

Agency Name: _____

HUD-CoC & ESG PROJECT INTAKE FORM

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

PROJECT START DATE *[All Clients]*

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

TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

| | | | |
|-----------------------|--|-----------------------|------------------------------|
| <input type="radio"/> | Arabic | <input type="radio"/> | Korean |
| <input type="radio"/> | Bengali | <input type="radio"/> | Persian |
| <input type="radio"/> | Chinese | <input type="radio"/> | Polish |
| <input type="radio"/> | French | <input type="radio"/> | Portuguese |
| <input type="radio"/> | German | <input type="radio"/> | Russian |
| <input type="radio"/> | Gujarati | <input type="radio"/> | Spanish |
| <input type="radio"/> | Haitian Creole | <input type="radio"/> | Tagalog |
| <input type="radio"/> | Hindi | <input type="radio"/> | Telugu |
| <input type="radio"/> | Italian | <input type="radio"/> | Urdu |
| <input type="radio"/> | Japanese | <input type="radio"/> | Vietnamese |
| <input type="radio"/> | Different Preferred Language (<i>specify</i>): | <input type="radio"/> | Client doesn't know |
| | | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

SOCIAL SECURITY NUMBER *[All Clients]*

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

QUALITY OF SOCIAL SECURITY

| | | | |
|-----------------------|-------------------------------------|-----------------------|------------------------------|
| <input type="radio"/> | Full SSN reported | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Approximate or partial SSN reported | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

CURRENT NAME *[All Clients]*

| | | | | | | | | | | | | | | | | | | | N/A | |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|-----------------------|
| Last | | | | | | | | | | | | | | | | | | | | <input type="radio"/> |
| First | | | | | | | | | | | | | | | | | | | | <input type="radio"/> |
| Middle | | | | | | | | | | | | | | | | | | | | <input type="radio"/> |
| Suffix | | | | | | | | | | | | | | | | | | | | <input type="radio"/> |

QUALITY OF CURRENT NAME

| | | | |
|-----------------------|---|-----------------------|------------------------------|
| <input type="radio"/> | Full name reported | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Partial, street name, or code name reported | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

DATE OF BIRTH [All Clients]

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

QUALITY OF DATE OF BIRTH

| | |
|---|--|
| <input type="radio"/> Full DOB reported | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Approximate or partial DOB reported | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

GENDER [All Clients]

| | |
|---|--|
| <input type="radio"/> Woman (Girl, if child) | <input type="radio"/> Questioning |
| <input type="radio"/> Man (Boy, if child) | <input type="radio"/> Different Identity (<i>specify</i>): |
| <input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Transgender | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Non-Binary | <input type="radio"/> Data not collected |

RACE AND ETHNICITY (Select all applicable) [All Clients]

| | |
|---|---|
| <input type="radio"/> American Indian, Alaska Native, or Indigenous | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Asian or Asian American | <input type="radio"/> White |
| <input type="radio"/> Black, African American, or African | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Hispanic/Latina/e/o | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Middle Eastern or North African | <input type="radio"/> Data not collected |

VETERAN STATUS [All Adults]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

IF "YES" TO VETERAN STATUS

| | |
|--|--|
| Year entered military service (year) | |
| Year separated from military service (year) | |
| Theater of Operations: World War II | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Korean War | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Vietnam War | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

| | | | |
|---|---------------------------------------|-----------------------|------------------------------|
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | |
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| Theater of Operations: Iraq (Operation New Dawn) | | | |
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | |
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| Branch of the Military | | | |
| <input type="radio"/> | Army | <input type="radio"/> | Space Force |
| <input type="radio"/> | Air Force | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Navy | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Marines | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Coast Guard | | |
| Discharge Status | | | |
| <input type="radio"/> | Honorable | <input type="radio"/> | Uncharacterized |
| <input type="radio"/> | General under honorable conditions | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Other than honorable conditions (OTH) | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Bad Conduct | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Dishonorable | | |

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

| | | | |
|-----------------------|---------------------------------------|-----------------------|--|
| <input type="radio"/> | Self | <input type="radio"/> | Head of household - other relation to member |
| <input type="radio"/> | Head of household's child | <input type="radio"/> | Other: non-relation member |
| <input type="radio"/> | Head of household's spouse or partner | | |

ENROLLMENT CoC *[only if multiple CoC's]* _____

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

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

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [*Head of Household and Adults*]

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

| | | | | | |
|-----------------------|---|-----------------------|--|-----------------------|------------------------------|
| <input type="radio"/> | One night or less | <input type="radio"/> | One month or more, but less than 90 days | <input type="radio"/> | Client doesn’t know |
| <input type="radio"/> | Two to six nights | <input type="radio"/> | 90 days or more, but less than one year | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | One week or more, but less than one month | <input type="radio"/> | One year or longer | <input type="radio"/> | Data not collected |

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

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

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

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

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

| | |
|---|--|
| <input type="radio"/> Yes | <input type="radio"/> No |
| Approximate Date This Episode of Homelessness Started | ____/____/____ |
| Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years | |
| <input type="radio"/> One Time | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Two Times | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Three Times | <input type="radio"/> Data not collected |
| <input type="radio"/> Four or More Times | |
| Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years | |
| <input type="radio"/> One month (this time is the first month) | <input type="radio"/> Client doesn't know |
| <input type="radio"/> 2-12 months (specify number of months): _____ | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> More than 12 months | <input type="radio"/> Data not collected |

DISABLING CONDITION *[All Clients]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

PHYSICAL DISABILITY *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO PHYSICAL DISABILITY – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

DEVELOPMENTAL DISABILITY *[All Clients]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

CHRONIC HEALTH CONDITION *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

HIV-AIDS *[All Clients]*

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

MENTAL HEALTH DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Drug use disorder | <input type="radio"/> Data not collected | |
| <input type="radio"/> Both alcohol and drug use disorders | | |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED | | |
| <input type="radio"/> Within the past three months | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Three to six months ago (excluding six months exactly) | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Six months to one year ago (excluding one year exactly) | <input type="radio"/> Data not collected | |
| <input type="radio"/> One year ago or more | | |
| Are you currently fleeing? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

| | | | |
|---|--|--|---------------|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | | |
| | <input type="radio"/> Data not collected | | |
| IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |
| Income Source | Amount | Income Source | Amount |
| <input type="radio"/> Earned Income | | <input type="radio"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> Unemployment Insurance | | <input type="radio"/> General Assistance (GA) | |
| <input type="radio"/> Supplemental Security Income (SSI) | | <input type="radio"/> Retirement income from Social Security | |
| <input type="radio"/> Social Security Disability Insurance (SSDI) | | <input type="radio"/> Pension or retirement income from a former job | |
| <input type="radio"/> VA Service-Connected Disability Compensation | | <input type="radio"/> Child support | |
| <input type="radio"/> VA Non-Service-Connected Disability Pension | | <input type="radio"/> Alimony and other spousal support | |
| <input type="radio"/> Private disability insurance | | <input type="radio"/> Other income source (<i>specify</i>): | |
| <input type="radio"/> Worker's Compensation | | | |
| Total Monthly Income for Individual: | | | |

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

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | |
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> TANF Child Care Services |
| <input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> TANF Transportation Services |
| <input type="radio"/> Other (specify): | <input type="radio"/> Other TANF-funded services |

COVERED BY HEALTH INSURANCE [*All Clients*]

| | |
|---|---|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | |
| <input type="radio"/> MEDICAID | <input type="radio"/> Employer Provided Health Insurance |
| <input type="radio"/> MEDICARE | <input type="radio"/> Health Insurance Obtained Through COBRA |
| <input type="radio"/> State Children's Health Insurance (SCHIP) | <input type="radio"/> Private Pay Health Insurance |
| <input type="radio"/> Veteran's Health Administration (VHA) | <input type="radio"/> State Health Insurance for Adults |
| <input type="radio"/> Other (specify): | <input type="radio"/> Indian Health Services Program |

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

| | |
|--|--|
| <input type="radio"/> Heterosexual | <input type="radio"/> Other |
| <input type="radio"/> Gay | <i>If Other please specify:</i> |
| <input type="radio"/> Lesbian | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Bisexual | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Questioning/Unsure | <input type="radio"/> Data not collected |

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

| | |
|--|---|
| <input type="radio"/> Not currently enrolled in any school or educational course | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session) | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session) | <input type="radio"/> Data not collected |
| IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS | |
| <input type="radio"/> K12: Graduated from high school | <input type="radio"/> Higher education: Pursuing a credential but not currently attending |
| <input type="radio"/> K12: Obtained GED | <input type="radio"/> Higher education: Dropped out |
| <input type="radio"/> K12: Dropped out | <input type="radio"/> Higher education: Obtaining a credential/degree |
| <input type="radio"/> K12: Suspended | <input type="radio"/> Client doesn't know |
| <input type="radio"/> K12: Expelled | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS | |
| <input type="radio"/> Pursuing a high school diploma or GED | <input type="radio"/> Pursuing other post-secondary credential |
| <input type="radio"/> Pursuing Associate's Degree | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Pursuing Bachelor's Degree | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Pursuing Graduate Degree | <input type="radio"/> Data not collected |

Signature of applicant stating all information is true and correct

Date

Agency Name: _____

HUD-CoC & ESG UPDATE ASSESSMENT 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 STATUS DATE [All Clients]

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

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

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

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO PHYSICAL DISABILITY – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

DEVELOPMENTAL DISABILITY [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

CHRONIC HEALTH CONDITION [All Clients]

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

HIV-AIDS [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

MENTAL HEALTH DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Drug use disorder | <input type="radio"/> Data not collected | |
| <input type="radio"/> Both alcohol and drug use disorders | | |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED | | |
| <input type="radio"/> Within the past three months | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Three to six months ago (excluding six months exactly) | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Six months to one year ago (excluding one year exactly) | <input type="radio"/> Data not collected | |
| <input type="radio"/> One year ago or more | | |
| Are you currently fleeing? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

| | | | |
|---|--|--|---------------|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | | |
| | <input type="radio"/> Data not collected | | |
| IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |
| Income Source | Amount | Income Source | Amount |
| <input type="radio"/> Earned Income | | <input type="radio"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> Unemployment Insurance | | <input type="radio"/> General Assistance (GA) | |
| <input type="radio"/> Supplemental Security Income (SSI) | | <input type="radio"/> Retirement income from Social Security | |
| <input type="radio"/> Social Security Disability Insurance (SSDI) | | <input type="radio"/> Pension or retirement income from a former job | |
| <input type="radio"/> VA Service-Connected Disability Compensation | | <input type="radio"/> Child support | |
| <input type="radio"/> VA Non-Service-Connected Disability Pension | | <input type="radio"/> Alimony and other spousal support | |
| <input type="radio"/> Private disability insurance | | <input type="radio"/> Other income source (<i>specify</i>): | |
| <input type="radio"/> Worker's Compensation | | | |
| Total Monthly Income for Individual: | | | |

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

| | | | |
|--|---|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| <input type="radio"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> | TANF Child Care Services |
| <input type="radio"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> | TANF Transportation Services |
| <input type="radio"/> | Other (specify): | <input type="radio"/> | Other TANF-funded services |

COVERED BY HEALTH INSURANCE [*All Clients*]

| | | | |
|---|---|-----------------------|---|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | | | |
| <input type="radio"/> | MEDICAID | <input type="radio"/> | Employer Provided Health Insurance |
| <input type="radio"/> | MEDICARE | <input type="radio"/> | Health Insurance Obtained Through COBRA |
| <input type="radio"/> | State Children's Health Insurance (SCHIP) | <input type="radio"/> | Private Pay Health Insurance |
| <input type="radio"/> | Veteran's Health Administration (VHA) | <input type="radio"/> | State Health Insurance for Adults |
| <input type="radio"/> | Other (specify): | <input type="radio"/> | Indian Health Services Program |

Signature of applicant stating all information is true and correct

Date

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 NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

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

DESTINATION *[All Clients]*

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

HOUSING ASSESSMENT AT EXIT [Homeless Prevention Only]

| | |
|--|--|
| <input type="radio"/> Able to maintain the housing they had at project entry | <input type="radio"/> Jail/prison |
| <input type="radio"/> Moved to new housing unit | <input type="radio"/> Deceased |
| <input type="radio"/> Moved in with family/friends on a temporary basis | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Moved in with family/friends on a permanent basis | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Moved to a transitional or temporary housing facility or program | <input type="radio"/> Data not collected |
| <input type="radio"/> 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

| | |
|--|---|
| <input type="radio"/> Without a subsidy | <input type="radio"/> With an on-going subsidy acquired since project entry |
| <input type="radio"/> With the subsidy they had at project entry | <input type="radio"/> Only with financial assistance other than a subsidy |

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT

Subsidy Information

| | |
|---|---|
| <input type="radio"/> With on-going subsidy | <input type="radio"/> Without an on-going subsidy |
|---|---|

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

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

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

IF “YES” TO PHYSICAL DISABILITY – SPECIFY

| | | |
|---|---------------------------|--|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

DEVELOPMENTAL DISABILITY [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

CHRONIC HEALTH CONDITION [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY

| | | |
|---|---------------------------|--|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

HIV-AIDS [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

MENTAL HEALTH DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | |
| | <input type="radio"/> Data not collected | |
| IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Drug use disorder | <input type="radio"/> Data not collected | |
| <input type="radio"/> Both alcohol and drug use disorders | | |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

| | | | |
|---|--|--|---------------|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | | |
| | <input type="radio"/> Data not collected | | |
| IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |
| Income Source | Amount | Income Source | Amount |
| <input type="radio"/> Earned Income | | <input type="radio"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> Unemployment Insurance | | <input type="radio"/> General Assistance (GA) | |
| <input type="radio"/> Supplemental Security Income (SSI) | | <input type="radio"/> Retirement income from Social Security | |
| <input type="radio"/> Social Security Disability Insurance (SSDI) | | <input type="radio"/> Pension or retirement income from a former job | |
| <input type="radio"/> VA Service-Connected Disability Compensation | | <input type="radio"/> Child support | |
| <input type="radio"/> VA Non-Service-Connected Disability Pension | | <input type="radio"/> Alimony and other spousal Support | |
| <input type="radio"/> Private Disability Insurance | | <input type="radio"/> Other income source (<i>specify</i>): | |
| <input type="radio"/> Worker's Compensation | | | |
| Total Monthly Income for Individual: | | | |

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

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | |
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> TANF Child Care Services |
| <input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> TANF Transportation Services |
| <input type="radio"/> Other (specify): | <input type="radio"/> Other TANF-funded services |

COVERED BY HEALTH INSURANCE [*All Clients*]

| | |
|---|---|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | |
| <input type="radio"/> MEDICAID | <input type="radio"/> Employer Provided Health Insurance |
| <input type="radio"/> MEDICARE | <input type="radio"/> Health Insurance Obtained Through COBRA |
| <input type="radio"/> State Children's Health Insurance (SCHIP) | <input type="radio"/> Private Pay Health Insurance |
| <input type="radio"/> Veteran's Health Administration (VHA) | <input type="radio"/> State Health Insurance for Adults |
| <input type="radio"/> Other (specify): | <input type="radio"/> Indian Health Services Program |

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

| | |
|--|---|
| <input type="radio"/> Not currently enrolled in any school or educational course | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session) | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session) | <input type="radio"/> Data not collected |
| IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS | |
| <input type="radio"/> K12: Graduated from high school | <input type="radio"/> Higher education: Pursuing a credential but not currently attending |
| <input type="radio"/> K12: Obtained GED | <input type="radio"/> Higher education: Dropped out |
| <input type="radio"/> K12: Dropped out | <input type="radio"/> Higher education: Obtaining a credential/degree |
| <input type="radio"/> K12: Suspended | <input type="radio"/> Client doesn't know |
| <input type="radio"/> K12: Expelled | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS | |
| <input type="radio"/> Pursuing a high school diploma or GED | <input type="radio"/> Pursuing other post-secondary credential |
| <input type="radio"/> Pursuing Associate's Degree | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Pursuing Bachelor's Degree | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Pursuing Graduate Degree | <input type="radio"/> Data not collected |

CONTACT INFORMATION *[Optional – can be entered in Contact Tab]*

| | | | | | | | | | | | |
|-----------------------|-----------------------|-----|--|--|--|--|-----------------------|----|--|--|--|
| Contact Type | | | | | | | | | | | |
| Email | | | | | | | | | | | |
| Phone (#1) | | | | | | | | | | | |
| Phone (#2) | | | | | | | | | | | |
| Active Contact | <input type="radio"/> | Yes | | | | | <input type="radio"/> | No | | | |
| Private | <input type="radio"/> | Yes | | | | | <input type="radio"/> | No | | | |
| Contact Date | | | | | | | | | | | |
| Note | | | | | | | | | | | |

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

| | | | | | | | | | | |
|---------------|--|--|--|--|--|--|-----------------|--|--|--|
| Street | | | | | | | | | | |
| City | | | | | | | | | | |
| Street | | | | | | | Zip Code | | | |

Signature of applicant stating all information is true and correct

Date

Agency Name: _____

HUD-CoC & ESG PROJECT POST-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 POST-EXIT DATE [All Clients]

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

PHYSICAL DISABILITY [All Clients]

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO PHYSICAL DISABILITY – SPECIFY | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

DEVELOPMENTAL DISABILITY [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

CHRONIC HEALTH CONDITION [All Clients]

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

HIV-AIDS [All Clients]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

MENTAL HEALTH DISORDER [All Clients]

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | |
|---|--|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client prefers not to answer | |
| <input type="radio"/> Drug use disorder | <input type="radio"/> Data not collected | |
| <input type="radio"/> Both alcohol and drug use disorders | | |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | | <input type="radio"/> Data not collected |

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

| | | | |
|---|--|--|---------------|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know | | |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer | | |
| | <input type="radio"/> Data not collected | | |
| IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | |
| Income Source | Amount | Income Source | Amount |
| <input type="radio"/> Earned Income | | <input type="radio"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="radio"/> Unemployment Insurance | | <input type="radio"/> General Assistance (GA) | |
| <input type="radio"/> Supplemental Security Income (SSI) | | <input type="radio"/> Retirement income from Social Security | |
| <input type="radio"/> Social Security Disability Insurance (SSDI) | | <input type="radio"/> Pension or retirement income from a former job | |
| <input type="radio"/> VA Service-Connected Disability Compensation | | <input type="radio"/> Child support | |
| <input type="radio"/> VA Non-Service-Connected Disability Pension | | <input type="radio"/> Alimony and other spousal Support | |
| <input type="radio"/> Private Disability Insurance | | <input type="radio"/> Other income source (<i>specify</i>): | |
| <input type="radio"/> Worker's Compensation | | | |
| Total Monthly Income for Individual: | | | |

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

| | |
|---|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | |
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="radio"/> TANF Child Care Services |
| <input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> TANF Transportation Services |
| <input type="radio"/> Other (<i>specify</i>): | <input type="radio"/> Other TANF-funded services |

COVERED BY HEALTH INSURANCE *[All Clients]*

| | | | |
|---|---|-----------------------|---|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | | | |
| <input type="radio"/> | MEDICAID | <input type="radio"/> | Employer Provided Health Insurance |
| <input type="radio"/> | MEDICARE | <input type="radio"/> | Health Insurance Obtained Through COBRA |
| <input type="radio"/> | State Children's Health Insurance (SCHIP) | <input type="radio"/> | Private Pay Health Insurance |
| <input type="radio"/> | Veteran's Health Administration (VHA) | <input type="radio"/> | State Health Insurance for Adults |
| <input type="radio"/> | Other (specify): | <input type="radio"/> | Indian Health Services Program |

CONTACT INFORMATION *[Optional – can be entered in Contact Tab]*

| | | | | | | | | | | |
|-----------------------|-----------------------|-----|--|--|--|-----------------------|----|--|--|--|
| Contact Type | | | | | | | | | | |
| Email | | | | | | | | | | |
| Phone (#1) | | | | | | | | | | |
| Phone (#2) | | | | | | | | | | |
| Active Contact | <input type="radio"/> | Yes | | | | <input type="radio"/> | No | | | |
| Private | <input type="radio"/> | Yes | | | | <input type="radio"/> | No | | | |
| Contact Date | | | | | | | | | | |
| Note | | | | | | | | | | |

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

| | | | |
|---------------|--|-----------------|--|
| Street | | | |
| City | | | |
| Street | | Zip Code | |

Signature of applicant stating all information is true and correct

Date

Agency Name: _____

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 *[Adults and Head of Household]*

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

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."

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

LIVING SITUATION VERIFIED BY *[Coordinated Entry Programs Only]*

| | |
|-----------------------|-----------------|
| <input type="radio"/> | Name of Program |
|-----------------------|-----------------|

Is the client going to have to leave their current living situation within 14 days?

[If 'Current Living Situation' response is a non-homeless situation]

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Has a subsequent residence been identified?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Does an individual or family have resources or support networks to obtain other permanent housing?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Has the client moved 2 or more times in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Location Details

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

Signature of applicant stating all information is true and correct

Date

Chicago Custom Questions

AMI Level

| | |
|-----------------------|----------------|
| <input type="radio"/> | Under 30% |
| <input type="radio"/> | 30% - 49% |
| <input type="radio"/> | 50% - 79% |
| <input type="radio"/> | 80% - 99% |
| <input type="radio"/> | 100% and Above |

Employment

Are you currently employed?

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

How many hours do you work in a typical week?

| | |
|-----------------------|--------------------|
| <input type="radio"/> | 30 hours or more |
| <input type="radio"/> | 20 to 29 hours |
| <input type="radio"/> | 10 to 19 hours |
| <input type="radio"/> | Less than 10 hours |
| <input type="radio"/> | Not employed |

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

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

Are you currently looking for work?

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

Education

Current school enrollment and attendance

| | |
|-----------------------|--|
| <input type="radio"/> | Not currently enrolled in any school or education course |
| <input type="radio"/> | Currently enrolled but NOT attending regularly |
| <input type="radio"/> | Currently enrolled and attending regularly |
| <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Client refused |

Are you currently enrolled in school?

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

Are you attending school regularly?

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

What is the highest level of education you have completed?

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

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

| | |
|-----------------------|-------------------|
| <input type="radio"/> | Strongly Disagree |
| <input type="radio"/> | Disagree |
| <input type="radio"/> | Agree |
| <input type="radio"/> | Strongly Agree |

Pregnancy/Parenthood

Are you currently pregnant or do you have a pregnant partner?

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

Are you a parent?

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

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

| |
|---|
| <input type="radio"/> Yes, full time |
| <input type="radio"/> Yes, some of the time |
| <input type="radio"/> No |
| <input type="radio"/> Not applicable |