

Agency Name: \_\_\_\_\_



## San Francisco ONE System: VA SERVICES INTAKE FORM (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]*

CURRENT NAME <i>[All Clients]</i>																	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

**WHAT IS THE CLIENT'S CURRENT GENDER IDENTITY** *[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)		

**WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT'S CURRENT GENDER IDENTITY** *[Clients Over the age of 11]*

<input type="radio"/>	She/her	<input type="radio"/>	Client doesn't know
<input type="radio"/>	He/him	<input type="radio"/>	Client refused
<input type="radio"/>	They/ze	<input type="radio"/>	Data not collected

**WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY** *[Clients Over the age of 11]*

<input type="radio"/>	Straight / Heterosexual	<input type="radio"/>	Not Listed
<input type="radio"/>	Bisexual	<input type="radio"/>	Declined to Answer
<input type="radio"/>	Gay / Lesbian / Same-Gender Loving	<input type="radio"/>	Not Asked
<input type="radio"/>	Questioning / Unsure	<input type="radio"/>	Incomplete / Missing Data
<input type="radio"/>	Not Listed		

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

<input type="radio"/>	Female	<input type="radio"/>	Not Listed
<input type="radio"/>	Male	<input type="radio"/>	Declined / Not stated
<input type="radio"/>	Gay / Lesbian / Same-Gender Loving	<input type="radio"/>	Question / Not Asked
	Not Listed, Specify?		

**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]*

○	Non-Hispanic/ Non-Latino	○	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)**

<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 peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client 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

**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

**CLIENT LOCATION** *[only if multiple CoC's]* \_\_\_\_\_

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

<input type="radio"/> No	<input type="radio"/> Yes
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**IF "YES" TO PERMANENT HOUSING**

<b>Housing Move-in Date</b>	____/____/____
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**LIVING SITUATION**

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

<input type="radio"/>	Emergency shelter, including hotel/motel paid for w/ voucher	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP subsidy
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Interim Housing	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Safe Haven
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Owned by client, no on-going housing subsidy	<input type="radio"/>	Staying or living in a friend's room, apartment or house
<input type="radio"/>	Owned by client, with ongoing housing subsidy	<input type="radio"/>	Substance abuse treatment facility or detox center
<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)
<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
<input type="radio"/>		<input type="radio"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Data not collected

**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**

*[If type of stay is Facility /Institution etc]*

<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
<b>Approximate Date Homelessness Started</b>	____/____/____
<b>Number of <i>times</i> 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 refused
<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 refused
<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
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: _____

**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	
<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 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	
<b>IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY</b>				
Expected to substantially impair ability to live independently?	<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	
<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 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	
<b>IF "YES" TO HIV-AIDS – SPECIFY</b>				
Expected to substantially impair ability to live independently?	<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	
<b>IF "YES" TO MENTAL 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 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"/>	Client refused	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – 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 refused
			<input type="radio"/>	Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults, 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	
<b>IF "YES" TO DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED</b>				
<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	
<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 refused
			<input type="radio"/>	Data not collected



**HOUSEHOLD INCOME AS A PERCENTAGE OF AMI**

*[Head of Household, not required for HUD VASH or GPD]*

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

**CONNECTION WITH SOAR** *[Heads of Households and Adults, not required for HUD VASH or GPD]*

<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

**LAST GRADE COMPLETED** *[Head of Household & Adults, not required for GPD]*

<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's 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, HUD-VASH OTH only]*

<b>Employed</b>	
<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
<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, 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

**LAST PERMANENT ADDRESS** *[Head of Household and Adults, not required for GPD]*

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

**VAMC STATION NUMBER** *[Head of Household, not required for GPD]*

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

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source		Amount	Income Source		Amount
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Child support	
<input type="radio"/>	Pension or retirement income from former job		<input type="radio"/>	Earned Income	
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	CAAP	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Private disability insurance	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance	
<input type="radio"/>	CalWORKs		<input type="radio"/>	Worker's Compensation	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other source	
<input type="radio"/>	VA Non--Service Connected Disability Pension		Other (specify):		
<b>Total monthly amount:</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 refused
	<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"/> CalWORKs Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> CalWORKs Transportation Services
<input type="radio"/> Other ( <b>Specify</b> ):	<input type="radio"/> Other CalWORKs-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
<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"/> 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:**

*[Homeless Prevention Programs and HoH's, not required for GPD or HUD-VASH]*

**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) \_\_\_\_\_**

**USE OF OTHER CRISIS SERVICES: [RRH/HP] programs [Head of Household / Adults]**

**Number of Visits to an Emergency Room in the Past Year?**

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

**Approximate Number of Nights in Jail/Prison in the Past Year?**

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

**Approximate Number of Spent in an Inpatient Medical Facility in the Past Year?**

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

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