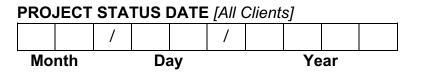


San Francisco ONE System: HUD-CoC STATUS ASSESSMENT FORM

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

CLIENT NAME OR IDENTIFIER: _____



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

• No	○ Yes					
IF "YES" TO PERMANENT HOUSING						
Housing Move-In Date:*	//					
*If client moved into permanent housing, make sure to update on the enrollment screen .						

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]

0	No				Client doesn't know
0	• Yes				Client prefers not to answer
					Data not collected
IF	"YES" TO PHYSICAL DISABILITY - SPECIF	Ϋ́			
Ex	pected 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]

• No	No				
• Yes	0	Client prefers not to answer			
	0	Data not collected			
IF "YES" TO PHYSICAL DISABILITY – SPECIE	۶Y				
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	

CHRONIC HEALTH CONDITION [All Clients]

• No	> No			Client doesn't know
• 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]

• No	No				
○ Yes	0	Client prefers not to answer			
	0	Data not collected			
IF "YES" TO PHYSICAL DISABILITY – SPECIF	۶Y				
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			

MENTAL HEALTH DISORDER [All Clients]

• No			0	Client doesn't know
○ Yes				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	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				Data not collected	
0	• Both alcohol and drug use disorders					
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER"					BOTH ALCOHOL AND DRUG USE	
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	

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No				Client doesn't know
0	Yes			0	Client prefers not to answer
				0	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 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				
	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	C	C	Client doesn't know	
0	Yes	C	C	Client prefers not to answer	
		C	C	Data not collected	
IF "YES" TO INCOME FROM ANY SOURCE -			NDIC	ATE ALL SOURCES THAT APPLY	
Ine	come Source	Amount	Inc	ome Source	Amount
0	Earned Income		0	CalWORKs	
0	Unemployment Insurance		0	CAAP	
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 d isability insurance	0	Other income source (specify):
0	Worker's Compensation		
То	tal Monthly Income for Individual:		

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

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

COVERED BY HEALTH INSURANCE [All Clients]

\sim	No	_	Client doesn't know
0		0	
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
0	Medi-Cal	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