HUD-PATH PROJECT INTAKE FORM

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

	PRC	JEC	т ѕт	ART	DA	ΤE	[All	Cli	ients	1				
			/				/							
L	N	Ionth	1		Day	y				Y	'ear			1
ę	SOC	IAL S	SECU	RIT	Y NL	JME	BER	[A	ll Clie	entsj	1			
				-				-						
QUALIT		F SO		SE	CUR	ΙΤΥ	,		-			•		
		repor											0	Client doesn't know
• App	roxin	nate o	r parti	al S	SN re	ероі	rted						0	Client prefers not to answer
													0	Data not collected
CURRE		IAME	E [All	Cliel	nts]									N/A
Last														0
First														0
Middle														0
Suffix														0
QUALIT	Y OI	F CU	RRE			Е	•	•	-	•		•	•	
		e repo											0	Client doesn't know
 Dart 									0	Client profess not to answer				

 Partial, street name, or code na 	me reported o	• Client prefers not to answer
	0	 Data not collected

DATE OF BIRTH [All Clients]

		/		/			Age:	
Montl	h		Day		Year			

QUALITY OF DATE OF BIRTH

0	Full DOB reported	0	Client doesn't know
0	Approximate or partial DOB reported	0	Client prefers not to answer
		0	Data not collected

GENDER [All Clients]

0	Woman (Girl, if child)	0	Questioning
0	Man (Boy, if child)	0	Different Identity (specify):
0	Culturally Specific Identity (e.g., Two-Spirit)	0	Client doesn't know
0	Transgender	0	Client prefers not to answer
0	Non-Binary	0	Data not collected

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

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
0	Asian or Asian American	0	White
0	Black, African American, or African	0	Client doesn't know
0	Hispanic/Latina/e/o	0	Client prefers not to answer
0	Middle Eastern or North African	0	Data not collected

VETERAN STATUS [All Adults]

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

IF "YES" TO VETERAN STATUS		
Year entered military service (year)		
Year separated from military service (year)		
Theater of Operations: World War II		
• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Korean War		
• No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Vietnam War		
• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)		
• No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Afghanistan (Operation Enduring	Freed	
• No	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)		
• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Iraq (Operation New Dawn)		
• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected
Theater of Operations: Other peace-keeping operations of	or mili	tary interventions (such as
Lebanon, Panama, Somalia, Bosnia, Kosovo)		
• No	0	Client doesn't know
• Yes	0	Client prefers not to answer
	0	Data not collected
Branch of the Military		
○ Army	0	Space Force
• Air Force	0	Client doesn't know
• Navy	0	Client prefers not to answer
• Marines	0	Data not collected
Coast Guard		1

Di	Discharge Status						
0	Honorable	0	Uncharacterized				
0	General under honorable conditions	0	Client doesn't know				
0	Other than honorable conditions (OTH)	0	Client prefers not to answer				
0	Bad Conduct	0	Data not collected				
0	Dishonorable						

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

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

ENROLLMENT CoC [only if multiple CoC's]

CONNECTION WITH SOAR [Head of Household and Adults]

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

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle,	0	Hotel or motel paid for without emergency
	an abandoned building, bus/train/subway		shelter voucher
	station/airport, or anywhere outside)		
0	Emergency shelter, including hotel or motel	0	Host Home (non-crisis)
	paid for with emergency shelter voucher, or		
	Host Home shelter		
0	Safe Haven	0	Staying or living in a friend's room, apartment,
			or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room,
			apartment or house
0	Hospital or other residential non-psychiatric	0	Rental by client, no ongoing housing subsidy
	medical facility		
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox	0	Client doesn't know
	center		
0	Transitional housing for homeless persons	0	Client prefers not to answer
	(including homeless youth)		
0	Residential project or halfway house with no	0	Data not collected
	homeless criteria		
- 18	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not	0	Permanent Supportive Housing
	dedicated)		
0	Public Housing Unit	0	Other permanent housing dedicated for
0	Rental by client, with other ongoing housing	1	formerly homeless persons
	subsidy		
	· · · · · · · · · · · · · · · · · · ·		•

LENGTH OF STAY IN PRIOR LIVING SITUATION

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

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

			-
0	No	0	Yes

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

• No

• Yes

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

Ine	ad of Household and Adultsj						
0	Yes	0	No				
Ap	proximate Date This Episode of Homelessness Started	-	<u> </u>				
Νι	Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years						
0	One Time	0	Client doesn't know				
0	Two Times	0	Client prefers not to answer				
0	Three Times	0	Data not collected				
0	Four or More Times						
Тс	Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years						
0	One month (this time is the first month)	0	Client doesn't know				
0	2-12 months (specify number of months):	0	Client prefers not to answer				
0	More than 12 months	0	Data not collected				

WHEN CLIENT WAS ENGAGED

Date of Engagement: [Adults and Head of Household]	<u> </u>
--	----------

PATH STATUS [Adults and Head of Household]

Date of Status Determination	0	//
Client Became Enrolled in PATH	0	No
	0	Yes
IF "NO" TO ENROLLED IN PATH		
	0	Client was found ineligible for PATH
Reason Not Enrolled	0	Client was not enrolled for other reason(s)
	0	Unable to locate client

DISABLING CONDITION [All Clients]

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

PHYSICAL DISABILITY [All Clients]

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

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

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

HIV-AIDS [All Clients]

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

MENTAL HEALTH DISORDER [All Clients]

0	No			0	Client doesn't know
0	• Yes				Client prefers not to answer
				0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY					
E	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ind	dependently?			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

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

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

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

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No		0	Client doesn't know						
0	Yes		0	Client prefers not to answer						
			0	Data not collected						
IF "YES" TO INCOME FROM ANY SOURCE -				NDICATE ALL SOURCES THAT APPLY						
Inc	come Source	Amount	Inc	Income Source						
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)						
0	Unemployment Insurance		0	General Assistance (GA)						
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security						
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job						
0	VA Service-Connected Disability Compensation		0	Child support						
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support						
0	Private Disability Insurance		0	Other income source (specify):						
0	Worker's Compensation									
То	tal Monthly Income for Individua	al:	1	1	1					

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

			2
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUF	S THAT APPLY	
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

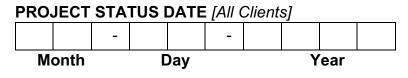
		<u> </u>	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALTH IN	NS U	RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

Signature of applicant stating all information is true and correct Date

HUD-PATH 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:



CONNECTION WITH SOAR [Head of Household and Adults]

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

PATH STATUS [If not at intake]

Date of Status Determination	0	//
Client Became Enrolled in PATH	0	No
	0	Yes
IF "NO" TO ENROLLED IN PATH		
		Client was found ineligible for PATH
Reason Not Enrolled	0	Client was not enrolled for other reason(s)
	0	Unable to locate client

PHYSICAL DISABILITY [All Clients]

• No	No			
• Yes	Yes			
	0	Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECIF	Y			
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live o Yes				Client prefers not to answer
independently?				Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

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

HIV-AIDS [All Clients]

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

MENTAL HEALTH DISORDER [All Clients]

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

SUBSTANCE USE DISORDER [All Clients]

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

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

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

INCOME FROM ANY SOURCE [Head of Household and Adults]

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

IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY								
Income Source Amount			Inc	Amount					
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support					
0	Private Disability Insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	tal Monthly Income for Individu	al:		·	1				

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

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

COVERED BY HEALTH INSURANCE [All Clients]

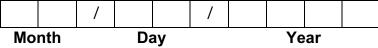
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALTH IN	ISU	RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

HUD-PATH 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]



DESTINATION [All Clients]

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

CONNECTION WITH SOAR [Head of Household and Adults]

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

PATH STATUS [If not at intake]

Date of Status Determination	0	
Client Became Enrolled in PATH	0	No
	0	Yes
IF "NO" TO ENROLLED IN PATH		
	0	Client was found ineligible for PATH
Reason Not Enrolled	0	Client was not enrolled for other reason(s)
	0	Unable to locate client

PHYSICAL DISABILITY [All Clients]

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

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

• No	No			
Yes				Client prefers not to answer
	0	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION	– SF	PECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

HIV-AIDS [All Clients]

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

MENTAL HEALTH DISORDER [All Clients]

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

SUBSTANCE USE DISORDER [All Clients]

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

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No		0	Client doesn't know					
0	Yes		0	Client prefers not to answer					
			0	Data not collected					
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY									
Inc	Income Source Amount			ome Source	Amount				
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		 Pension or retirement income from a former job 						
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal Support					
0	Private Disability Insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	tal Monthly Income for Individua	al:	1	1	1				

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

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

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE – HEALTH INS	URA	NCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

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

Contact Type							
Email							
Phone (#1)							
Phone (#2)							
Active Contact	0	Yes	 ·	0	No		
Private	0	Yes		0	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
--	------

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]

CURRENT LIVING SITUATION [Adults and Head of Household]

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

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

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	0	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	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?']

0	No	(0	Client doesn't know
0	Yes	(0	Client prefers not to answer
		(0	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?']

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

Location Details

Chicago Custom Questions

AMI Level

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

Employment

Are you currently employed?

• No • Yes

How many hours do you work in a typical week?

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

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

0	No	0	Yes	
Are you currently looking for work?				

7.10)	you ourronity looking for work?		
0	No	0	Yes

Education

Current school enrollment and attendance

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

Are you currently enrolled in school?

0	No	0	Yes			
Are	Are you attending school regularly?					
0	No	0	Yes			

What is the highest level of education you have completed?

6	
0	Less than 9th grade
0	9th-11th grade
0	12th but no diploma
0	High school diploma/GED
0	Some vocational training or trade school, but no credential or certificate
0	Credential or certificate from vocational training or trade school
0	Some college credit, but no degree
0	Associate's or two-year degree
0	Bachelor's or four-year degree or more
0	Other [Explain]

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

0	Strongly Disagree
0	Disagree
0	Agree
0	Strongly Agree

Pregnancy/Parenthood

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

0	No	0	Yes
Are you a parent?			

• No • Yes

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

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