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0	No														0			does					
0	Yes	;													0					ot to a	answ	er	
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IF "	YES	" TO	TRA	ANS	LAT	ION	ASS	SIST	ΓΑΝ	CE N	EEC	ED	– IN	DICA	۱T	E PR	REFE	RRE	ED L	ANG	UAG	E	
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0	Jap	ane	se												0	Vie	etna	mes	е				
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		Month	· L	Da	y			Ye	ar	1	
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		OF DA		- BIR	H					0	Client doesn't know
0		ximate o			ronc	ortod				0	Client prefers not to answer
U	Аррго	XIIIIale U	ı partic		repc	nteu				0	Data not collected
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GΕ	NDER	[All Clie	nts]								
0	Woma	ın (Girl, i	f child)							0	Questioning
0	Man (Boy, if ch	nild)							0	Different Identity (specify):
0	Cultur	ally Spec	cific Ide	entity (e.g.,	Two-S	Spirit)			0	Client doesn't know
0	Trans	gender								0	Client prefers not to answer
0	Non-E	inary								0	Data not collected
RA	CE AN	D ETH	VICIT	/ (Sele	ect a	ll app	licable	e) [Al	Clier	nts]	
0	Ameri	can India	n, Ala	ska Na	ative,	or Ind	igeno	us		0	Native Hawaiian or Pacific Islander
0	Asian	or Asian	Ameri	ican						0	White
0		African A		can, or	Afric	an				0	Client doesn't know
0		nic/Latina								0	Client prefers not to answer
0	Middle	e Easterr	or No	orth Afr	ican					0	Data not collected
ΛE.	TERAN	I STATI	JS [Al	ll Adul	ts]						
0	No									0	Client doesn't know
0	Yes									0	Client prefers not to answer
										0	Data not collected
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0	No	p								0	Client doesn't know
0	Yes									0	Client prefers not to answer
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Th	eater c	f Opera	tions:	Korea	n Wa	ar					
0	No									0	Client doesn't know
0	Yes									0	Client prefers not to answer
										0	Data not collected
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0	No									0	Client doesn't know
0	Yes									0	Client prefers not to answer
_						16 147	<u> </u>	4.0		0	Data not collected
		of Opera	tions:	Persia	an Gi	ııt vva	r (Des	sert S	torm)		Client decen't know
0	No									0	Client doesn't know
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Th	oator a	f Operat	tions	Afaha	nicto	n /0-	orati	on En	durin	o Eroo	
	No No	of Operat	10115.	Aigiia	ııısta	111 (U)	er all		uuriii	g Free	Client doesn't know
0	Yes									0	Client doesn't know Client prefers not to answer
U	162									0	Data not collected
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T 1.					`		
	eater of Operations: Iraq (Operation Ira	aqı Fre	eaoi	m	•		
0	No)	Client doesn't know
0	Yes)	Client prefers not to answer
					C)	Data not collected
Th	eater of Operations: Iraq (Operation Ne	ew Dav	wn)				
0	No				C)	Client doesn't know
0	Yes				C)	Client prefers not to answer
)	Data not collected
	eater of Operations: Other peace-keep banon, Panama, Somalia, Bosnia, Kos		erati	io	ns or m	nili ¹	tary interventions (such as
0	No	•			C)	Client doesn't know
0	Yes				C)	Client prefers not to answer
					C)	Data not collected
Br	anch of the Military						
0	Army				C)	Space Force
0	Air Force				С)	Client doesn't know
0	Navy				С)	Client prefers not to answer
0	Marines				С)	Data not collected
0	Coast Guard						
Dis	scharge Status						
0	Honorable					Э	Uncharacterized
0	General under honorable conditions				(Э	Client doesn't know
0	Other than honorable conditions (OTH)				C	С	Client prefers not to answer
0	Bad Conduct)	Data not collected
0	Dishonorable						
RE	LATIONSHIP TO HEAD OF HOUSEH	IOLD ,	[All C				-
0	Self		0	+			usehold - other relation to member
0	Head of household's child		0		Other: n	on	-relation member
0	Head of household's spouse or partner						
	ROLLMENT CoC [only if multiple CoC		och O)n	ly or Nio		hy Night Emergency Shelterl
	_	Janoa	, ,	1	., o. rvig	,,,,	Zy ragin Emorgonoy ononorj
μua	te of Engagement:	/		_/.			

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

 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 IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" − SPECIFY: GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with on-going housing Owned by client, with on-going housing subsidy Client prefers not to answer Data not collected Emergency Housing Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 		L OL KESIDENCE [Lean of Longenoin and	Λu	ansj
o 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 IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: ○ GPD TIP housing subsidy ○ VASH Housing subsidy ○ Rental by client, with on-going housing subsidy ○ Client doesn't know Client prefers not to answer ○ Data not collected ○ Data not collected ○ Emergency Housing Voucher ○ Family Unification Program Voucher (FUP) ○ RRH or equivalent subsidy ○ Public Housing Unit ○ Rental by client, with other ongoing housing ○ Other permanent housing dedicated for formerly homeless persons	0	an abandoned building, bus/train/subway	0	
or house 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 IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: GPD TIP housing subsidy Rental by client, no ongoing housing subsidy Owned by client, with on-going housing subsidy Client doesn't know Client prefers not to answer Data not collected IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Other permanent housing dedicated for formerly homeless persons	0	paid for with emergency shelter voucher, or	0	Host Home (non-crisis)
Hospital or other residential non-psychiatric medical facility	0	Safe Haven	0	
medical facility Jail, prison or juvenile detention facility Dail, prison or juvenile detention facility Downed by client, with ongoing housing subsidy Downed by client, with on-going housing subsidy Downed by client, with on-going housing subsidy Downed by client, no on-going housing subsidy Substance abuse treatment facility or detox center Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: GPD TIP housing subsidy VASH Housing subsidy PASH or equivalent subsidy Rental by client, no on-going housing subsidy Client doesn't know Client prefers not to answer Data not collected Emergency Housing Voucher Family Unification Program Voucher (FUP) RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons	0	Foster care home or foster care group home	0	
 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 IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" − SPECIFY: GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with on-going housing Owned by client, with on-going housing subsidy Client prefers not to answer Data not collected Emergency Housing Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 	0	· · · · · · · · · · · · · · · · · · ·	0	Rental by client, no ongoing housing subsidy
 □ 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 □ GPD TIP housing subsidy □ GPD TIP housing subsidy □ RRH or equivalent subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project based) (not dedicated) □ Public Housing Unit □ Rental by client, with other ongoing housing □ Other permanent housing dedicated for formerly homeless persons 	0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
 Substance abuse treatment facility or detox center Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" − SPECIFY: GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Client doesn't know Client prefers not to answer Data not collected Emergency Housing Voucher Family Unification Program Voucher (FUP) Poster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 	0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
center Transitional housing for homeless persons (including homeless youth) Residential project or halfway house with no homeless criteria IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Client prefers not to answer Data not collected Emergency Housing Voucher Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons	0		0	Owned by client, no on-going housing subsidy
 (including homeless youth) Residential project or halfway house with no homeless criteria Data not collected IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: GPD TIP housing subsidy Emergency Housing Voucher VASH Housing subsidy Family Unification Program Voucher (FUP) RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI) HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Other permanent housing dedicated for formerly homeless persons 	0		0	Client doesn't know
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: O GPD TIP housing subsidy O Emergency Housing Voucher O VASH Housing subsidy O Family Unification Program Voucher (FUP) O RRH or equivalent subsidy O Foster Youth to Independence Initiative (FYI) O HCV voucher (tenant or project based) (not dedicated) O Permanent Supportive Housing O Public Housing Unit O Other permanent housing dedicated for formerly homeless persons	0		0	Client prefers not to answer
 ○ GPD TIP housing subsidy ○ VASH Housing subsidy ○ RRH or equivalent subsidy ○ HCV voucher (tenant or project based) (not dedicated) ○ Public Housing Unit ○ Rental by client, with other ongoing housing ○ Emergency Housing Voucher ○ Family Unification Program Voucher (FUP) ○ Foster Youth to Independence Initiative (FYI) ○ Permanent Supportive Housing ○ Other permanent housing dedicated for formerly homeless persons 	0		0	Data not collected
 VASH Housing subsidy RRH or equivalent subsidy Foster Youth to Independence Initiative (FYI) HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Tamily Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 	IF	"RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:
 RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 	0	GPD TIP housing subsidy	0	Emergency Housing Voucher
 RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing Foster Youth to Independence Initiative (FYI) Permanent Supportive Housing Other permanent housing dedicated for formerly homeless persons 	0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
dedicated) Public Housing Unit Rental by client, with other ongoing housing Other permanent supportive Housing Other permanent housing dedicated for formerly homeless persons	0		0	Foster Youth to Independence Initiative (FYI)
Rental by client, with other ongoing housing Other permanent housing dedicated for formerly homeless persons	0	, , ,	0	Permanent Supportive Housing
Rental by client, with other ongoing nousing o formerly homeless persons	0	Public Housing Unit		Other permanent housing dedicated for
subsidy	0	Rental by client, with other ongoing housing subsidy	0	

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		0	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

[Head of Household and Adults]				
○ Yes			0	No
Approximate Date This Episode of Homeless	nes	s Started	-	<u> </u>
Number of times the client has been on the s	tree	ts, ES, oı	r Safe	e Haven in the last 3 years
o One Time			0	Client doesn't know
○ Two Times			0	Client prefers not to answer
○ Three Times			0	Data not collected
○ Four or More Times				
Total number of months homeless on the stre	eets	, ES, or S	Safe I	
 One month (this time is the first month) 			0	Client doesn't know
2-12 months (specify number of months):			0	Client prefers not to answer
More than 12 months			0	Data not collected
DISABLING CONDITION [All Clients]				
No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
			•	
PHYSICAL DISABILITY [All Clients]				
o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECI	FY	r	1	
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected
DEVELOPMENTAL DISABILITY [All Clients]	ı			
○ No			0	Client doesn't know
o Yes			0	Client prefers not to answer
1			0	Data not collected
CHRONIC HEALTH CONDITION [All Clients	7		•	
○ No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
- 100			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	– SF	PECIFY		Data flot collected
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?		100	0	Data not collected
			<u> </u>	
HIV-AIDS [All Clients]				Olicant de carrie
o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	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	Yes	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	"ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER" (OR "	BOTH ALCOHOL AND DRUG USE
DI	SORDERS" – SPECIFY				
Ex	spected to be of long-continued and indefinite	0	No	0	Client doesn't know
	spected to be of long-continued and indefinite iration and substantially impairs ability to live	0	No Yes	0	Client doesn't know Client prefers not to answer

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	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)	Client doesn't know	
0	Yes)	Client prefers not to answer	
)	Data not collected	
IF	"YES" TO INCOME FROM ANY SOU	RCE - II	NDIC	SATE ALL SOURCES THAT APPLY	
Ind	come Source	Amount	Inc	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 - HEALTH IN	ISU	RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

SEXUAL ORIENTATION [For CoC: YHDP and PSH funded programs – Adults and Head of Household]

0	Heterosexual	0	Other	
0	Gay	If Other please specify:		
0	Lesbian	0	Client doesn't know	
0	Bisexual	0	Client prefers not to answer	
0	Questioning/Unsure	0	Data not collected	

YOUTH EDUCATION STATUS [For CoC: YHDP funded programs – Head of Household]

	rectified the rectified from the							
0	Not currently enrolled in any school or educational course			0	Client doesn't know			
0	Currently enrolled but NOT attending regularly			0	Client prefers not to answer			
0	(when school or the course is in session)			O	Client prefers not to answer			
0	Currently enrolled and attending regularly)	Data not collected			
0	(when school or the course is in session)			0	Data not collected			
IF	"NOT CURRENTLY ENROLLED" - MOST REC	EN.	T EDUCATION	ANC	AL STATUS			
0	K12: Graduated from high school	0	Higher educ	catio	on: Pursuing a credential but not			
0	N12. Graduated Iron riight school)	currently at					
0	K12: Obtained GED	0	Higher education: Dropped out					
0	K12: Dropped out	0	Higher education: Obtaining a credential/degree					
0	K12: Suspended	0	Client does	n't k	now			
0	K12: Expelled	0	Client prefe	rs n	ot to answer			
		0	Data not co	llec	ted			
IF	"CURRENTLY ENROLLED" - CURRENT EDUC	CAT	IONAL STA	TUS	8			
0	Pursuing a high school diploma or GED	0	Pursuing ot	her	post-secondary credential			
0	Pursuing Associate's Degree	 Client does 			know			
0	Pursuing Bachelor's Degree	0	Client prefe	rs not to answer				
0	Pursuing Graduate Degree	0	Data not co	llec	ted			

gency Name:		
HUD-CoC & ESG UPDATE ASS Use block letters for text and bubble in the Please complete a separate form for each	e appro	priate circles.
CLIENT NAME OR IDENTIFIER:		
PROJECT STATUS DATE [All Clients]		
/ / / / / / / / / / / / / / / / / / /		
Month Day Year		
Monar Bay real		
IN PERMANENT HOUSING [Permanent Housing Project	ts, for	Head of Household]
o No o Yes		
IF "YES" TO PERMANENT HOUSING		
Housing Move-In Date:*		_
*If client moved into permanent housing, make sure to update	e on the	e enrollment screen.
PHYSICAL DISABILITY [All Clients]		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite No	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:	_ O	Data not collected
DEVELOPMENTAL DISABILITY [All Clients]		
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
CHRONIC HEALTH CONDITION [All Clients]		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY	0	Data not collected
Expected to be of long-continued and indefinite o No	0	Client doesn't know
duration and substantially impairs ability to live Yes	0	Client prefers not to answer
independently?	0	Data not collected
HIV-AIDS [All Clients]		
o No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

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

SUBSTANCE USE DISORDER [All Clients]

0	No				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 DISORDER"			OD "	DOTU AL COULCE AND DDUG LICE	
II	ALCOHOL USE DISORDER DRUG USE	DIS	OKDEK"	OR "	BOTH ALCOHOL AND DRUG USE	
	SORDERS" – SPECIFY	יפוט	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE	
DI		o	No	OR " ○	Client doesn't know	
DI E>	SORDERS" – SPECIFY	1		0 0		

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No				Client doesn't know
0	o 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 exactl		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
Are 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	(Э	Client doesn't know				
0	o Yes		O	Client prefers not to answer	prefers not to answer			
			Э	Data not collected				
IF	"YES" TO INCOME FROM ANY SOU	RCE – II	NDIC	CATE ALL SOURCES THAT APPLY				
Inc	come Source	Amount	Inc	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 s upport				
0	Private disability insurance		0	Other income source (specify):				
0	Worker's Compensation							
To	otal Monthly Income for Individual:							

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

	L		-
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 SOUF	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 - HEALTH IN	RANCE COVERAGE DETAILS	
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

Signature of applicant stating all information is true and correct Date

Agency	Name:		

HUD-CoC & ESG PROJECT EXIT FORM

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

CLIENT	NAM	E OR	IDEN	NTIFIE	ER: _					 	 	
	PRO.	JECT	EXIT	DAT	E [All	Clier	nts]					
			/			/	_					
	Mo	nth		Da	av			Ye	ar			

DESTINATION [All Clients]

STINATION [All Cilerius]		
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
Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
Psychiatric hospital or other psychiatric facility	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		
"RENTAL BY CLIENT, WITH ONGOING HOU	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 permanent housing dedicated for
Rental by client, with other ongoing housing subsidy	0	formerly homeless persons
	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 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 HOUSE GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing	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 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 F"RENTAL BY CLIENT, WITH ONGOING HOUSING GPD TIP housing subsidy VASH Housing subsidy RRH or equivalent subsidy HCV voucher (tenant or project based) (not dedicated) Public Housing Unit Rental by client, with other ongoing housing

HOUSING ASSESSMENT AT EXIT [Homeless Prevention Only] Able to maintain the housing they had at project entry Jail/prison Moved to new housing unit Deceased 0 Moved in with family/friends on a temporary basis 0 Client doesn't know Moved in with family/friends on a permanent basis Client prefers not to answer 0 Moved to a transitional or temporary housing facility or program Data not collected 0 Client became homeless – moving to a shelter or other place unfit for human habitation IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT **Subsidy Information** Without a subsidy With an on-going subsidy acquired since project entry ○ With the subsidy they had at project entry ○ Only with financial assistance other than a subsidy IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT **Subsidy Information** With on-going subsidy Without an on-going subsidy IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household] o No o Yes IF "YES" TO PERMANENT HOUSING Housing Move-In Date:* *If client moved into permanent housing, make sure to update on the enrollment screen. PHYSICAL DISABILITY [All Clients] o No Client doesn't know o Yes Client prefers not to answer Data not collected IF "YES" TO PHYSICAL DISABILITY - SPECIFY Expected to be of long-continued and indefinite | 0 | No Client doesn't know duration and substantially impairs ability to live Yes Client prefers not to answer independently? Data not collected **DEVELOPMENTAL DISABILITY** [All Clients] Client doesn't know No Client prefers not to answer 0 Yes 0 Data not collected CHRONIC HEALTH CONDITION [All Clients] o 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 o No Client doesn't know 0 duration and substantially impairs ability to live Yes 0 Client prefers not to answer independently? Data not collected HIV-AIDS [All Clients] o No Client doesn't know Yes Client prefers not to answer 0 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 - S	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	Yes	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	"ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER" (OR "	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	dependently?			0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

○ 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 -	· IND	INDICATE ALL SOURCES THAT APPLY							
In	Income Source Amount		Inc	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										
То	otal Monthly Income for Individua	al:		-	ı						

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 - HEALTH INS	URA	NCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

YOUTH EDUCATION STATUS [For CoC: YHDP funded programs – Head of Household]

	_		, 0				
0	Not currently enrolled in any school or education	nal c	ourse	0	Client doesn't know		
0	Currently enrolled but NOT attending regularly			0	Client prefers not to answer		
0	(when school or the course is in session)				Client prefers not to answer		
0	Currently enrolled and attending regularly			0	Data not collected		
0	(when school or the course is in session))	Data not collected		
IF	"NOT CURRENTLY ENROLLED" - MOST REC	EN.	T EDUCATION	NA	AL STATUS		
	K12: Graduated from high school	0	Higher educ	ucation: Pursuing a credential but not			
0	K12. Graduated from high school	O	currently attending				
0	K12: Obtained GED	 Higher edu 			ation: Dropped out		
0	K12: Dropped out	0	Higher educ	cation: Obtaining a credential/degree			
0	K12: Suspended	0	Client does	n't k	now		
0	K12: Expelled	0	Client prefe	ers not to answer			
		0	Data not co	llec	ted		
IF	"CURRENTLY ENROLLED" - CURRENT EDUC	CAT	IONAL STA	TUS			
0	Pursuing a high school diploma or GED	0	Pursuing ot	her	post-secondary credential		
0	Pursuing Associate's Degree	0	Client does	n't k	now		
0	Pursuing Bachelor's Degree	0	Client prefe	rs n	ot to answer		
0	Pursuing Graduate Degree	0	Data not co	llec	ted		

Contact Type							
Email							
Phone (#1)							
Phone (#2)							
Active Contact	0	Yes			0	No	
Private	0	Yes			0	No	
Contact Date							
	ESS (II	F APPLICAE	BLE) [Opt	ional – car	n be ente	red in Location	on Tab]
Street	ESS (II	F APPLICAE	BLE) [Opt	ional – car	n be ente	red in Location	on Tab]
CURRENT ADDR Street City Street	ESS (II	F APPLICAE	BLE) [Opt	ional – car	n be ente	red in Location	on Tab]
Street City	ESS (II	F APPLICAE	BLE) [Opti	ional – car	n be ente		on Tab]
Street City	ESS (II	F APPLICAE	BLE) [Opt	ional – car	n be ente		on Tab]
Street City	ESS (II	F APPLICAE	BLE) [Opti	ional – car	n be ente		on Tab]

gency Name:		
HUD-CoC & ESG PROJECT	POST	-EXIT FORM
Use block letters for text and bubble in	n the app	ropriate circles.
Please complete a separate form for e	ach hous	sehold member.
LIENT NAME OR IDENTIFIER:		
PROJECT POST-EXIT DATE [All Clients]		
Month Day Year		
Month Bay real		
PHYSICAL DISABILITY [All Clients]		
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
IF (VEO) TO BUYOLOAL BLOADULTY OREGIEV	0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY Expected to be of long continued and indefinite 0 No.		Client doesn't know
Expected to be of long-continued and indefinite o No duration and substantially impairs ability to live	0	Client prefers not to answer
independently?	0	Data not collected
indopondently.		Data not collected
DEVELOPMENTAL DISABILITY [All Clients]		
No	0	Client doesn't know
○ 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 (VESTI TO SUPPLIE LE LA TIL SONDITION DE SITUATION	0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIF		Oliont do con't lucous
Expected to be of long-continued and indefinite o No duration and substantially impairs ability to live o Yes	0	Client doesn't know Client prefers not to answer
independently?	0	Data not collected
independently:		Data not collected
HIV-AIDS [All Clients]		
No	0	Client doesn't know
Yes	0	Client prefers not to answer
1 . 50	0	Data not collected
MENTAL HEALTH DISORDER [All Clients]		
○ No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER - SPECIFY		
Expected to be of long-continued and indefinite	0	Client doesn't know
duration and substantially impairs ability to live o Yes	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	"ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER"	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
dι	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
in	dependently?			0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

1146	ONE PROM ANT SOURCE [F	eau oi i io	usei	iola alia Adalisj							
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 -	IND	INDICATE ALL SOURCES THAT APPLY							
Inc	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										
То	tal Monthly Income for Individua	al:		1	1						

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

	b		-
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 SOUF	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 HEAL	TH INSU	RANCE	[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 - HEALTH INS	URA	NCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

CONTACT INFORMATION [Optional - can be entered in Contact Tab]

Contact Type								
Email								
Phone (#1)								
Phone (#2)								
Active Contact	0	Yes	•		0	No	1	
Private	0	Yes			0	No		
Contact Date		•				•		
Note								

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

Street		
City		
Street	Zip Code)

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 CONTACT				[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 contact.	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
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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?

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0	No	0	Yes	
Ar	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