Alameda County HMIS



CLARITY HMIS: HUD-CoC PROJECT ENROLLMENT FORM

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

CLIENT	NAM	E OR	IDEN	NTIFIE	ER: _							 	 	
	PRO	JECT	STA	RT D	ATE	[AII (Client	s]	ı	ı	7			
			/			/								
•	Мо	nth		Da	ay			Ye	ar		_			

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

0	Albanian	0	Hebrew	0	Punjabi		
0	American Sign Language	0	Hindi		Romanian		
0	Amharic	0	Hmong	0	Russian		
0	Arabic	0	Hungarian	0	Serbian		
0	Armenian	0	Igbo	0	Sinhalese		
0	Bengali	0	Indonesian	0	Slovak		
0	Bosnian	0	Italian	0	Somali		
0	Bulgarian	0	Japanese	0	Spanish		
0	Burmese	0	Khmer	0	Swedish		
0	Chinese	0	Korean		Tagalog		
0	Croatian	0	Laotian		Tamil		
0	Czech	0	Lithuanian		Telugu		
0	Dutch	0	Malayalam	0	Thai		
0	English	0	Mam	0	Turkish		
0	Farsi	0	Marathi	0	Ukrainian		
0	French	0	Navajo	0	Urdu		
0	German	0	Nepali	0	Vietnamese		
0	Greek	0	Polish		Yiddish		
0	Haitian Creole	0	Portuguese	0	Yoruba		
0	Different Preferred Language	0	Client doesn't know				
	(specify):	0	Client prefers not to answ	Client prefers not to answer			
		0	Data not collected				

ENROLLMENT CoC [only if multiple CoC's]	
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Da	ate of Engagement:								
IN I	IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]								
0	No	0	Yes						
IF	IF "YES" TO PERMANENT HOUSING								
Housing Move-In Date:			<u></u>						

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detox center	0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer
0	Residential project or halfway house with no homeless criteria	0	Data not collected
IF	"RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit		Other permanent housing dedicated for
0	Rental by client, with other ongoing housing subsidy	0	formerly homeless persons

LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer

One week or more, but less than one month LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH] ○ No				
No		onge	r	o Data not collected
LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations] ○ No ○ Yes ON THE NIGHT BEFORE - STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] ○ Yes ○ 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 ○ One Time ○ Client doesn't know ○ Client prefers not to answer ○ Three Times ○ Client prefers not to answer ○ Three Times ○ Data not collected ○ Four or More Times ○ One month (this time is the first month) ○ Client doesn't know ○ 2-12 months (specify number of months): ○ Client prefers not to answer ○ More than 12 months ○ RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County East (Hayward, Unincorporated) ○ Mid County West (Alameda, San Leandro) ○ North County (Berkeley, Emeryville, Albany) ○ Dakland ○ South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [CE Only] ○ Institutional Housing Situations Value ○ No ○ Client prefers not to answer ○ Data not collected	LENGTH OF STAY LESS THAN 7 NIGHTS [TH,	PH]	,	
ON THE NIGHT BEFORE - STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] ○ Yes ○ Yes ○ No Approximate Date This Episode of Homelessness Started ○ Juney Times the client has been on the streets, ES, or Safe Haven in the last 3 years ○ One Time ○ Two Times ○ Three Times ○ Data not collected ○ Four or More Times ○ One month (this time is the first month) ○ 2-12 months (specify number of months): ○ More than 12 months ○ RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County West (Alameda, San Leandro) ○ Mid County (Berkeley, Emeryville, Albany) ○ Oakland ○ Street Health ○ Other DISABLING CONDITION [All Clients] ○ No ○ Yes ○ No ○ Client doesn't know ○ Client prefers not to answer ○ Noc ○ Access Point ○ Client prefers not to answer ○ Data not collected CE Only] ○ Client County (Fremont, Newark, Union City) CE Control (CE Only) ○ Client County (CE Only) ○ Client	o No	o Y	⁄es	
ON THE NIGHT BEFORE - STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] ○ Yes ○ Yes ○ No Approximate Date This Episode of Homelessness Started ○ Juney Times the client has been on the streets, ES, or Safe Haven in the last 3 years ○ One Time ○ Two Times ○ Three Times ○ Data not collected ○ Four or More Times ○ One month (this time is the first month) ○ 2-12 months (specify number of months): ○ More than 12 months ○ RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County West (Alameda, San Leandro) ○ Mid County (Berkeley, Emeryville, Albany) ○ Oakland ○ Street Health ○ Other DISABLING CONDITION [All Clients] ○ No ○ Yes ○ No ○ Client doesn't know ○ Client prefers not to answer ○ Noc ○ Access Point ○ Client prefers not to answer ○ Data not collected CE Only] ○ Client County (Fremont, Newark, Union City) CE Control (CE Only) ○ Client County (CE Only) ○ Client				
ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] O Yes ONO Approximate Date This Episode of Homelessness Started	LENGTH OF STAY LESS THAN 90 DAYS [Institut	ution	al Housir	ng Situations]
SAFE HAVEN [Head of Household and Adults] Yes	o No	0 Y	′es	
SAFE HAVEN [Head of Household and Adults] Ves 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 One Time One Time Otient Jone Jone Jone Jone Jone Jone Jone Jone		ı		
SAFE HAVEN [Head of Household and Adults] Yes				
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years One Time	ON THE NIGHT BEFORE - STAYED ON THE S	TRE	ETS, EI	MERGENCY SHELTER,
Approximate Date This Episode of Homelessness Started J	SAFE HAVEN [Head of Household and Adults]			
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years One Time One Time One Times One Three Times One Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years One month (this time is the first month) One month (this time is the first month) One Total number of months (specify number of months): One month (this time is the first month) One Total number of months (specify number of months): One month (this time is the first month) One than 12 months One t	○ Yes		0	No
o One Time	Approximate Date This Episode of Homelessness	s Sta	rted	/
□ Two Times □ Three Times □ Four or More Times □ One month (this time is the first month) □ Client doesn't know □ 2-12 months (specify number of months): □ More than 12 months □ Mid County (East (Hayward, Unincorporated) □ Mid County West (Alameda, San Leandro) □ Oakland □ Street Health □ Other Other Other	Number of times the client has been on the street	ts, E	S, or Sat	fe Haven in the last 3 years
o Three Times o Four or More Times Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years One month (this time is the first month) o Client doesn't know 2-12 months (specify number of months): o More than 12 months RESOURCE ZONE [CE Only] East County (Dublin, Pleasanton, Livermore) o Mid County East (Hayward, Unincorporated) o Mid County West (Alameda, San Leandro) o Oakland o South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] o Street Health o Other HCS REFERRAL SOURCE - OTHER [CE Only] Olient prefers not to answer Client doesn't know Other Client doesn't know Other Client doesn't know Other Olient prefers not to answer	○ One Time		0	Client doesn't know
○ Four or More Times Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years ○ One month (this time is the first month) ○ Client doesn't know ○ 2-12 months (specify number of months): ○ Client prefers not to answer ○ More than 12 months ○ Data not collected RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County East (Hayward, Unincorporated) ○ Mid County (Berkeley, Emeryville, Albany) ○ South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [CE Only] ○ Street Health ○ Access Point ○ Other Other DISABLING CONDITION [All Clients] ○ Client doesn't know ○ Yes ○ Client prefers not to answer ○ Data not collected	○ Two Times		0	Client prefers not to answer
Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years ○ One month (this time is the first month) ○ 2-12 months (specify number of months): ○ More than 12 months ○ Data not collected RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County East (Hayward, Unincorporated) ○ Mid County West (Alameda, San Leandro) ○ North County (Berkeley, Emeryville, Albany) ○ Oakland ○ South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] ○ Street Health ○ Other HCS REFERRAL SOURCE - OTHER [CE Only] ○ Street Health ○ Other DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know ○ Yes ○ Client prefers not to answer ○ Data not collected	○ Three Times		0	Data not collected
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○ 2-12 months (specify number of months): ○ Client prefers not to answer ○ More than 12 months ○ Data not collected RESOURCE ZONE [CE Only] ○ East County (Dublin, Pleasanton, Livermore) ○ Mid County East (Hayward, Unincorporated) ○ Mid County West (Alameda, San Leandro) ○ North County (Berkeley, Emeryville, Albany) ○ Oakland ○ South County (Fremont, Newark, Union City) HCS REFERAL SOURCE [CE Only] ○ Other Access Point HCS REFERRAL SOURCE - OTHER [CE Only] ○ Other DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know ○ Yes ○ Client prefers not to answer ○ Data not collected	Total number of months homeless on the streets	, ES,	or Safe	
	One month (this time is the first month)		0	
RESOURCE ZONE [CE Only] East County (Dublin, Pleasanton, Livermore) Mid County East (Hayward, Unincorporated) Mid County West (Alameda, San Leandro) North County (Berkeley, Emeryville, Albany) Oakland South County (Fremont, Newark, Union City)	2-12 months (specify number of months):		0	Client prefers not to answer
○ East County (Dublin, Pleasanton, Livermore) ○ Mid County East (Hayward, Unincorporated) ○ Mid County West (Alameda, San Leandro) ○ North County (Berkeley, Emeryville, Albany) ○ Oakland ○ South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] ○ Other ○ Access Point ○ Other □ Client doesn't know ○ No ○ Client doesn't know ○ Yes ○ Client prefers not to answer ○ Data not collected	More than 12 months		0	Data not collected
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Oakland Oakland Osouth County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [CE Only] Other County Access Point HCS REFERRAL SOURCE - OTHER [CE Only] OBJABLING CONDITION [All Clients] No OClient doesn't know OYes Oclient prefers not to answer Obata not collected		0		
HCS REFERRAL SOURCE [CE Only] Street Health Other HCS REFERRAL SOURCE - OTHER [CE Only] DISABLING CONDITION [All Clients] No Other Client doesn't know Other Client prefers not to answer Other		0		
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Other HCS REFERRAL SOURCE - OTHER [CE Only] DISABLING CONDITION [All Clients] NO NO Ves Client doesn't know Client prefers not to answer Data not collected	HCS REFERRAL SOURCE [CE Only]			
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DISABLING CONDITION [All Clients] No No Client doesn't know Client prefers not to answer Data not collected	HCS REFERRAL SOURCE - OTHER ICE Only			
DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know ○ Yes ○ Client prefers not to answer ○ Data not collected	1 1			
 No Yes ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected 				
 No Yes ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected 				
 No Yes ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected 	DISABLING CONDITION [All Clients]			
 ∨ Yes ∨ Client prefers not to answer ∨ Data not collected 			0	Client doesn't know
Data not collected				
				•
PHYSICAL DISABILITY [All Clients]				
s d	PHYSICAL DISABILITY [All Clients]			
○ No ○ Client doesn't know	· ·		0	Client doesn't know
 Yes Client prefers not to answer 				
Data not collected	'		0	
	IF "YES" TO PHYSICAL DISABILITY – SPECIFY			•
LIE WYCOU TO BUYOLOAL BIOABULTY ORPOICY	IF "YES" TO PHYSICAL DISABILITY - SPECIFY			

Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ndependently?			0	Data not collected
DEVELOPMENTAL DISABILITY [All Clients]	1			
No	<i></i>		0	Client doesn't know
· Yes			0	Client prefers not to answer
- 100			0	Data not collected
NUDONIC LIEALTH CONDITION (All Oliceto	.1		•	
CHRONIC HEALTH CONDITION [All Clients	5]			Client doesn't know
			0	
○ Yes			0	Client prefers not to answer Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	SDI	ECIEV	0	Data not collected
Expected to be of long-continued and indefinite		No	0	Client doesn't know
duration and substantially impairs ability to live		Yes	0	Client prefers not to answer
ndependently?	0	103	0	Data not collected
naoponaonay.				Data flot collected
IIV-AIDS [All Clients]				
o No			0	Client doesn't know
Yes			0	Client prefers not to answer
			0	Data not collected
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER -				T
Expected to be of long-continued and indefinite		No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ndependently?			0	Data not collected
SUBSTANCE USE DISORDER [All Clients]				
○ No			0	Client doesn't know
Alcohol use disorder			0	Client prefers not to answer
Drug use disorder			0	Data not collected
Both alcohol and drug use disorders				
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDERS" – SPECIFY	DISO	RDER"	OR "	BOTH ALCOHOL AND DRUG USE
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected
SUDVIVOR OF DOMESTIC VIOLENCE (U.S.				
ORVIVOR OF DOMESTIC VIOLENCE IME	ad of	Househ	old a	and Adults]
T	ad of	Househ	old a	and Adults] Client doesn't know
o No	ad of	Househ	1	Client doesn't know
SURVIVOR OF DOMESTIC VIOLENCE [Heads o No Yes	ad of	Househ	0	Client doesn't know Client prefers not to answer
o No o Yes			0 0	Client doesn't know Client prefers not to answer Data not collected
o No			0 0	Client doesn't know Client prefers not to answer Data not collected

0	Three to six months ago (excluding six month	0	Client prefers not to answer		
0	Six months to one year ago (excluding one year)	0	Data not collected		
0	One year ago or more				
		0	No	0	Client doesn't know
Are you currently fleeing?			Yes	0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

1140	CONIE FROM ANT SOURCE [Fleat	OI I IOUS	SELIO	iu anu Auunsj				
0	No	()	Client doesn't know				
0	o Yes			Client prefers not to answer				
		()	Data not collected				
IF	"YES" TO INCOME FROM ANY SOU	RCE – II	NDIC	ATE ALL SOURCES THAT APPLY	,			
Inc	come Source	Amount	t Income Source					
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)				
0	Unemployment Insurance		0	General Assistance (GA)				
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security				
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job				
0	VA Service-Connected Disability Compensation		0	Child support				
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support				
0	Private disability insurance		0	Other income source (specify):				
0	Worker's Compensation							
То	tal Monthly Income for Individual:							

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

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

COVERED BY HEALTH INSURANCE [All Clients]

	<u>-</u>	_	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALTH IN	ISU	RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

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

0	Heterosexual	o Other	
0	Gay	If Other please specify:	

(С	Lesbian	0	Client doesn't know
(С	Bisexual	0	Client prefers not to answer
(Э	Questioning/Unsure	0	Data not collected

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

0	Not currently enrolled in any school or educational course			0	Client doesn't know		
	·			0	Cheff doesn't know		
0	Currently enrolled but NOT attending regularly		0	Client prefers not to answer			
	(when school or the course is in session)						
0	Currently enrolled and attending regularly		0	Data not collected			
	(when school or the course is in session)						
IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS							
	K12: Graduated from high school		Higher education: Pursuing a credential but not				
0		0	currently attending				
0	K12: Obtained GED	0	Higher education: Dropped out				
0	K12: Dropped out	0	Higher education: Obtaining a credential/degree				
0	K12: Suspended	0	Client doesn't know				
0	K12: Expelled	0	Client prefers not to answer				
	o Data not c						
IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS							
0	Pursuing a high school diploma or GED	0	Pursuing other post-secondary credential				
0	Pursuing Associate's Degree	0	Client doesn't know				
0	Pursuing Bachelor's Degree	0	Client prefers not to answer				
0	Pursuing Graduate Degree	0	Data not collected				

Signature of applicant stating all information is true and correct

Date