|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME ***[​All Clients]*** | | | | | | | | | | | | | | | | | | | N/A |
| **Last** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **First** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |
| **Suffix** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **○** |

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

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

DATE OF BIRTH**​ ​*[All Clients]***

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

Month DayYear

MOTEL LOCATION

|  |  |  |  |
| --- | --- | --- | --- |
| **○** | **Abode Services - Best Western - NCV** | **○** | **Abode Services - Casa de Novo Apartments - NCV** |
| **○** | **Abode Services - Casa de Novo Hotel - NCV** | **○** | **Abode Services - EZ 8 Motel - NCV** |
| **○** | **Abode Services - Hampton Inn - NCV** | **○** | **Abode Services - Pacific Motor Inn - NCV** |
| **○** | **Abode Services - Project T.I.P. - NCV** | **○** | **Abode Services - The Plaza - NCV** |
| **○** | **HomeFirst - BHC Marbury - NCV** | **○** | **LifeMoves - E Real Motel - NCV** |
| **○** | **LifeMoves - Holiday Inn Sunnyvale - NCV** | **○** | **SCC DSW - Americas BV Inn - NCV** |
| **○** | **SCC DSW - Days Inn Gilroy - NCV** | **○** | **SCC DSW - Hampton Inn MH - NCV** |
| **○** | **SCC DSW - Motel 6 Campbell - NCV** | **○** | **SCC DSW - Vagabond Inn Sunnyvale - NCV** |

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 and substantially impairs ability to live independently? | | ○ | 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 and substantially impairs ability to live independently? | | ○ | 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 and substantially impairs ability to live independently? | | ○ | 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 and substantially impairs ability to live independently? | | ○ | | 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 | | | | | |
| WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | 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 |

MONTHLY INCOME & SOURCES

INCOME FROM ANY SOURCE ​[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 |
| ○ | Alimony and Other Spousal Support | |  | ○ | Child support | | | |  |
| ○ | Pension or Retirement income from former job | |  | ○ | Earned Income | | | |  |
| ○ | Retirement Income from Social Security | |  | ○ | General Assistance (GA) | | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Private Disability Insurance | | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Unemployment Insurance | | | |  |
| ○ | TANF (Temporary Assist for Needy Families) | |  | ○ | Worker’s Compensation | | | |  |
| ○ | VA Service Connected Disability Compensation | |  | ○ | Other source | | | |  |
| ○ | VA Non­-Service Connected Disability Pension | |  | Specify Other” | | |  | | |
| Total monthly amount: | |  | | | | | | | |

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 ­ HEALTH INSURANCE COVERAGE DETAILS | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify): | ○ | Indian Health Services Program | | |

EDUCATION INFORMATION *[All Clients 18+]*

LAST GRADE COMPLETED

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate’s degree |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 / High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client refused |
| ○ | GED | ○ | Data not collected |
| ○ | Some College |  | |

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not Currently Attending | ○ | Academically Disqualified |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client refused |

NAME OF COLLEGE/UNIVERSITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | De Anza College | ○ | West Valley College |
| ○ | Evergreen Valley College | ○ | Other Bay Area College/University |
| ○ | Foothill College | ○ | Other CA College/University |
| ○ | Gavilan College | ○ | Other College/University |
| ○ | Mission College | ○ | Other Vocational Program |
| ○ | San Jose City College | ○ | Client doesn't know |
| ○ | San Jose State University | ○ | Client refused |
| ○ | Santa Clara University | ○ | Data not collected |
| ○ | Stanford University |  | |

EXPECTED COMPLETION YEAR

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

SEXUAL ORIENTATION ​*[For CoC: YHDP funded programs-Adults and Head of Households]*

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

PRIMARY LANGUAGE *[All Clients, optional]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English | ○ | Mandarin |
| ○ | Spanish | ○ | Tagalog |
| ○ | Vietnamese | ○ | Other |
| ○ | Unknown |