

Agency Name: _____



CLARITY HMIS: VA SERVICES ENROLLMENT FORM (Including HUD VASH, SSVF, GPD)

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

CLIENT NAME OR IDENTIFIER: _____

PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				
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QUALITY OF SOCIAL SECURITY

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

CURRENT NAME *[All Clients]*

														N/A				
Last																		<input type="radio"/>
First																		<input type="radio"/>
Middle																		<input type="radio"/>
Suffix																		<input type="radio"/>

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:
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	
Army	<input type="radio"/> Space Force
Air Force	<input type="radio"/> Client doesn't know

Navy	<input type="radio"/>	Client prefers not to answer
Marines	<input type="radio"/>	Data not collected
Coast Guard		

Discharge Status		
Honorable	<input type="radio"/>	Uncharacterized
General under honorable conditions	<input type="radio"/>	Client doesn't know
Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
Bad Conduct	<input type="radio"/>	Data not collected
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 prefers not to answer
			<input type="radio"/>	Data Not Collected
CAAP Housing Status:				
CAAP Verification Date:				
CAAP Eligibility Date:				
CAAP Case ID:				
CAAP Program:				

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:	____/____/____		

PRIOR LIVING SITUATION
TYPE OF RESIDENCE *[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 <i>times</i> 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 <i>months</i> 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 prefers not to answer
	<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 prefers not to answer

		<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 prefers not to answer

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 [not required for SSVF]

<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 [not required for SSVF]

<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 [not required for SSVF]

<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 [not required for SSVF]

<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 HIV-AIDS – 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

MENTAL HEALTH DISORDER *[not required for SSVF]*

<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 *[not required for SSVF]*

<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

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

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

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY	
<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKs Childcare Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> CalWORKs Transportation Services
<input type="checkbox"/> Other (<i>specify</i>):	<input type="checkbox"/> Other CalWORKs-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS	
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employer Provided Health Insurance
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Health Insurance Obtained Through COBRA
<input type="checkbox"/> State Children's Health Insurance (SCHIP)	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Other (<i>specify</i>):	<input type="checkbox"/> Indian Health Services Program

SSVF HP TARGETING CRITERIA:

[*Head of Household in SSVF Homeless Prevention programs*]

REFERRED BY COORDINATED ENTRY OR A HOMELESS ASSISTANCE PROVIDER TO PREVENT THE HOUSEHOLD FROM ENTERING AN EMERGENCY SHELTER OR TRANSITIONAL HOUSING OR FROM STAYING IN A PLACE NOT MEANT FOR HABITATION.

<input type="radio"/>	No
<input type="radio"/>	Yes
CURRENT HOUSING LOSS EXPECTED WITHIN...	
<input type="radio"/>	1-6 days
<input type="radio"/>	7-13 days
<input type="radio"/>	14-21 days
<input type="radio"/>	More than 14-21 days
CURRENT HOUSEHOLD INCOME IS \$0	
<input type="radio"/>	No
<input type="radio"/>	Yes
ANNUAL HOUSEHOLD GROSS INCOME AMOUNT	
<input type="radio"/>	0-14% of Area Median Income (AMI) for household size
<input type="radio"/>	15-30% of AMI for household size
<input type="radio"/>	More than 30% of AMI for household size
SUDDEN AND SIGNIFICANT DECREASE IN CASH INCOME (EMPLOYMENT AND/OR CASH BENEFITS) AND/OR UNAVOIDABLE INCREASE IN NON-DISCRETIONARY EXPENSES (e.g., Rent, or Medical Expenses) IN THE PAST 6 MONTHS	
<input type="radio"/>	No
<input type="radio"/>	Yes
MAJOR CHANGE IN HOUSEHOLD COMPOSITION (e.g. Death of Family Member, Separation/Divorce from Adult Partner, Birth of New Child) in the Past 12 Months	
<input type="radio"/>	No
<input type="radio"/>	Yes
RENTAL EVICTIONS WITHIN THE PAST 7 YEARS	
<input type="radio"/>	4 or more prior rental evictions
<input type="radio"/>	2-3 or more prior rental evictions
<input type="radio"/>	1 prior rental eviction

<input type="radio"/>	No prior rental evictions
CURRENTLY AT RISK OF LOSING A TENANT-BASED HOUSING SUBSIDY OR HOUSING IN A SUBSIDIZED BUILDING OR UNIT (HOUSEHOLD)	
<input type="radio"/>	No
<input type="radio"/>	Yes
PAST EXPERIENCE OF HOMELESSNESS (street/shelter/transitional housing) (any adult)	
<input type="radio"/>	Most recent episode occurred within the last year
<input type="radio"/>	Most recent episode occurred more than one year ago
<input type="radio"/>	None
HEAD OF HOUSEHOLD WITH DISABLING CONDITION (PHYSICAL HEALTH, MENTAL HEALTH, SUBSTANCE USE) THAT DIRECTLY AFFECTS ABILITY SECURE MAINTAIN HOUSING	
<input type="radio"/>	No
<input type="radio"/>	Yes
CRIMINAL RECORD FOR ARSON, DRUG DEALING, OR MANUFACTURE, OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY (ANY ADULT)	
<input type="radio"/>	No
<input type="radio"/>	Yes
REGISTERED SEX OFFENDER (ANY HOUSEHOLD MEMBERS)	
<input type="radio"/>	No
<input type="radio"/>	Yes
AT LEAST ONE DEPENDENT CHILD UNDER AGE 6	
<input type="radio"/>	No
<input type="radio"/>	Yes
SINGLE PARENT/GUARDIAN HOUSEHOLD WITH MINOR CHILD(REN)	
<input type="radio"/>	No
<input type="radio"/>	Yes
HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (DUE TO AGE/GENDER MIX)	

<input type="radio"/>	No
<input type="radio"/>	Yes
ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN	
<input type="radio"/>	No
<input type="radio"/>	Yes
FEMALE VETERAN	
<input type="radio"/>	No
<input type="radio"/>	Yes

HP Applicant Total Points (Integer)	
Grantee targeting threshold score (Integer)	

MOVE-IN INFORMATION	
Unit #	
Funding Type	

ADDITIONAL INFORMATION

VAMC STATION NUMBER

<input type="radio"/>	(612) N. California, CA
<input type="radio"/>	(662) San Francisco, CA

LAST GRADE COMPLETED *[Head of Household & Adults, Required for SSVF and VASH]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate's degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Graduate degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12/High school diploma	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School program does not have grade levels	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

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

Employed			
<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” for employed – Type of employment		
<input type="radio"/>	Full-time	<input type="radio"/>
<input type="radio"/>	Part-time	Seasonal/sporadic (including day labor)
If “No” for employed – Why not employed		
<input type="radio"/>	Looking for work	<input type="radio"/>
<input type="radio"/>	Unable to work	Not looking for work

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

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

Signature of applicant stating all information is true and correct

Date