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| **First Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Middle Name:** | | | | | | | | | | | |
| **Last Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Suffix:** | | | | | | | | | | | |
| **Social Security Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Birth (mm/dd/yyyy):** | | | | | | | | | | | |
| **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  or  End 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 |  |  |  |  | |  | | | |  |  | | | |  | | | | |  | |  | | |  | | | |  |  | |  | |  | | | |  |  | |
| **Permanent Supportive Housing and Rapid Rehousing Projects Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Residential Move in Date (for clients who moved into permanent housing): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 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 (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** | | | | | | | | | | | | | | | | | | **Start Date and/or End Date** | | | | | | | | | |
| **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):** | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Currently receiving any non-cash benefits?** | | | | | | | | | * Yes | | | | | | | | | | * No | | | | | | | | * Client doesn’t know | | | | | | | | | | * Client refused | | | |
| **If *Yes* to above; Non-Cash Benefit Source and Amount (Monthly):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source** | | | | | | | | | | | | | **Monthly Amount from Source** | | | | | | | | | | | | | | | | | | **Start Date and/or End Date** | | | | | | | | | |
| **Supplemental Nutrition Assistance Program (SNAP; Bridge Card)** | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **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):** | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | |  | | | | | | | | | |