CLARITY HMIS: HUD-HOPWA PROJECT ENROLLMENT FORM

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 DayYear

SOCIAL SECURITY NUMBER​ **​*[All Clients]***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  *­*  |  |  |  *­*  |  |  |  |  |

|  |
| --- |
| QUALITY OF SOCIAL SECURITY |
| **○** | **Full SSN reported** | **○** | **Client doesn’t know** |
| **○** | **Client refused** |
| **○** | **Approximate or partial SSN reported** | **○** | **Data not collected** |

|  |  |
| --- | --- |
| CURRENT NAME ***[​All Clients]*** | N/A  |
| **Last**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **First**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **Suffix**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| QUALITY OF CURRENT NAME |
| **○** | **Full name reported** | **○** | **Client doesn’t know** |
| **○** | **Partial, street name, or code name reported** | **○** | **Client refused**  |
| **○** | **Data not collected**  |

DATE OF BIRTH**​ ​*[All Clients]***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  *­*  |  |  |  *­*  |  |  |  |  |  **Age:** |

 Month DayYear

|  |
| --- |
| QUALITY OF DATE OF BIRTH |
| **○** | **Full DOB reported** | **○** | **Client doesn’t know** |
| **○** | **Approximate or partial DOB reported** | **○** | **Client refused**  |
| **○** | **Data not collected**  |

GENDER IDENTITY​***​[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Female**  | **○** | **Client doesn’t know**  |
| **○** | **Male**  | **○** | **Client refused**  |
| **○** | **Trans Female (MTF or Male to Female)**  | **○** | **Data not collected**  |
| **○** | **Trans Male (FTM or Female to Male)** |
| **○** | **Gender Non-Conforming (i.e. not exclusively male or female)** |

RACE **​(Select all applicable) ​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **American Indian or Alaskan Native** | **○** | **White/Caucasian** |
| **○** | **Asian** | **○** | **Client does not know** |
| **○** | **Black/African American** | **○** | **Client refused** |
| **○** | **Hawaiian or Other Pacific Islander** | **○** | **Data Not Collected** |

# **ETHNICITY**​ ​[All Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Non­Hispanic/ Non­Latino** | **○** | **Client does not know** |
| **○** | **Client refused** |
| **○** | **Hispanic/Latino** | **○** | **Data Not Collected** |
| **○** | **Other** |

VETERAN STATUS**​ ​*[All Adults]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **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 |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Korean War |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Vietnam War |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Persian Gulf War (Desert Storm) |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Iraq (Operation Iraqi Freedom) |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Iraq (Operation New Dawn) |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| Branch of the Military |
| **○** | **Army**  | **○** | **Coast Guard**  |
| **○** | **Air Force**  | **○** | **Client doesn’t know**  |
| **○** | **Navy**  | **○** | **Client refused**  |
| **○** | **Marines**  | **○** | **Data not collected**  |
| Discharge Status |
| **○** | **Honorable**  | **○** | **Dishonorable**  |
| **○** | **General under honorable conditions**  | **○** | **Uncharacterized**  |
| **○** | **Other than honorable conditions (OTH)**  | **○** | **Client doesn’t know**  |
| **○** | **Client refused**  |
| **○** | **Bad Conduct**  | **○** | **Data not collected**  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Self**  | **○** | **Head of household - other relation to member**  |
| **○** | **Head of household’s child**  |
| **○** | **Head of household’s spouse or partner**  | **○** | **Other: non­relation member**  |

CLIENT LOCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **NV-500** | **○** | **NV-502** |
| **○** | **NV-501** | **○** | **Bitfocus** |
| If NV-500, Indicate Jurisdiction  |
| **○** | **Not Applicable** | **○** | **Las Vegas-Downtown** |
| **○** | **Client Doesn’t Know** | **○** | **Las Vegas-Fremont** |
| **○** | **Client Refused** | **○** | **Las Vegas-Symphony Park** |
| **○** | **Data Not Collected** | **○** | **Las Vegas-Hope Corridor** |
| **○** | **Unincorporated Clark County** | **○** | **Las Vegas-Other** |
| **○** | **Boulder City** | **○** | **Henderson** |
| **○** | **Other SN Jurisdiction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **○** | **City of North Las Vegas** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No** | **○** | **Yes** |
| IF “YES” TO PERMANENT HOUSING |
| Housing Move-in Date | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**  |

LIVING SITUATION TYPE OF RESIDENCE ***[Head of Household and Adults]***

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

|  |
| --- |
| LENGTH OF STAY IN PRIOR LIVING SITUATION |
| **○** | **One night or less** | **○** | **One month or more, but less than 90 days** | **○** | **Client doesn’t know**  |
| **○** | **Two to six nights** | **○** | **90 days or more, but less than one year** | **○** | **Client refused**  |
| **○** | **One week or more, but less than one month** | **○** | **One year or longer**  | **○** | **Data not collected**  |

LENGTH OF STAY LESS THAN 7 NIGHTS ***[TH, PH]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No** | **○** | **Yes** |

LENGTH OF STAY LESS THAN 90 DAYS

**[*Institutional Housing Situations]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No** | **○** | **Yes** |

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN ***[Head of Household and Adults]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Yes** | **○** | **No** |
| Approximate Date 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** |
| **○** | **Two Times** | **○** | **Client refused**  |
| **○** | **Three Times** | **○** | **Data not collected**  |
| **○** | **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 refused**  |
| **○** | **More than 12 months**  | **○** | **Data not collected**  |

DISABLING CONDITION **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

PHYSICAL DISABILITY **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY  |
| **Expected to be of long-continued and indefinite duration?** | **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

DEVELOPMENTAL DISABILITY **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

CHRONIC HEALTH CONDITION **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY |
| **Expected to be of long-continued and indefinite duration?** | **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

HIV-AIDS **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

MENTAL HEALTH PROBLEM **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO MENTAL HEALTH CONDITION – SPECIFY |
| **Expected to be of long-continued and indefinite duration?** | **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

SUBSTANCE ABUSE PROBLEM **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Both alcohol and drug abuse**  |
| **○** | **Alcohol abuse**  | **○** | **Client doesn’t know**  |
| **○** | **Client refused**  |
| **○** | **Drug abuse**  | **○** | **Data not collected**  |
| IF “ALCOHOL ABUSE” “DRUG ABUSE” OR “BOTH ALCOHOL AND DRUG ABUSE” – SPECIFY  |
| **Expected to be of long-continued and indefinite duration?** | **○** | **No** | **○** | **Client doesn’t know**  |
| **○** | **Yes** | **○** | **Client refused**  |
| **○** | **Data not collected**  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO DOMESTIC VIOLENCE  |
| LAST OCCURRENCE  |
| **○** | **Within the past three months**  | **○** | **One year ago or more**  |
| **○** | **Three to six months ago (excluding six months exactly)**  | **○** | **Client doesn’t know**  |
| **○** | **Client refused**  |
| **○** | **Six months to one year ago (excluding one year exactly)**  | **○** | **Data not collected**  |
| **Are you currently fleeing?**  | **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

**SEXUAL ORIENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Heterosexual** | **○** | **Questioning/Unsure** |
| **○** | **Gay** | **○** | **Client doesn’t know** |
| **○** | **Lesbian** | **○** | **Client refused** |
| **○** | **Bisexual** | **○** | **Data not collected** |
| **○** | **Other:** |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY  |
| Income Source | Amount | Income Source | Amount |
| **○** | **Earned Income** |  | **○** | **TANF (Temporary Assist for Needy Families)** |  |
| **○** | **Unemployment Insurance** |  | **○** | **General Assistance (GA)** |  |
| **○** | **Supplemental Security Income (SSI)**  |  | **○** | **Retirement Income from Social Security** |  |
| **○** | **Social Security Disability Insurance (SSDI)** |  | **○** | **Pension or retirement income from former job** |  |
| **○** | **VA Service-Connected Disability Compensation** |  | **○** | **Child Support** |  |
| **○** | **VA Non-Service Connected Disability Pension** |  | **○** |  **Alimony and other spousal support** |  |
| **○** |  **Private disability insurance** |  | **○** | **Other income source** |  |
| **○** | **Worker’s Compensation** |  | **○** | **Other income source** |  |
| Total monthly income for Individual: |  |

#

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |
| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY |
| **○** | **Supplemental Nutrition Assistance Program (SNAP)** | **○** | **TANF Childcare Services** |
| **○** | **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** | **○** | **TANF Transportation Services** |
| **○** | **Other (specify):**  | **○** | **Other TANF-funded services** |

COVERED BY HEALTH INSURANCE **​*[All Clients]***

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)  |
| ○ | MEDICAID  | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | MEDICARE  | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Employer Provided Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Health Insurance Obtained through COBRA | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Private Pay Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | State Health Insurance for Adults | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Indian Health Services Program | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Other Health Insurance (specify) |  |
| ○ | Amerigroup |  |
| ○ | HPN |  |

IF “YES” TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance?

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Public HIV/AIDS Medical Assistance** | **○** | **Applied; Decision Pending** |
| **○** | **Applied; Client Not Eligible** |
| **○** | **Client Did Not Apply** |
| **○** | **Insurance Type N/A for this Client** |
| **○** | **Client Doesn’t Know** |
| **○** | **Client Refused** |
| **○** | **Data Not Collected** |

Receiving AIDS Drug Assistance Program (ADAP)

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Receiving AIDS Drug Assistance Program (ADAP)** | **○** | **Applied; Decision Pending** |
| **○** | **Applied; Client Not Eligible** |
| **○** | **Client Did Not Apply** |
| **○** | **Insurance Type N/A for this Client** |
| **○** | **Client Doesn’t Know** |
| **○** | **Client Refused** |
| **○** | **Data Not Collected** |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **No**  | **○** | **Client doesn’t know**  |
| **○** | **Yes**  | **○** | **Client refused**  |
| **○** | **Data not collected**  |

T-cell Count (Integer between 0-1500): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| **○** | **Medical Report**  |
| **○** | **Client Reported**  |
| **○** | **Other (specify)** |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Available** | **○** | **Not Available** |
| **○** | **Undetectable** | **○** | **Client Doesn’t Know** |
| **○** | **Client Refused** | **○** | **Data Not Collected** |

Count (Integer between 0-999999): \_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| **○** | **Medical Report**  |
| **○** | **Client Reported**  |
| **○** | **Other (specify)** |

# **CURRENTLY ENROLLED IN SCHOOL?** ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO SCHOOL ENROLLMENT** |
|  **Name of School:** |
| **Voc Training or Apprenticeship?** |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **Highest Level of School Completed?** |
| ○ | No Schooling Completed | ○ | 11th Grade | ○ |  Client doesn’t know |
| ○ | Nursery School to 4th Grade | ○ | 12th Grade, no diploma | ○ |  Client refused |
| ○ | 5th Grade or 6th Grade | ○ | High School Diploma | ○ |  Data not collected |
| ○ | 7th Grade or 8th Grade | ○ | GED |
| ○ | 9th Grade | ○ |    Post Secondary School |
| ○ | 10th Grade |



Signature of applicant stating all information is true and correct Date