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 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​ *​[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 | ○ | Client does not know |
| ○ | Asian | ○ | Client refused |
| ○ | Black/African American | ○ | Data Not Collected |
| ○ | Hawaiian or Other Pacific Islander |
| ○ | White/Caucasian |

# **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 *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# **ZIP CODE OF LAST PERMANENT ADDRESS** [All Clients]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

#

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

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

PRIOR 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 paidfor with an emergency shelter voucher or a RHY-funded Host Home Shelter | ○ | Rental by client, with GPD TIP housing 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  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street Address |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| City  |   |   |   |   |   |   |   |   |   |   |  |   |   |   |
| State  |   |   |   |   |   |   |   | Zip Code |  |  |   |   |   |
| QUALITY OF ADDRESS |
| ○ | Full address reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client refused  |
| ○ | Data not collected  |

DISABLING CONDITION ​*[All Clients]*

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

PHYSICAL DISABILITY ​*[optional for SSVF but recommended]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 ​*[optional for SSVF but recommended]*

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

CHRONIC HEALTH CONDITION ​*[optional for SSVF but recommended]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 ​*[optional for SSVF but recommended]*

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

MENTAL HEALTH PROBLEM ​*[optional for SSVF but recommended]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 ​*[optional for SSVF but recommended]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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  |

# **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 amount 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 ­ 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 |

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?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

CURRENT HOUSING LOSS EXPECTED WITHIN

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 0 - 6 Days | ○ | 7 - 13 Days |
| ○ | 14 - 21 Days  | ○ | 21 Days or more (0 Points)  |

CURRENT HOUSEHOLD INCOME IS $0?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 0-14% of Area Median Income (AMI) for Household Size | ○ | More than 30% of AMI for Household Size (0 points) |
| ○ | 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:

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

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?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 4 or More Prior Rental Evictions | ○ | 2-3 prior Rental Evictions |
| ○ | 1 Prior Rental Evictions | ○ | No Prior Rental Evictions (0 points) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

HISTORY OF LITERAL HOMELESSNESS *(street/shelter/transitional housing)*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 4 or More Times or Total of at Least 12 Months in Past Three Years | ○ | 2-3 in the Past Three Years |
| ○ | 1 Time in the Past Three Years | ○ | None (0 points) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

REGISTERED SEX OFFENDER?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

# **AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

# **SINGLE PARENT WITH MINOR CHILD(REN)?**

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender mix)?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

FEMALE VETERAN?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | No (0 Points) |

HP APPLICANT TOTAL POINTS (integer) \_\_\_\_\_\_\_\_\_\_\_\_\_

GRANTEE TARGETING THRESHOLD SCORE (integer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION INFORMATION *[All Clients 18+]*

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate 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

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

Month DayYear

ADDITIONAL INFORMATION

VAMC STATION NUMBER ​*[Head of Household]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than 30%  | ○ | Greater than 50%  |
| ○ | 30% to 50%  |

EMPLOYMENT STATUS ​*[Head of Household & Adults, SSVF, GPD and VASH]*

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

|  |
| --- |
| If “Yes” for employed – Type of employment  |
| ○ | Full­time  | ○ | Seasonal/sporadic (including day labor)  |
| ○ | Part-time  |
| If “No” for employed – Why not employed  |
| ○ | Looking for work  | ○ | Not looking for work  |
| ○ | Unable to work  |

GENERAL HEALTH STATUS ​*[Head of Household & Adults, HUD-VASH OTH only]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent  | ○ | Poor  |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

PRIMARY LANGUAGE *[All Clients, optional]*

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

Signature of applicant stating all information is true and correct Date