Transgender Non-Binary



CLARITY HMIS: VA SERVICES INTAKE FORM

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Client prefers not to answer

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

Ye	ear entered military service (year)		
Υe	ear separated from military service (year)		
Tŀ	neater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tŀ	neater of Operations: Korean War		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tł	neater of Operations: Vietnam War		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tł	neater of Operations: Persian Gulf War (Desert Sto	rm)	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tŀ	neater of Operations: Afghanistan (Operation Endu	uring Freed	lom)
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tŀ	neater of Operations: Iraq (Operation Iraqi Freedon	n)	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Tł	neater of Operations: Iraq (Operation New Dawn)		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
	neater of Operations: Other peace-keeping operations. Panama. Somalia. Bosnia. Kosovo)	ons or mili	tary interventions (such as
	neater of Operations: Other peace-keeping operations on the banon, Panama, Somalia, Bosnia, Kosovo)	ons or mili	Client doesn't know
Le	ebanon, Panama, Somalia, Bosnia, Kosovo)		



Br	anch of the Military		
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		
Dis	scharge 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
Γ	0	Head of household's spouse or partner		

ENROLLMENT CoC [only if multiple CoC's]	
---	--

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

0	No	0	Yes
IF	"YES" TO PERMANENT HOUSING		
Н	ousing Move-In Date:		

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

ĺ	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)		
ĺ	0	Emergency shelter, including hotel or motel	0	Host Home (non-crisis)
		paid for with emergency shelter voucher, or		,
		Host Home shelter		
ĺ	0	Safe Haven	0	Staying or living in a friend's room, apartment,
				or house
ĺ	0	Foster care home or foster care group home	0	Staying or living in a family member's room,
		•		apartment or house
ĺ	0	Hospital or other residential non-psychiatric	0	Rental by client, no ongoing housing subsidy
		medical facility		
ĺ	0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
ĺ	0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
ĺ	0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
ĺ	0	Substance abuse treatment facility or detox	0	Client doesn't know
		center		
Ī	0	Transitional housing for homeless persons	0	Client prefers not to answer
		(including homeless youth)		
ĺ	0	Residential project or halfway house with no	0	Data not collected
		homeless criteria		



	GPD TIP housing subsidy	0	Emerg	jenc	y Housing Voucher				
	VASH Housing subsidy	0	Family	/ Un	ification Program Voucher (FUP)				
	RRH or equivalent subsidy			0	Foster	You	ıth to	Indep	endence Initiative (FYI)
	HCV voucher (tenant or project dedicated)	t ba	sed) (not	0	Perma	nen	t Sup	portive	e Housing
	Public Housing Unit			0	Other	perr	naner	nt hou	sing dedicated for
	Rental by client, with other ong subsidy	join	g housing		former	ly h	omele	ss pe	rsons
	NGTH OF STAY IN PRIOR L	IVII							
	One night or less	0	One month than 90 day	'S				0	Client doesn't know
	Two to six nights	0	90 days or i one year	more	e, but les	ss th	an	0	Client prefers not to answer
	One week or more, but less than one month	0	One year or	r lon	onger			0	Data not collected
	No		NIGHTS [Th	0	Yes				
	No NGTH OF STAY LESS THAN		-	o titutio	Yes onal Hou	usin	g Situ	ations	5]
	No NGTH OF STAY LESS THAN NO THE NIGHT BEFORE – STA	1 90	DAYS [Inst	e titutio	Yes onal Hou				-
	No NGTH OF STAY LESS THAN NO THE NIGHT BEFORE – STA	1 90	DAYS [Inst	e titutio	Yes onal Hou				-
	No NGTH OF STAY LESS THAN No THE NIGHT BEFORE – STA ead of Household and Adults] Yes) 90 (YE	DAYS [Inst	o titutio o	Yes onal Hou Yes EETS, E	EME	RGE		-
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	No No No THE NIGHT BEFORE – STA ead of Household and Adults] Yes proximate Date This Episode umber of times the client has be One Time Two Times Three Times	of I	D ON THE S Homelessne n on the street	o STRI ets,	Yes Onal House Yes EETS, Estarted ES, or	Safe	No / Have Clie Data	NCY en in nt doe nt pre a not o	the last 3 years esn't know fers not to answer collected
	No No THE NIGHT BEFORE – STA Pad of Household and Adults] Yes Opproximate Date This Episode umber of times the client has be One Time Two Times Three Times Four or More Times otal number of months homele	of I	D ON THE S Homelessne n on the street on the street	o STRI ets,	Yes Onal House Yes EETS, Estarted ES, or	Safe I	RGE No / Haver Clie Data	Property of the second of the	the last 3 years esn't know fers not to answer collected ue last 3 years

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	Inot required for SSVF1
---------------------	-------------------------

o No	○ No			Client doesn't know
o Yes			0	Client prefers not to answer
			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	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

DEVELOPMENTAL DISABILITY [not required for SSVF]

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

CHRONIC HEALTH CONDITION [not required for SSVF]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF	"YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
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

HIV-AIDS [not required for SSVF]

independently?

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

MENTAL HEALTH DISORDER [not required for SSVF]

o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER - S	IF "YES" TO MENTAL HEALTH DISORDER – 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

SUBSTANCE USE DISORDER [not required for SSVF]

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	DIS	ORDER" (OR "	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	

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	
				0	Data not collected	
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC					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	ear	exactly)	0	Data not collected	
0	One year ago or more					
	o No				Client doesn't know	
Ar	Are you currently fleeing? Output O			0	Client prefers not to answer	
		0	Data not collected			

INCOME FROM ANY SOURCE [Head of Household and Adults]

146	CONIE PROINI AINT SOURCE [F	leau oi no	usei	iola alia Additsj							
0	No		0	Client doesn't know							
0	Yes		0	Client prefers not to answer							
				Data not collected							
IF	"YES" TO INCOME FROM ANY	SOURCE -	IND	INDICATE ALL SOURCES THAT APPLY							
In	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										
To	stal Monthly Income for Individua	al:			•						

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	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES	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

SSVF HP TARGETING CRITERIA:

[Head of Household in SSVF Homeless Prevention programs]

Is Homelessness Prevention targeting screener required?

0	No	0	Yes
IF	"YES" TO HOMELESSNESS PREVENTION TARG	ET	ING SCREENER REQUIRED
Н	ousing loss expected within		
0	1-6 days	0	7-13 days
0	14-21 days	0	More than 21 days
Cı	rrent household income		
0	\$0 (i.e., not employed, not receiving cash	0	1-14% of Area Median Income (AMI) for
0	benefits, no other current income)		household size
0	15-30% of AMI for household size	0	More than 30% of AMI for household size
Pa	st experience of homelessness (street/shelter/tra	ans	itional housing) (any adult)
0	Most recent episode occurred within the last year	0	Most recent episode occurred more than
0	None		one year ago
He	ad of Household is not a current leaseholder/rer	nter	of unit
0	No	0	Yes
He	ad of Household (HoH) never been a leaseholde	r/re	nter of unit
0	No	0	Yes
	rrently at risk of losing a tenant-based housing	sub	sidy or housing in a subsidized building or
un	it (household)		
0	No	0	Yes
Re	ental Evictions within the past 7 years (any adult)		
0	No prior rental evictions	0	1 prior rental eviction
0	2 or more prior rental evictions		
Cr	iminal record for arson, drug dealing or manufac	tur	e, or felony offense against persons or
pr	operty (any adult)		
0	No	0	Yes
Inc	carcerated as adult (any adult in household)		
0	Not incarcerated	0	Incarcerated once
0	Incarcerated two or more times		
Dis	scharged from jail or prison within last six months	afte	er incarceration of 90 days or more (adults)
0	No	0	Yes
Re	gistered sex offenders (any household members	s)	
0	No	0	Yes



Head of household with disabling condition (physical h directly affects ability to secure/maintain housing							
	Yes						
Currently pregnant (any household member)							
, , , , , , , , , , , , , , , , , , , ,	Yes						
Single parent/guardian household with minor child(ren							
	<u>/</u> Yes						
○							
significant care	ix or a	maory, or a orma who required					
	Younge	est child is under 1 year old					
Youngest child is 1 to 6 years old and/or one or more cl	hildren	(any age) require significant care					
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)							
	Yes						
lousehold includes one or more members of an overre	•						
omelessness system when compared to the general p		ion					
No o	Yes						
VAMC STATION NUMBER [Head of Household]							
VAMC STATION NUMBER [He	ead of I	Household]					
VAMC STATION NUMBER [He	ead of I	Household]					
ONNECTION WITH SOAR [Head of Household and A							
ONNECTION WITH SOAR [Head of Household and A	Adults,	SSVF RRH and					
ONNECTION WITH SOAR [Head of Household and Aomelessness Prevention] No	Adults,	SSVF RRH and Client doesn't know					
ONNECTION WITH SOAR [Head of Household and Allomelessness Prevention]	Adults,	SSVF RRH and					
ONNECTION WITH SOAR [Head of Household and A omelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI Head of Household, required for SSVF RRH and Homeless 30% or less	Adults, o o o o ness Pr	SSVF RRH and Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80%					
ONNECTION WITH SOAR [Head of Household and Adomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMIRICAL AND ADDRESS AND	Adults, o o o	SSVF RRH and Client doesn't know Client prefers not to answer Data not collected					
ONNECTION WITH SOAR [Head of Household and Adomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI Blead of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Adomesical Action of Househ	Adults, o o o ness Pr o o	Client doesn't know Client prefers not to answer Data not collected revention J 51% to 80% 81% or greater Required for SSVF and VASH]					
ONNECTION WITH SOAR [Head of Household and Acomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI lead of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Acome Less than Grade 5	Adults, o o o ness Pi o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree					
ONNECTION WITH SOAR [Head of Household and A omelessness Prevention] No Ves OUSEHOLD INCOME AS A PERCENTAGE OF AMI Blead of Household, required for SSVF RRH and Homeless Vers 30% or less Vers AST GRADE COMPLETED [Head of Household & Act Vers Less than Grade 5 Vers Grades 5-6	Adults, o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater required for SSVF and VASH] Associate's degree Bachelor's degree					
ONNECTION WITH SOAR [Head of Household and Acomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI lead of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Acomeless than Grade 5 Grades 5-6 Grades 7-8	Adults, o o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree Bachelor's degree Graduate degree					
ONNECTION WITH SOAR [Head of Household and A comelessness Prevention] No Ves OUSEHOLD INCOME AS A PERCENTAGE OF AMI Blead of Household, required for SSVF RRH and Homeless Vers AST GRADE COMPLETED [Head of Household & Act Vers Complete Street St	Adults, o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree Bachelor's degree Graduate degree Vocational certification					
ONNECTION WITH SOAR [Head of Household and Anomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI lead of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Act Color Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12/High school diploma	Adults, o o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree Bachelor's degree Graduate degree					
ONNECTION WITH SOAR [Head of Household and A omelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI Bead of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Act Column Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12/High school diploma School program does not have grade levels	Adults, o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree Bachelor's degree Graduate degree Vocational certification					
ONNECTION WITH SOAR [Head of Household and Anomelessness Prevention] No Yes OUSEHOLD INCOME AS A PERCENTAGE OF AMI Head of Household, required for SSVF RRH and Homeless 30% or less 31% to 50% AST GRADE COMPLETED [Head of Household & Act Color Less than Grade 5 Grades 5-6 Grades 7-8 Grades 9-11 Grade 12/High school diploma	Adults, o o o o o o dults, R	Client doesn't know Client prefers not to answer Data not collected revention] 51% to 80% 81% or greater Required for SSVF and VASH] Associate's degree Bachelor's degree Graduate degree Vocational certification Client doesn't know					



EMPLOYMENT STATUS [Head of Household & Adults, SSVF, GPD and VASH]

Employed					
0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
If "Yes" for employed – Type of employment					
0	Full-time	0	Seasonal/sporadic (including day labor)		
0	Part-time				
If "No" for employed – Why not employed					
0	Looking for work	0	Not looking for work		
0	Unable to work				

GENERAL HEALTH STATUS [Head of Household & Adults, HUD-VASH Collaborative Case Management]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

Date

Signature of applicant stating all information is true and correct