Agency Name:

# HUD-HOPWA 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]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Arabic | ○ | Korean |
| ○ | Bengali | ○ | Persian |
| ○ | Chinese | ○ | Polish |
| ○ | French | ○ | Portuguese |
| ○ | German | ○ | Russian |
| ○ | Gujarati | ○ | Spanish |
| ○ | Haitian Creole | ○ | Tagalog |
| ○ | Hindi | ○ | Telugu |
| ○ | Italian | ○ | Urdu |
| ○ | Japanese | ○ | Vietnamese |
| ○ | Different Preferred Language (*specify*): | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

**SOCIAL SECURITY NUMBER** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | ***-*** |  |  | ***-*** |  |  |  |  |

QUALITY OF SOCIAL SECURITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Approximate or partial SSN reported | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

|  |  |
| --- | --- |
| **CURRENT NAME** *[All Clients]* | **N/A** |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |

QUALITY OF CURRENT NAME

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**DATE OF BIRTH** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***/*** |  |  | ***/*** |  |  |  |  | Age: |

Month Day Year QUALITY OF DATE OF BIRTH

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**GENDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |
| ○ | Black, African American, or African | ○ | Client doesn’t know |
| ○ | Hispanic/Latina/e/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data not collected |

**VETERAN STATUS** *[All Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Korean War** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Vietnam War** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Persian Gulf War (Desert Storm)** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

|  |
| --- |
| **Theater of Operations: Afghanistan (Operation Enduring Freedom)** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation Iraqi Freedom)** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation New Dawn)** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)** |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

|  |
| --- |
| **Branch of the Military** |
| ○ | Army | ○ | Space Force |
| ○ | Air Force | ○ | Client doesn’t know |
| ○ | Navy | ○ | Client prefers not to answer |
| ○ | Marines | ○ | Data not collected |
| ○ | Coast Guard |  |
| **Discharge Status** |
| ○ | Honorable | **○** | Uncharacterized |
| ○ | General under honorable conditions | ○ | Client doesn’t know |
| ○ | Other than honorable conditions (OTH) | ○ | Client prefers not to answer |
| ○ | Bad Conduct | ○ | Data not collected |
| ○ | Dishonorable |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child | ○ | Other: non-relation member |
| ○ | Head of household’s spouse or partner |  |

**ENROLLMENT CoC** *[only if multiple CoC’s]*

PRIOR LIVING SITUATION

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

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**

*[Head of Household and Adults]*

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

**DISABLING CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY** |
| Expected to be of long-continued and indefiniteduration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |
| ○ | 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 | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED** |
| ○ | Within the past three months | ○ | Client doesn’t know |
| ○ | Three to six months ago (excluding six months exactly) | ○ | Client prefers not to answer |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Data not collected |
| ○ | One year ago or more |  |
| **Are you currently fleeing?** | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY** NON-CHOSEN SELECTION(S) |
| ○ | MEDICAID | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | MEDICARE | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Veteran’s Health Administration (VHA) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

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

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON** |
| ○ | Applied; decision Pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

Receiving Ryan White-funded Medical or Dental Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON** |
| ○ | Applied; decision pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

T-cell Count (Integer between 0-1500):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not available | ○ | Client doesn’t know |
| ○ | Available | ○ | Client prefers not to answer |
| ○ | Undetectable | ○ | Data not collected |

Count (Integer between 0-999999):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

Signature of applicant stating all information is true and correct Date

Agency Name:

# HUD-HOPWA 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 PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** |
| Expected to be of long-continued and indefiniteduration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** |
| Expected to be of long-continued and indefiniteduration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |
| ○ | 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 | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED** |
| ○ | Within the past three months | ○ | Client doesn’t know |
| ○ | Three to six months ago (excluding six months exactly) | ○ | Client prefers not to answer |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Data not collected |
| ○ | One year ago or more |  |
| **Are you currently fleeing?** | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY** |
| **Income Source** | **Amount** | **Income Source** | **Amount** |
| ○ | Earned Income |  | ○ | Temporary Assistance for NeedyFamilies (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-ConnectedDisability Pension |  | ○ | Alimony and other spousal support |  |
| ○ | Private disability **i**nsurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| **Total Monthly Income for Individual:** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) |
| ○ | MEDICAID | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | MEDICARE | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Veteran’s Health Administration (VHA) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Employer Provided Health Insurance | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

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

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON** |
| ○ | Applied; decision Pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

Receiving Ryan White-funded Medical or Dental Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON** |
| ○ | Applied; decision pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

T-cell Count (Integer between 0-1500):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not available | ○ | Client doesn’t know |
| ○ | Available | ○ | Client prefers not to answer |
| ○ | Undetectable | ○ | Data not collected |

Count (Integer between 0-999999):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** |
| **Housing Move-In Date:\*** |  / /  |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

Signature of applicant stating all information is true and correct Date

Agency Name:

# HUD-HOPWA PROJECT EXIT FORM

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

**CLIENT NAME OR IDENTIFIER:** **PROJECT EXIT DATE** *[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

**Month Day Year DESTINATION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subwaystation/airport, or anywhere outside) | ○ | Moved from one HOPWA funded project to HOPWA TH |
| ○ | Emergency shelter, including hotel or motelpaid for with emergency shelter voucher, or Host Home shelter | ○ | Staying or living with family, permanent tenure |
| ○ | Safe Haven | ○ | Staying or living with friends, permanent tenure |
| ○ | Foster care home or foster care group home | ○ | Moved from one HOPWA funded project to HOPWA PH |
| ○ | Hospital or other residential non-psychiatricmedical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on-going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on-going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | No exit interview completed |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Other |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Deceased |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client prefers not to answer |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |
| ○ | Staying or living in a family member’s room, apartment or house |  |
| **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) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housingsubsidy |

**HOUSING ASSESSMENT AT EXIT** *[All Clients]*

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

**PHYSICAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**DEVELOPMENTAL DISABILITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**CHRONIC HEALTH CONDITION** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY** |
| Expected to be of long-continued and indefiniteduration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**HIV-AIDS** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

**MENTAL HEALTH DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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 | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

**SUBSTANCE USE DISORDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | ○ | Client prefers not to answer |
| ○ | Drug use disorder | ○ | Data not collected |
| ○ | 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 indefiniteduration and substantially impairs ability to live | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| independently? | ○ | Data not collected |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY** |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

**COVERED BY HEALTH INSURANCE** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY** NON-CHOSEN SELECTION(S) |
| ○ | MEDICAID | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | MEDICARE | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Veteran’s Health Administration (VHA) | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Employer Provided Health Insurance | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |
| ○ | Health Insurance Obtained through COBRA | ○ | Applied; decision pending |
| ○ | Applied; client not eligible |
| ○ | Client did not apply |
| ○ | Insurance type N/A for this client |
| ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

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

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON** |
| ○ | Applied; decision Pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

Receiving Ryan White-funded Medical or Dental Assistance

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |
| **IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON** |
| ○ | Applied; decision pending | ○ | Client doesn’t know |
| ○ | Applied; client not eligible | ○ | Client prefers not to answer |
| ○ | Client did not apply | ○ | Data not collected |
| ○ | Insurance type N/A for this client |  |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

T-cell Count (Integer between 0-1500):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not available | ○ | Client doesn’t know |
| ○ | Available | ○ | Client prefers not to answer |
| ○ | Undetectable | ○ | Data not collected |

Count (Integer between 0-999999):

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client report |
| ○ | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| **IF “YES” TO PERMANENT HOUSING** |
| **Housing Move-In Date:\*** |  / /  |
| \**If client moved into permanent housing, make sure to update on the* ***enrollment screen****.* |

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

|  |  |
| --- | --- |
| **Contact Type** |  |
| **Email** |  |
| **Phone (#1)** |  |  |  |  |  |  |  |  |  |  |
| **Phone (#2)** |  |  |  |  |  |  |  |  |  |  |
| **Active Contact** | ○ | Yes | ○ | No |
| **Private** | ○ | Yes | ○ | 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.”

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

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

|  |  |
| --- | --- |
| ○ | 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]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | 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?’]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | ○ | Data not collected |

Location Details

Signature of applicant stating all information is true and correct Date

# Chicago Custom Questions

AMI Level

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

# Employment

Are you currently employed?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

How many hours do you work in a typical week?

|  |  |
| --- | --- |
| ○ | 30 hours or more |
| ○ | 20 to 29 hours |
| ○ | 10 to 19 hours |
| ○ | Less than 10 hours |
| ○ | Not employed |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you currently looking for work?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

# Education

Current school enrollment and attendance

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

Are you currently enrolled in school?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you attending school regularly?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

What is the highest level of education you have completed?

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

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

|  |  |
| --- | --- |
| ○ | Strongly Disagree |
| ○ | Disagree |
| ○ | Agree |
| ○ | Strongly Agree |

# Pregnancy/Parenthood

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

Are you a parent?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

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

|  |  |
| --- | --- |
| ○ | Yes, full time |
| ○ | Yes, some of the time |
| ○ | No |
| ○ | Not applicable |