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No	nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?'] Client doesn't know Client prefers not to answe
f 'Yes' to 'Is client going to have to leave their converse No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their converse No	nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in an within 14 days?'] Client doesn't know
f 'Yes' to 'Is client going to have to leave their con No Yes Tas the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No Yes	nterest in a perm	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?'] Client doesn't know Client prefers not to answe
f 'Yes' to 'Is client going to have to leave their con No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No Yes as the client moved 2 or more times in the last have to leave their con No	nterest in a perm current living situation cur	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?'] Client doesn't know Client prefers not to answe Data not collected
f 'Yes' to 'Is client going to have to leave their con No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No Yes as the client moved 2 or more times in the in Yes' to 'Is client going to have to leave their con Yes	nterest in a perm current living situation he last 60 days?	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?'] Client doesn't know Client prefers not to answe Data not collected on within 14 days?']
f 'Yes' to 'Is client going to have to leave their con No Yes las the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No Yes las the client moved 2 or more times in the in Yes' to 'Is client going to have to leave their con No N	nterest in a perm current living situation	Client doesn't know Client prefers not to answe Data not collected anent housing unit in an within 14 days?'] Client doesn't know Client prefers not to answe Data not collected an within 14 days?'] Client doesn't know
f 'Yes' to 'Is client going to have to leave their con No Yes as the client had a lease or ownership in the last 60 days? f 'Yes' to 'Is client going to have to leave their con No Yes as the client moved 2 or more times in the in Yes' to 'Is client going to have to leave their con Yes	nterest in a perm current living situation he last 60 days?	Client doesn't know Client prefers not to answe Data not collected anent housing unit in on within 14 days?'] Client doesn't know Client prefers not to answe Data not collected on within 14 days?']

Chicago Custom Questions

AMI Level

0	Under 30%
0	30% - 49%
0	50% - 79%
0	80% - 99%
0	100% and Above

Employment

Are you currently employed?

	<u> </u>		
0	No	0	Yes

How many hours do you work in a typical week?

0	30 hours or more
0	20 to 29 hours
0	10 to 19 hours
0	Less than 10 hours
0	Not employed

Do you have a disability or health condition that limits your ability to work?

° NO		0	No	0	Yes
--------	--	---	----	---	-----

Are you currently looking for work?

o No o Yes	
------------	--

Education

Current school enrollment and attendance

0	Not currently enrolled in any school or education course
0	Currently enrolled but NOT attending regularly
0	Currently enrolled and attending regularly
0	Client doesn't know
0	Client refused

Are you currently enrolled in school?

,	you carrently critical in conce	• •	
0	No	0	Yes
Are	you attending school regularly?	?	
0	No	0	Yes

What is the highest level of education you have completed?

0	Less than 9th grade
0	9th-11th grade
0	12th but no diploma
0	High school diploma/GED
0	Some vocational training or trade school, but no credential or certificate
0	Credential or certificate from vocational training or trade school
0	Some college credit, but no degree
0	Associate's or two-year degree
0	Bachelor's or four-year degree or more
0	Other [Explain]

There are people I can depend on to help me if I really need it.

0	Strongly Disagree
0	Disagree
0	Agree
0	Strongly Agree

Pregnancy/Parenthood

Are	you currently pregnant or do yo	u ha	ve a pregnant partner?
0	No	0	Yes
Are	you a parent?		
0	No	0	Yes

Does your child/do (any of) your children live with you?

0	Yes, full time
0	Yes, some of the time
0	No
0	Not applicable