

Identifying Information

*Last Name: _____ *DOB: _____ *Status Date: _____

*First Name: _____ *SSN (last 4 digits): _____ *Project: _____

Disabling ConditionsLong Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently

Physical Disability: Yes** Client doesn't know **If yes, long term? Yes
 No Client prefers not to answer No

Developmental Disability Yes Client doesn't know
 No Client prefers not to answer

Chronic Health Condition Yes** Client doesn't know **If yes, long term? Yes
 No Client prefers not to answer No

HIV - AIDS Yes Client doesn't know
 No Client prefers not to answer

Mental Health Disorder Yes** Client doesn't know **If yes, long term? Yes
 No Client prefers not to answer No

Substance Use Disorder Client doesn't know **If yes, long term? Yes
 Alcohol use** Both ** Client prefers not to answer No
 Drug use** Neither

Domestic Violence Survivor Yes** Client prefers not to answer
 No Client doesn't know

Currently Fleeing DV Yes** Client prefers not to answer
 No Client doesn't know

****When DV experience occurred:**

- Less than 3 months
 3 months - less than 6 months
 6 months - less than a year
 1 year or more
 Client doesn't know
 Client prefers not to answer

HUD Financial Assessment

- Income From Any Source? Yes** Client doesn't know
 No Client prefers not to answer

**If yes, select all that apply, and enter the amount earned per MONTH.

- | | |
|---|--|
| <input type="checkbox"/> \$_____ Unemployment | <input type="checkbox"/> \$_____ TANF |
| <input type="checkbox"/> \$_____ Earned Income (employment) | <input type="checkbox"/> \$_____ General Assistance |
| <input type="checkbox"/> \$_____ SSI <input type="checkbox"/> \$_____ SSDI | <input type="checkbox"/> \$_____ Retirement Income from Social Security |
| <input type="checkbox"/> \$_____ VA Service Connected Disability Compensation | <input type="checkbox"/> \$_____ Pension/Retirement from a former job |
| <input type="checkbox"/> \$_____ VA non-service Connected Disability Compensation | <input type="checkbox"/> \$_____ Child Support |
| <input type="checkbox"/> \$_____ Private Disability Insurance | <input type="checkbox"/> \$_____ Alimony/Spousal support |
| <input type="checkbox"/> \$_____ Worker's Compensation | <input type="checkbox"/> \$_____ Other income source, specify below _____ |

Receiving Non-Cash Benefits?

If yes, select all that apply:

- | | | | |
|--------------------------------|---|---|---|
| <input type="checkbox"/> Yes** | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF Transportation |
| <input type="checkbox"/> No | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> WIC | <input type="checkbox"/> Other TANF Services |
| | | <input type="checkbox"/> TANF Childcare | <input type="checkbox"/> Other non-cash benefit source _____ |

Covered by Health Insurance?

- Yes** Client doesn't know
 No Client prefers not to answer

**If yes, select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Health Insurance Obtained Through COBRA |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other Health Insurance _____ |

Current Living Situation *(required for street outreach programs)*

*Location details: _____

Homeless Situation: *If a selection is made from this area, SKIP to the end*

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter | <u>Other:</u> |
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Worker unable to determine |

Institutional Situation:

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- Jail, prison, juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance use treatment facility or detox center

Transitional Housing Situation

- 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

Permanent Housing Situation

- Rental by client, **no** ongoing housing subsidy
- Rental by client, **with** ongoing housing subsidy, please specify type-->**
- Owned by client, **no** ongoing housing subsidy
- Owned by client, **with** ongoing housing subsidy

**Rental Subsidy Type:

- GPD TIP housing subsidy
- ASH Housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public Housing Unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

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

- Yes No Client doesn't know Client prefers not to answer

If yes, answer remaining questions. If no, skip to end

Has a subsequent residence been identified?

- Yes No Client doesn't know Client prefers not to answer

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

- Yes No Client doesn't know Client prefers not to answer

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

- Yes No Client doesn't know Client prefers not to answer

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

- Yes No Client doesn't know Client prefers not to answer