

QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

DATE OF BIRTH [All Clients]

		/			/					Age:
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Month Day Year

QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

GENDER [All Clients]

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

<input type="radio"/> She/her	<input type="radio"/> Questioning
<input type="radio"/> He/him	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> They/Them	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY

[All Clients over age 11]

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Questioning
<input type="radio"/> Bisexual	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

PRIMARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> French	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Hindi	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Japanese	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Different Preferred Language (<i>specify</i>):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

SECONDARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> French	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Hindi	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Japanese	<input type="radio"/> <i>Insert language option</i>
<input type="radio"/> Different Preferred Language (<i>specify</i>):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF “YES” TO VETERAN STATUS

Year entered military service (year)		
Year separated from military service (year)		
Theater of Operations: World War II		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Korean War		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Vietnam War		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Iraq (Operation New Dawn)		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)		
<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Branch of the Military		
<input type="radio"/> Army		<input type="radio"/> Space Force
<input type="radio"/> Air Force		<input type="radio"/> Client doesn't know
<input type="radio"/> Navy		<input type="radio"/> Client prefers not to answer
<input type="radio"/> Marines		<input type="radio"/> Data not collected
<input type="radio"/> Coast Guard		
Discharge Status		
<input type="radio"/> Honorable		<input type="radio"/> Uncharacterized
<input type="radio"/> General under honorable conditions		<input type="radio"/> Client doesn't know
<input type="radio"/> Other than honorable conditions (OTH)		<input type="radio"/> Client prefers not to answer

<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected
<input type="radio"/> Dishonorable	

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member
<input type="radio"/> Head of household's spouse or partner	

ENROLLMENT CoC *[only if multiple CoC's]* _____

CLIENT CONTACT INFORMATION

PHONE NUMBER																				
SECONDARY NUMBER																				
EMERGENCY CONTACT:																				
EMERGENCY CONTACT PHONE NUMBER																				

CAAP/ Medi-Cal/ Calfresh:	<input type="radio"/> No	<input type="radio"/> Yes
CAAP Active Date:	____/____/____	
CAAP Eligibility Status:	<input type="radio"/> FI – Fail/Ineligible	<input type="radio"/> Client Doesn't Know
	<input type="radio"/> PS – Pass/Eligible	<input type="radio"/> Client Refused
		<input type="radio"/> Data Not Collected
CAAP Housing Status:		
CAAP Verification Date:		
CAAP Eligibility Date:		
CAAP Case ID:		
CAAP Program:		

HOUSING STATUS AT ENTRY

<input type="radio"/> Category 1 – Homeless	<input type="radio"/> Stably Housed
<input type="radio"/> Category 2 – At Imminent risk of losing housing	<input type="radio"/> Client doesn't know
<input type="radio"/> Category 3 – Homeless only under other federal statutes	<input type="radio"/> Client refused
<input type="radio"/> Category 4 – Fleeing Domestic Violence	<input type="radio"/> Data not collected

EMERGENCY PLACEMENT QUESTIONS

Agency that made first contact			
<input type="radio"/>	SFHOT	<input type="radio"/>	Self-Referral
<input type="radio"/>	HSOC	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Coordinated Entry	<input type="radio"/>	Client refused
<input type="radio"/>	Transfer from other Family Shelter	<input type="radio"/>	Data not collected
<input type="radio"/>	HSH Admin		
If Coordinated Entry			
<input type="radio"/>	Central City Access Point	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Mission Access Point	<input type="radio"/>	Client refused
<input type="radio"/>	Bayview Access Point	<input type="radio"/>	Data not collected

CONNECTION TO SOAR

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

WHEN CLIENT WAS ENGAGED *[Street Outreach Only, PATH Programs, Night by Night, or Emergency Shelter]*

Date of Engagement:	___/___/_____
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COMPLETE DATE OF STATUS DETERMINATION WHEN THE ENROLLMENT STATUS FOR THE CLIENT HAS BEEN DETERMINED [PATH Programs Only]

Date of Status Determination:	___/___/_____		
Client Became Enrolled in PATH			
<input type="radio"/>	No	<input type="radio"/>	Yes
Reason Not Enrolled			
<input type="radio"/>	Client was found ineligible for PATH		
<input type="radio"/>	Client was not enrolled for other reason(s)		
<input type="radio"/>	Unable to locate client		

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

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date:	___/___/_____		
Address:		Unit Number:	
City:		Zip Code:	

PRIOR LIVING SITUATION *[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH] Conditional Question - Only ask if previous response program type is residential project or halfway house with no homeless criteria, hotel or motel paid for without emergency shelter voucher, transitional housing for homeless persons (including homeless youth), 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, rental by a client, with GPD TIP housing subsidy, rental by a client, with VASH housing subsidy, permanent housing (other than RRH) for formerly homeless persons, rental by client, with RRH or equivalent subsidy, rental by client, with HCV voucher (tenant or project based), rental by client in a public housing*

unit, rental by client, no ongoing subsidy, rental by client, with other ongoing subsidy, owned by client, with ongoing housing subsidy, owned by client, no ongoing housing subsidy)

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations] (Conditional – Only ask if response to Prior Living Situation is (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, substances abuse treatment facility or detox center)

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] (Conditional – Only ask if response to length of stay less than 7 nights or length of stay less than 90 days equals yes.)

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started ____/____/____	
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

LIFETIME LENGTH OF HOMELESSNESS IN SF
HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?
 [Head of Household or Over the age of 17]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
If Yes:	
How many years:	Months:

LIFETIME LENGTH OF HOMELESSNESS OUTSIDE OF SF
HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?
 [Head of Household or Over the age of 17]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused

		<input type="radio"/>	Data not collected
How many years:		Months:	

LAST PERMANENT ZIP CODE

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QUALITY OF ZIPCODE

<input type="radio"/>	Full or Partial Zip Code Reported
<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused

DISABLING CONDITIONS AND BARRIERS

DISABLING CONDITION *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

HIV-AIDS [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<input type="radio"/> Both alcohol and drug use disorders	

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED

<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<input type="radio"/> One year ago or more		
Are you currently fleeing?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

MONTHLY INCOME AND SOURCES

INCOME FROM ANY SOURCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> CalWORKS	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> CAAP	

<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source (<i>specify</i>):	
<input type="radio"/> Worker's Compensation			
Total Monthly Income for Individual:			

NON-CASH BENEFITS

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

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> CalFresh		<input type="radio"/> Section 8
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		<input type="radio"/> Temporary Rental Assistance
<input type="radio"/> CalWORKs Childcare Services		<input type="radio"/> Other (<i>specify</i>):
<input type="radio"/> CalWORKs		

HEALTH INSURANCE

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> Medi-Cal		<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE		<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)		<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)		<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (<i>specify</i>):		<input type="radio"/> Indian Health Services Program

SEXUAL ORIENTATION [For CoC: YHDP and PSH funded programs – Adults and Head of Household]

<input type="radio"/> Heterosexual		<input type="radio"/> Other
<input type="radio"/> Gay		<i>If Other please specify:</i>
<input type="radio"/> Lesbian		<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual		<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure		<input type="radio"/> Data not collected

HOUSING FIRST FOR HOMELESS FAMILIES (HFFS) QUESTIONS

ASSISTANCE REQUESTED

<input type="radio"/> Back Rent		<input type="radio"/> Client doesn't know
<input type="radio"/> Move in/security deposit		<input type="radio"/> Client refused

<input type="radio"/>	Short term rent subsidy (<12 months)	<input type="radio"/>	Data not collected
<input type="radio"/>	Long term rent subsidy (12-24 months)	<input type="radio"/>	

ASSISTANCE PROVIDED

<input type="radio"/>	Back Rent	<input type="radio"/>	EDC Grant
<input type="radio"/>	Move in/security deposit	<input type="radio"/>	EDC Loan
<input type="radio"/>	Short term rent subsidy (<12 months)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Long term rent subsidy (12-24 months)	<input type="radio"/>	Client refused
<input type="radio"/>	CCP/EDC Grant	<input type="radio"/>	Data not collected
<input type="radio"/>	CCP/EDC Loan		

PROVIDER 1

<input type="radio"/>	Connecting Point/EDC	<input type="radio"/>	SF Home
<input type="radio"/>	HPP	<input type="radio"/>	Client doesn't know
<input type="radio"/>	FEPCO	<input type="radio"/>	Client refused
<input type="radio"/>	RADCO	<input type="radio"/>	Data not collected
<input type="radio"/>	First Avenues	<input type="radio"/>	

ASSISTANCE TYPE

<input type="radio"/>	One time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Ongoing	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

ASSISTANCE AMOUNT	\$
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PROVIDER 2

<input type="radio"/>	Connecting Point/EDC	<input type="radio"/>	SF Home
<input type="radio"/>	HPP	<input type="radio"/>	Client doesn't know
<input type="radio"/>	FEPCO	<input type="radio"/>	Client refused
<input type="radio"/>	RADCO	<input type="radio"/>	Data not collected
<input type="radio"/>	First Avenues	<input type="radio"/>	

ASSISTANCE TYPE 2

<input type="radio"/>	One time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Ongoing	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected
ASSISTANCE AMOUNT 2		\$	

PROVIDER 3

<input type="radio"/>	Connecting Point/EDC	<input type="radio"/>	SF Home
<input type="radio"/>	HPP	<input type="radio"/>	Client doesn't know
<input type="radio"/>	FEPCO	<input type="radio"/>	Client refused
<input type="radio"/>	RADCO	<input type="radio"/>	Data not collected
<input type="radio"/>	First Avenues	<input type="radio"/>	

ASSISTANCE TYPE 3

<input type="radio"/>	One time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Ongoing	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected
ASSISTANCE AMOUNT 3		\$	

FINANCIAL ASSISTANCE START DATE

TOTAL FINANCIAL ASSISTANCE \$

LANDLORD NAME:

HFFS HOUSEHOLD INFORMATION

REFERRING AGENCY

<input type="radio"/>	Self-referral	<input type="radio"/>	Court
<input type="radio"/>	Housing first family provider	<input type="radio"/>	HSA Caseworker
<input type="radio"/>	Family/Friend	<input type="radio"/>	Dependency drug court
<input type="radio"/>	Homeless shelter	<input type="radio"/>	Landlord
<input type="radio"/>	Family resource center	<input type="radio"/>	Other

<input type="radio"/> Transitional Housing Program	<input type="radio"/> Client doesn't know
<input type="radio"/> DV shelter	<input type="radio"/> Client refused
<input type="radio"/> Other CBO	<input type="radio"/> Data not collected

PRIMARY LANGUAGE IN HOUSEHOLD:

<input type="radio"/> English	<input type="radio"/> Arabic
<input type="radio"/> Chinese	<input type="radio"/> Russian
<input type="radio"/> Japanese	<input type="radio"/> Other European/American Language
<input type="radio"/> Korean	<input type="radio"/> American Sign Language
<input type="radio"/> Vietnamese	<input type="radio"/> Other Language
<input type="radio"/> Filipino/Tagalog	<input type="radio"/> Client doesn't know
<input type="radio"/> Other Asian Language	<input type="radio"/> Client refused
<input type="radio"/> Spanish	<input type="radio"/> Data not collected

PRIMARY LANGUAGE SPECIFIED:	
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MONTHLY HOUSEHOLD INCOME AT INTAKE	\$
MONTHLY UNIT RENT	\$
MONTHLY TENANT RENT	\$
RENT AS PERCENT OF INCOME	%

HOMELESS PREVENTION PROGRAMS ASSESSMENT (Check applicable boxes)

RISK FACTORS				
Female head of household	<input type="radio"/>	No	<input type="radio"/>	Yes
Pregnant	<input type="radio"/>	No	<input type="radio"/>	Yes
Children under age 2	<input type="radio"/>	No	<input type="radio"/>	Yes
Currently Disabled (physical, mental, health, substance abuse)	<input type="radio"/>	No	<input type="radio"/>	Yes
INCOME/EDUCATION/EMPLOYMENT				
No high school diploma/GED	<input type="radio"/>	No	<input type="radio"/>	Yes
Not currently employed	<input type="radio"/>	No	<input type="radio"/>	Yes
Receiving Public Assistance	<input type="radio"/>	No	<input type="radio"/>	Yes
SOCIAL/FINANCIAL SUPPORTS				
No other housing options with friends, family, other	<input type="radio"/>	No	<input type="radio"/>	Yes
No one to borrow money for rent, expenses, etc.	<input type="radio"/>	No	<input type="radio"/>	Yes
HOUSING STATUS				
In subsidized housing	<input type="radio"/>	No	<input type="radio"/>	Yes
Doubled-up	<input type="radio"/>	No	<input type="radio"/>	Yes
Being evicted or asked to leave by leaseholder	<input type="radio"/>	No	<input type="radio"/>	Yes
If yes, to being evicted or asked to leave by leaseholder:				
Verbal Warning	<input type="radio"/>	No	<input type="radio"/>	Yes
Written Warning	<input type="radio"/>	No	<input type="radio"/>	Yes
30-day notice	<input type="radio"/>	No	<input type="radio"/>	Yes
14-day notice	<input type="radio"/>	No	<input type="radio"/>	Yes
3-day notice	<input type="radio"/>	No	<input type="radio"/>	Yes
Unlawful detainer notice	<input type="radio"/>	No	<input type="radio"/>	Yes
Sheriff's notice	<input type="radio"/>	No	<input type="radio"/>	Yes
HOUSING/HOMELESS HISTORY				
Homeless as a child under age 18	<input type="radio"/>	No	<input type="radio"/>	Yes
Report previous shelter stay(s) as adult	<input type="radio"/>	No	<input type="radio"/>	Yes
Applied for shelter in the last 3 months	<input type="radio"/>	No	<input type="radio"/>	Yes
Received previous homeless prevention assistance (back rent, security deposit, subsidy)	<input type="radio"/>	No	<input type="radio"/>	Yes

1-3 moves in the past year	<input type="radio"/>	No	<input type="radio"/>	Yes
4+ moves in the past year	<input type="radio"/>	No	<input type="radio"/>	Yes
OTHER HISTORY				
Active child welfare (CPS) case	<input type="radio"/>	No	<input type="radio"/>	Yes
History of child welfare involvement	<input type="radio"/>	No	<input type="radio"/>	Yes
Aged out of foster care	<input type="radio"/>	No	<input type="radio"/>	Yes
Reintegrating into community after discharge from jail/prison in last 6 months	<input type="radio"/>	No	<input type="radio"/>	Yes
Reintegrating into community after discharge from other institution in last 6 months	<input type="radio"/>	No	<input type="radio"/>	Yes
Domestic violence in last 30 days	<input type="radio"/>	No	<input type="radio"/>	Yes

Signature of applicant stating all information is true and correct

Date