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| **First Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Middle Name:** | | | | | | | | | | | | | | | | | | | |
| **Last Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Suffix:** | | | | | | | | | | | | | | | | | | | |
| **Name Data Quality:** | | | | | * Full name reported * Partial, street name, or code name reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client refused | | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Birth (mm/dd/yyyy):** | | | | | | | | | | | | | | | | | | | |
| **SSN Data Quality:** | | | | * Full SSN Reported * Approximate or partial SSN reported * Client doesn’t know * Client refused | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Birth Type:** | | | | | | | | | | | * Full DOB reported * Approximate or partial DOB reported * Client doesn’t know * Client refused | | | | | | | | | |
| **Race:** | * American Indian or Alaska Native * Asian * Black or African American | | | | | | | | | | | | | | | | | | | | | | | | * Native Hawaiian or Other Pacific Islander * White | | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client refused | | | | | | | |
| **Ethnicity:** | * Non-Hispanic/Non-Latino * Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client refused | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | * Male * Female * Trans Female (Male to Female) | | | | | | | | | | | | | | | | | | | | | | | * Trans Male (Female to Male) * Gender Non-Conforming | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client refused | | | | | | | | | | |
| **Veteran Status:** | | * Yes | | | | | | | | * No | | | | | | | | | | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | | | * Client refused | | | | | | | | | | | | |
| **Relationship to Head of Household:** | | | | | | | | | | * Self (head of household) * Head of household’s child * Head of household’s spouse or partner * Head of household’s other relation member (other relation to head of household) * Other: non-relation member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disabling Condition:** | | | | | | * Yes | | | | | * No | | | | | | | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | | | * Client refused | | | | | | | | | | | | | | |
| Disability Type | | | Disability Determination | | | | | | | | If *Yes*, to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | | | | | | | | | | | | | | | | | | Documentation of the disability and severity on file? | | | | | | | | | | | | | | Currently receiving services/Treament for this disability? | | | | | | | | | | | | | | Start Date | |
|  | | | Yes | | | No | Client doesn’t Know | Client Refused | | | Yes | | | | | No | Client doesn’t Know | | | | | | Client Refused | | | | | | | Yes | | No | | | | Client doesn’t Know | | | | | Client Refused | | | Yes | | | No | | | | Client doesn’t Know | | | | | | Client Refused | (mm/dd/yyyy) | |
| Physical | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Developmental | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Chronic Health Condition | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| HIV/AIDS | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Mental Health Problem | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Alcohol Abuse | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Drug Abuse | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| Both Alcohol & Drug Abuse | | |  | | |  |  |  | | |  | | | | |  |  | | | | | |  | | | | | | |  | |  | | | |  | | | | |  | | |  | | |  | | | |  | | | | | |  |  | |
| **Domestic Violence Victim/Survivor:** | | | | | | | | | * Yes | | | | | | | | | | | * No | | | | | | | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | | * Client refused | | | | | | | |
| **If *Yes* to above; When Experience Occurred:** | | | | | | | | | * Within the past three months * Three to six months ago (excluding six months exactly) * Six months to one year ago (excluding one year exactly) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * One year ago or more * Client doesn’t know * Client refused | | | | | | | | | |
| **If *Yes* to above; Are you currently fleeing?** | | | | | | | | | * Yes | | | | | | | | | | * No | | | | | | | | | | | | | | \*\*Currently fleeing should be indicated as “Yes” if the persons is fleeing, or attempting to flee, the domestic violence situation **or** is afraid to return to their primary nighttime residence | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Housing Status:** | | | | | | * Category 1 – Homeless * Category 2 – At imminent risk of losing housing * Category 3 – Homeless only under other federal statutes * Category 4 – Fleeing domestic violence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * At-risk of homelessness * Stably housed * Client doesn’t know * Client refused | | | | | | | | | | | | | | | | | |
| **Homeless History A: Only complete if project is Street Outreach, Emergency Shelter, or Safe Haven** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the client’s living situation immediately prior to project entry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Literally Homeless Situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Place not meant for habitation (e.g. a vehicle, abandoned building, anywhere outside) * Emergency shelter, including hotel or motel paid for with emergency shelter voucher * Safe Haven * Interim housing (client applied for permanent housing and a unit/voucher has been reserved but the client is not able to move in immediately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Institutional Situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Foster care home or foster 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/Permanent 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 * 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 (other than RRH) for formerly homeless persons * Rental by client, with VASH subsidy * Rental by client, with GPD subsidy * Rental by client, with other housing subsidy (including RRH) * Owned by client, with ongoing housing subsidy * Rental by client, no ongoing housing subsidy * Owned by client, no ongoing housing subsidy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Don’t Know Refused** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Client doesn’t know * Client refused * Data not collected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Length of Stay in Prior Living Situation:** | | | | | | | | | | | | | | * One night or less * Two to six nights * One week or more, but less than one month * One month or more, but less than 90 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 90 days or more, but less than one year * One year or longer * Client doesn’t know * Client refused | | | | | | | | | | | | | | |
| *Have the client look back to the date of the last time they had a place to sleep* ***other than*** *on the streets, emergency shelter, or safe haven*  *If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry*  *As the client looks back, there may be breaks in their stay on the streets, emergency shelter, or safe haven. A break in homelessness is considered to be:*   * *7 or more consecutive nights in a Transitional/Permanent Housing Situation* * *90 or more consecutive days in an Institutional Situation*   *If client has length of stays in the housing situations indicated above,* ***DO NOT*** *include those days in the total number of days homeless above and continue to the next break in homelessness if there is one* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approximate date homelessness started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(M/D/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Regardless of where the client stayed last night, indicate the total number of times the client has been on the streets, in emergency shelter, or safe haven in the past three years**, **including today:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * One Time * Two Times | | | | | | | | | | | | | | | * Three Times * Four Times | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client Refused | | | | | | | | | | | | | | | | |
| **Total number of months homeless (on the street, in emergency shelter, or safe haven) in the past 3 years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * One month (this time is the first month) * 2 – 12 months Must specify # of months: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | * More than 12 months | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client Refused | | | | | | | | | | | | | | | | |
| **Homeless History B: Only complete if project is Supportive Service Only, Transitional Housing, Permanent Housing (RRH and Prevention), and Permanent Supportive Housing.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Describe the client’s living situation immediately prior to project entry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Literally Homeless Situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Place not meant for habitation (e.g. a vehicle, abandoned building, anywhere outside) * Emergency shelter, including hotel or motel paid for with emergency shelter voucher * Safe Haven * Interim housing (client applied for permanent housing and a unit/voucher has been reserved but the client is not able to move in immediately | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Institutional Situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Foster care home or foster 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/Permanent 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 * 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 (other than RRH) for formerly homeless persons * Rental by client, with VASH subsidy * Rental by client, with GPD subsidy * Rental by client, with other housing subsidy (including RRH) * Owned by client, with ongoing housing subsidy * Rental by client, no ongoing housing subsidy * Owned by client, no ongoing housing subsidy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Don’t Know Refused** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Client doesn’t know * Client refused * Data not collected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If client’s living situation above was institutional setting:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Did you stay in the institutional situation less than 90 days?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes *(Complete rest of Homeless History B)* * No *(Homeless History B is complete)* | | | | | | | | | | | | | | | | | | | |
| **On the night before entering the institutional situation did they stay on the streets, in emergency shelter, or a safe haven?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes *(Complete rest of Homeless History B)* * No *(Homeless History B is complete)* | | | | | | | | | | | | | | | | | | | |
| **If the client’s living situation above was transitional/permanent housing situation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Did you stay in the transitional/permanent housing situation less than 7 days?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes *(Complete rest of Homeless History B)* * No *(Homeless History B is complete)* | | | | | | | | | | | | | | | | | | | |
| **On the night before entering the transitional/permanent housing situation, did they stay on the streets, in emergency shelter, or a safe haven?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Yes *(Complete rest of Homeless History B)* * No *(Homeless History B is complete)* | | | | | | | | | | | | | | | | | | | |
| **Length of Stay in Prior Living Situation:** | | | | | | | | | | | | | | * One night or less * Two to six nights * One week or more, but less than one month * One month or more, but less than 90 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 90 days or more, but less than one year * One year or longer * Client doesn’t know * Client refused | | | | | | | | | | | | | | |
| *Have the client look back to the date of the last time they had a place to sleep* ***other than*** *on the streets, emergency shelter, or safe haven*  *If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry*  *As the client looks back, there may be breaks in their stay on the streets, emergency shelter, or safe haven. A break in homelessness is considered to be:*   * *7 or more consecutive nights in a Transitional/Permanent Housing Situation* * *90 or more consecutive days in an Institutional Situation*   *If client has length of stays in the housing situations indicated above,* ***DO NOT*** *include those days in the total number of days homeless above and continue to the next break in homelessness if there is one* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approximate date homelessness started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(M/D/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Regardless of where the client stayed last night, indicate the total number of times the client has been on the streets, in emergency shelter, or safe haven in the past three years**, **including today:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * One Time * Two Times | | | | | | | | | | | | | | | * Three Times * Four Times | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client Refused | | | | | | | | | | | | | | | | |
| **Total number of months homeless (on the street, in emergency shelter, or safe haven) in the past 3 years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * One month (this time is the first month) * 2 – 12 months Must specify # of months: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | * More than 12 months | | | | | | | | | | | | | | | | | | | | | | | | | * Client doesn’t know * Client Refused | | | | | | | | | | | | | | | | |
| **Zip Code of Last Permanent Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Currently covered by health insurance?** | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | * No | | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | | * Client refused | | | | | | |
| **If *Yes* to above; Insurance Source:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * MEDICAID * MEDICARE * State Children’s Health Insurance Program * Veteran’s Administrations (VA) Medical Services * Indian Health Services Program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * Employer – Provided Health Insurance * Health Insurance obtained through COBRA * Private Pay Health Insurance * State Health Insurance for Adults * Other (Please Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Currently receiving income from any source?** | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | * No | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | * Client refused | | | | | | |
| **If *Yes* to above; Income Source and Amount (Monthly):** | | | | | | | | | | | | | | | | | | | | | **Source** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Monthly Amount from Source** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | **Earned Income (employment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Unemployment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Supplemental Security Income (SSI)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Social Security Disability Income (SSDI)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **VA Service-Connected Disability Compensation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **VA Non-Service-Connected Disability Pension** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Private Disability Insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Worker’s Compensation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Temporary Assistance for Needy Families (TANF)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **General Assistance (GA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Retirement Income from Social Security** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Pension or retirement income from a former job** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Child Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Alimony or other spousal support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | **Other Source (please specify):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | |
| **Currently receiving any non-cash benefits?** | | | | | | | | | | | | | | * Yes | | | | | | | | | | | | | | | * No | | | | | | | | * Client doesn’t know | | | | | | | | | | | | | | | | | * Client refused | | | | | |
| **If *Yes* to above; Non-Cash Benefit Source and Amount (Monthly):** | | | | | | | | | | | | | | | | | | | | | | **Source** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Monthly Amount from Source** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Supplemental Nutrition Assistance Program (SNAP; Bridge Card)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **TANF Child Care Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **TANF transportation services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Other TANF-funded services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Section 8, public housing, or other ongoing rental assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Temporary rental assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | **Other Source (please specify):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | |

|  |
| --- |
| **If you were to leave unexpectedly, where would you most likely go?** |
| *Use response here as the response for destination on Exit form if the client disappears before exit interview can be completed* |
|  |