

Agency Name: _____



CLARITY HMIS: VA SERVICES INTAKE 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.

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"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<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 refused
		<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 refused
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		

RACE (Select all applicable) [All Clients]

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	Client does not know
<input type="radio"/>	Asian	<input type="radio"/>	Client refused
<input type="radio"/>	Black/African American	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Hawaiian or Other Pacific Islander		
<input type="radio"/>	White/Caucasian		

ETHNICITY [All Clients]

<input type="radio"/>	NonHispanic/ NonLatino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All Adults]

<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" 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 refused
		<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 refused
		<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 refused

		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peacekeeping 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 refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

STREET ADDRESS

Street Address:	
Apartment #:	
Zip Code:	
City:	
State:	

ANCHOR OUT

<input type="radio"/> No	<input type="radio"/> Yes
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CONTACT INFORMATION

Cell Phone:		<input type="radio"/>	Okay to contact by phone
Home Phone:		<input type="radio"/>	Okay to contact by text
Work Phone:			
Email:		<input type="radio"/>	Okay to contact by email

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

LENGTH OF TIME IN MARIN

<input type="radio"/> 1 week or less	<input type="radio"/>	4-12 months
<input type="radio"/> More than 1 week, less than 1 month		
<input type="radio"/> 1-3 months	<input type="radio"/>	More than 1 year
If 'More Than 1 Year', How Many Years:		

If 'Length of Time in Marin' is '1 week or less', 'More than 1 week, less than 1 month', '1-3 months' or '4-12 months', what is the primary reason that brought you to Marin?

<input type="radio"/>	Employment/Work	<input type="radio"/>	Open Spaces
<input type="radio"/>	Found Housing	<input type="radio"/>	Services
<input type="radio"/>	Friend/Family in Marin	<input type="radio"/>	Other
If 'Other', Specify:			

HIGHEST DEGREE EARNED

<input type="radio"/>	None	<input type="radio"/>	Associates Degree	<input type="radio"/>	Bachelors Degree
<input type="radio"/>	Masters Degree	<input type="radio"/>	Doctorate Degree	<input type="radio"/>	Other Graduate/Professional Degree
<input type="radio"/>	Certificate of Advanced Training or Skilled Artisan	<input type="radio"/>	Client Doesn't Know	<input type="radio"/>	Client Refused

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<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. vehicle, an abandoned building, bus/ train/subway station/ airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel/motel paid for with an emergency shelter voucher or a RHY-funded Host Home Shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no ongoing housing subsidy
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client refused
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Data not collected
<input type="radio"/>	Staying or living in a friend's room, apartment or house		

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 refused
<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
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LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date 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 refused
<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 refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

LAST PERMANENT ADDRESS [Head of Household, required for SSVF and VASH]

Street Address															
City															
State								Zip Code							

QUALITY OF ADDRESS

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

DISABLING CONDITION [All Clients]

<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

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 refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
Expected to be of long-continued and indefinite duration?		<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

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 refused
		<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 refused		
		<input type="radio"/>	Data not collected		
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
Expected to be of long-continued and indefinite duration?		<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

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 refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH PROBLEM *[not required for SSVF]*

<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" TO MENTAL HEALTH CONDITION – SPECIFY					
Expected to be of long-continued and indefinite duration?		<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

SUBSTANCE ABUSE PROBLEM *[not required for SSVF]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
<input type="radio"/> Drug abuse	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY		
Expected to be of long-continued and indefinite duration?	<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

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<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" TO DOMESTIC VIOLENCE		
LAST OCCURRENCE		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
Are you currently fleeing?	<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

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

<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" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source		Amount	Income Source
<input type="radio"/>	Earned Income		<input type="radio"/>
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>
<input type="radio"/>	Private disability insurance		<input type="radio"/>
<input type="radio"/>	Worker's Compensation		<input type="radio"/>
			<input type="radio"/>
Total monthly amount for Individual:			

RECEIVING NONCASH 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 refused
		<input type="radio"/>	Data not collected
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

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 refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	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 Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

SSVF HP TARGETING CRITERIA: [Head of Households in SSVF Homeless Prevention programs]

Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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CURRENT HOUSING LOSS EXPECTED WITHIN

<input type="radio"/>	0 - 6 Days	<input type="radio"/>	7 - 13 Days
<input type="radio"/>	14 - 21 Days	<input type="radio"/>	21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS \$0 ?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

<input type="radio"/>	0-14% of Area Median Income (AMI) for Household Size	<input type="radio"/>	More than 30% of AMI for Household Size (0 points)
<input type="radio"/>	15 -30% of AMI for Household Size		

SUDDEN & 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 MONTH:

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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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"/> Yes	<input type="radio"/> No (0 Points)
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RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

<input type="radio"/> 4 or More Prior Rental Evictions	<input type="radio"/> 2-3 prior Rental Evictions
<input type="radio"/> 1 Prior Rental Evictions	<input type="radio"/> No Prior Rental Evictions (0 points)

CURRENTLY AT RISK OF LOSING TENANT BASED HOUSING SUBSIDY OR HOUSING SUBSIDIZED BUILDING OR UNIT?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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HISTORY OF LITERAL HOMELESSNESS (*street/shelter/transitional housing*)

<input type="radio"/> 4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="radio"/> 2-3 in the Past Three Years
<input type="radio"/> 1 Time in the Past Three Years	<input type="radio"/> None (0 points)

HEAD OF HOUSEHOLD WITH DISABLING CONDITION (PHYSICAL HEALTH, MENTAL HEALTH, SUBSTANCE USE) THAT DIRECTLY AFFECTS ABILITY TO SECURE/MAINTAIN HOUSING?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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REGISTERED SEX OFFENDER?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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SINGLE PARENT WITH MINOR CHILD(REN)?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender mix)?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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FEMALE VETERAN?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER *[Head of Household]*

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CONNECTION WITH SOAR *[For SSVF and VA: Grant per Diem – Case Management/Housing Retention]*

<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

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI *[Head of Household, required for SSVF and VASH]*

<input type="radio"/>	Less than 30%	<input type="radio"/>	Greater than 50%
<input type="radio"/>	30% to 50%		

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

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

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 refused	
		<input type="radio"/> Data not collected	
If "Yes" for employed – Type of employment			
<input type="radio"/> Fulltime		<input type="radio"/> Seasonal/sporadic (including day labor)	
<input type="radio"/> Parttime			
If "No" for employed – Why not employed			
<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 & Adults, HUD-VASH OTH only*]

<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 refused
<input type="radio"/> Fair	<input type="radio"/> Data not collected

Signature of applicant stating all information is true and correct Date