



**WHAT SEX WAS THE CLIENT ASSIGNED AT BIRTH [Clients Over the age of 11]**

|  |  |
|--|--|
| <input type="radio"/> Female                             | <input type="radio"/> Not Listed, Specify:         |
| <input type="radio"/> Male                               | <input type="radio"/> Declined / Not Stated        |
| <input type="radio"/> Gay / Lesbian / Same-Gender Loving | <input type="radio"/> Question / Not Asked         |
| <input type="radio"/>                                    | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/>                                    | <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                  |

**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**

|   |                                    |                       |                              |
|---|------------------------------------|-----------------------|------------------------------|
| <b>Year entered military service (year)</b>   |                                    |                       |                              |
| <b>Year separated from military service (year)</b>  |                                    |                       |                              |
| <b>Theater of Operations: World War II</b>  |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Korean War</b>  |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Vietnam War</b>   |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Persian Gulf War (Desert Storm)</b>   |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>  |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>  |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Iraq (Operation New Dawn)</b>   |                                    |                       |                              |
| <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           |
| <b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b> |                                    |                       |                              |
| <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           |
| <b>Branch of the Military</b>   |                                    |                       |                              |
| <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                        |                       |                              |
| <b>Discharge Status</b>   |                                    |                       |                              |
| <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                          |  |

**CONTACT INFORMATION [Optional – can be entered in Contact Tab]**

|                       |                       |            |  |  |  |  |                       |           |  |  |  |
|-----------------------|-----------------------|------------|--|--|--|--|-----------------------|-----------|--|--|--|
| <b>Contact Type</b>   |                       |            |  |  |  |  |                       |           |  |  |  |
| <b>Email</b>          |                       |            |  |  |  |  |                       |           |  |  |  |
| <b>Phone (#1)</b>     |                       |            |  |  |  |  |                       |           |  |  |  |
| <b>Phone (#2)</b>     |                       |            |  |  |  |  |                       |           |  |  |  |
| <b>Active Contact</b> | <input type="radio"/> | <b>Yes</b> |  |  |  |  | <input type="radio"/> | <b>No</b> |  |  |  |
| <b>Private</b>        | <input type="radio"/> | <b>Yes</b> |  |  |  |  | <input type="radio"/> | <b>No</b> |  |  |  |
| <b>Contact Date</b>   |                       |            |  |  |  |  |                       |           |  |  |  |
| <b>Note</b>           |                       |            |  |  |  |  |                       |           |  |  |  |

**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] \_\_\_\_\_**

**WHEN CLIENT WAS ENGAGED**

|   |               |
|---|---------------|
| <b>Date of Engagement: [Adults and Head of Household]</b> | ___/___/_____ |
|---|---------------|

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

|                                      |                           |
|--------------------------------------|---------------------------|
| <input type="radio"/> No             | <input type="radio"/> Yes |
| <b>IF "YES" TO PERMANENT HOUSING</b> |                           |
| <b>Housing Move-In Date:</b>         | ___/___/_____             |

|                     |  |
|---------------------|--|
| <b>Unit Number:</b> |  |
| <b>Address:</b>     |  |
| <b>City:</b>        |  |
| <b>Zipcode:</b>     |  |

**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  |
| <b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>                      |   |
| <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]**

|                          |                           |
|--------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
|--------------------------|---------------------------|

**LENGTH OF STAY LESS THAN 90 DAYS**

|                          |                           |
|--------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
|--------------------------|---------------------------|

**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**  
*[Head of Household and Adults]*

|  |  |
|--|--|
| <input type="radio"/> Yes  | <input type="radio"/> No                           |
| <b>Approximate Date This Episode of Homelessness Started</b>                                     | ____/____/____                                     |
| <b>Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years</b> |  |
| <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  |  |
| <b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b> |  |
| <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           |

**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: _____                             |

**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: _____                             |

**RHY BCP STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|  |   |
|--|---|
| Date of Status Determination   | <input type="radio"/> ___/___/___   |
| <b>Youth Eligible for RHY Services</b>   |   |
| <input type="radio"/> No   | <input type="radio"/> Yes   |
| <b>IF "No" for Youth Eligible for RHY Services – Reason services are not funded by BCP grant</b> |   |
| <input type="radio"/> Out of age range   | <input type="radio"/> Ward of the criminal justice system – immediate reunification |
| <input type="radio"/> Ward of the State – Immediate Reunification                                | <input type="radio"/> Other   |
| <b>If "Yes" for Youth Eligible for RHY Services – Runaway Youth?</b>                             |   |
| <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  |

**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                                     |
| <b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>  |  |
| 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                                     |
| <b>IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY</b>   |  |
| 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                                     |
| <b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>   |  |
| 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                                     |
| <b>IF "YES" TO HIV-AIDS – SPECIFY</b>   |  |
| 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** *[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                                     |
| <b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>   |  |
| 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   |  |  |
| <b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>           |  |  |
| 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           |  |
| <b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b> |  |  |
| <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  |  |  |
| <b>Are you currently fleeing?</b>   | <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           |  |        |
| <b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b> |  |  |        |
| 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                                 |  |  |        |
| <b>Total Monthly Income for Individual:</b>                                 |  |  |        |



**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           |
| <b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>                              |  |
| <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 (specify):             |
| <input type="radio"/> CalWORKs  |  |

**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                      |
| <b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b> |   |
| <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 (specify):                                  | <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           |

**YOUTH EDUCATION STATUS** [*For CoC: YHDP funded programs – Head of Household*]

|  |   |
|--|---|
| <input type="radio"/> Not currently enrolled in any school or educational course                               | <input type="radio"/> Client doesn't know   |
| <input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session) | <input type="radio"/> Client prefers not to answer  |
| <input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session)     | <input type="radio"/> Data not collected  |
| <b>IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS</b>  |   |
| <input type="radio"/> K12: Graduated from high school  | <input type="radio"/> Higher education: Pursuing a credential but not currently attending |
| <input type="radio"/> K12: Obtained GED  | <input type="radio"/> Higher education: Dropped out                                       |
| <input type="radio"/> K12: Dropped out   | <input type="radio"/> Higher education: Obtaining a credential/degree                     |
| <input type="radio"/> K12: Suspended   | <input type="radio"/> Client doesn't know   |
| <input type="radio"/> K12: Expelled  | <input type="radio"/> Client prefers not to answer  |
|  | <input type="radio"/> Data not collected  |
| <b>IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS</b>  |   |
| <input type="radio"/> Pursuing a high school diploma or GED  | <input type="radio"/> Pursuing other post-secondary credential                            |
| <input type="radio"/> Pursuing Associate's Degree  | <input type="radio"/> Client doesn't know   |

|  |  |
|--|--|
| <input type="radio"/> Pursuing Bachelor's Degree | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Pursuing Graduate Degree   | <input type="radio"/> Data not collected           |

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

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

**MENTAL HEALTH STATUS** *[Adults and Head of Household, All program types except Street Outreach]*

|                                 |  |
|---------------------------------|--|
| <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           |

**PREGNANCY STATUS** *[Adults and Head of Household]*

|                                      |  |
|--------------------------------------|--|
| <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           |
| <b>If "Yes" for Pregnancy Status</b> |  |
| <b>Due Date</b>                      | ___/___/_____                                      |

**FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY**

*[Adults and Head of Household, All program types except Street Outreach]*

|   |  |
|---|--|
| <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           |
| <b>If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency</b> |  |
| <input type="radio"/> Less than one year                                | <input type="radio"/> 3 to 5 years or more         |
| <input type="radio"/> 1 to 2 years                                      |  |
| <b>If "Less than one year" – Number of months</b>                       |  |
|   |  |

**FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM**

*[Adults and Head of Household, All program types except Street Outreach]*

|  |  |
|--|--|
| <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           |
| <b>If "Yes" for Formerly a Ward of Juvenile Justice System</b> |  |
| <input type="radio"/> Less than one year                       | <input type="radio"/> 3 to 5 years or more         |
| <input type="radio"/> 1 to 2 years                             |  |
| <b>If "Less than one year" – Number of months</b>              |  |

**FAMILY CRITICAL ISSUES** *[Adults and Head of Household, All program types except Street Outreach]*

|  |                          |                           |
|--|--------------------------|---------------------------|
| Unemployment – Family Member                         | <input type="radio"/> No | <input type="radio"/> Yes |
| Mental Health Disorder – Family Member               | <input type="radio"/> No | <input type="radio"/> Yes |
| Physical Disability – Family Member                  | <input type="radio"/> No | <input type="radio"/> Yes |
| Alcohol or Substance Use Disorder – Family Member    | <input type="radio"/> No | <input type="radio"/> Yes |
| Insufficient income to support youth – Family Member | <input type="radio"/> No | <input type="radio"/> Yes |
| Incarcerated parent of youth                         | <input type="radio"/> No | <input type="radio"/> Yes |

**REFERRAL SOURCE** *[Adults and Head of Household, All program types except Street Outreach]*

|  |  |
|--|--|
| <input type="radio"/> Self -referral   | <input type="radio"/> Residential project: Drug Treatment Center               |
| <input type="radio"/> Individual: Parent/guardian  | <input type="radio"/> Residential project: Treatment Center                    |
| <input type="radio"/> Individual: Relative or friend   | <input type="radio"/> Residential project: Educational Institute               |
| <input type="radio"/> Individual: Other Adult or Youth   | <input type="radio"/> Residential project: Other agency project                |
| <input type="radio"/> Individual: Partner/spouse   | <input type="radio"/> Residential project: Other project                       |
| <input type="radio"/> Individual: Foster parent  | <input type="radio"/> Hotline: National runaway switchboard                    |
| <input type="radio"/> Outreach project: FYSB   | <input type="radio"/> Hotline: Other   |
| <input type="radio"/> Temporary Shelter: FYSB Basic Center Project   | <input type="radio"/> Other agency: Child Welfare/CPS                          |
| <input type="radio"/> Temp. Shelter: other Youth Only Emergency Shelter  | <input type="radio"/> Other agency: Non-residential independent living project |
| <input type="radio"/> Temp. Shelter: Emergency Shelter for Families  | <input type="radio"/> Other Project operated by your Agency                    |
| <input type="radio"/> Temp. Shelter: Emergency Shelter for Individuals   | <input type="radio"/> Other Youth Services Agency                              |
| <input type="radio"/> Temp. Shelter: Domestic violence shelter   | <input type="radio"/> Juvenile justice   |
| <input type="radio"/> Temp. Shelter: Safe Place  | <input type="radio"/> Law Enforcement/Police                                   |
| <input type="radio"/> Temp. Shelter: Other   | <input type="radio"/> Religious Organization                                   |
| <input type="radio"/> Residential project: FYSB Transitional living project  | <input type="radio"/> Mental Hospital  |
| <input type="radio"/> Residential project: Other Transitional living project                                       | <input type="radio"/> School   |
| <input type="radio"/> Residential project: Group home  | <input type="radio"/> Other organization                                       |
| <input type="radio"/> Residential project: Independent living project  | <input type="radio"/> Client doesn't know                                      |
| <input type="radio"/> Residential project: Job corps   | <input type="radio"/> Client refused   |
| <input type="radio"/> Outreach project: FYSB   | <input type="radio"/> Data not collected                                       |
| <b>If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project</b> |  |

**Signature of applicant stating all information is true and correct**

**Date**