

HMIS INTAKE Data Collection Form for Solano County HMIS Projects

General Instructions

This is the entry form for ALL projects in Solano County except for SSVF funded programs.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

If a household presents as two minor youth, one of the youth should be designated as the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note, current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

CLIENT RECORD

NAME (first, middle, last name, suffix, e.g., Jr., Sr., III)

In HMIS the "name" field will be created upon record entry and should auto-populate into the Entry Assessment. Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents.

First name _____

Middle name(s) _____

Last name _____

Suffix _____

Alias _____

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

<input type="checkbox"/>	Full name reported
<input type="checkbox"/>	Partial, street name, or code name reported
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

SOCIAL SECURITY NUMBER AND DATA QUALITY

The Social Security Number is created when the client record is created and should auto-populate into the Entry Assessment. Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

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<input type="checkbox"/>	Full SSN reported
<input type="checkbox"/>	Approximate or partial SSN reported
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

VETERAN STATUS

This element is based on self-report by the client. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training. For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

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

PROJECT START DATE (e.g., 04/25/2020)

The Project Start Date serves as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/			
Month			Day			Year		

CLIENT DEMOGRAPHICS

DATE OF BIRTH

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

		/			/				
Month			Day			Year			

DATE OF BIRTH TYPE

<input type="checkbox"/>	Full date of birth reported
<input type="checkbox"/>	Approximate or partial date of birth reported
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

GENDER

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

PRIMARY RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander		

SECONDARY RACE

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander		

ETHNICITY

<input type="checkbox"/>	Non-Hispanic / Non-Latino	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Hispanic / Latino	<input type="checkbox"/>	Client refused

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

<input type="checkbox"/>	Self (head of household)	<input type="checkbox"/>	Head of household's other relation member (other relation to head of household)
<input type="checkbox"/>	Head of household's child	<input type="checkbox"/>	Other: non-relation member
<input type="checkbox"/>	Head of household's spouse or partner		

CLIENT DEMOGRAPHICS (CONT.)

PRIMARY LANGUAGE

What is the client's primary language?

<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	Korean
<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Lao
<input type="checkbox"/>	Armenian	<input type="checkbox"/>	Mandarin
<input type="checkbox"/>	Austronesian	<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	English	<input type="checkbox"/>	Russian
<input type="checkbox"/>	Farsi	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	French	<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	German	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Khmer	<input type="checkbox"/>	Other _____

EDUCATION

What is the client's highest level of educational attainment?

<input type="checkbox"/>	Less than grade 5	<input type="checkbox"/>	Some college
<input type="checkbox"/>	Grades 5–6	<input type="checkbox"/>	Associate degree
<input type="checkbox"/>	Grades 7–8	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Grades 9–11	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	Grade 12 or high school diploma	<input type="checkbox"/>	Vocational certification
<input type="checkbox"/>	School program does not have grade levels	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	GED	<input type="checkbox"/>	Client refused

SEXUAL ORIENTATION

What is the client's sexual orientation?

<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Questioning or unsure
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Bisexual		

DRIVER'S LICENSE OR PHOTO ID

Does the client have a valid driver's license or photo identification?

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

HOUSING HISTORY

The Housing History records the client's history of housing as well as episodes of homelessness. Provide as much data as are available and/or applicable regarding the occurrence, housing status type (e.g. Mainstream Housing, Institutional Housing, Unsheltered) and address or general location of the client in the past.

START DATE 1

		/			/			
Month			Day			Year		

END DATE 1

		/			/			
Month			Day			Year		

<input type="checkbox"/>	Mainstream housing (private, Section 8, long-term with family or friends)	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Medium-term housing (PSH, RRH, HSP, etc.)	<input type="checkbox"/>	Unsheltered (Car, tent, park, streets, squatting)
<input type="checkbox"/>	Short-term housing (TH, halfway house, couch-surfing)	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Institutional housing (hospital, detox, jail, foster care)		

ADDRESS OR LOCATION 1

START DATE 2

		/			/			
Month			Day			Year		

END DATE 2

		/			/			
Month			Day			Year		

<input type="checkbox"/>	Mainstream housing (private, Section 8, long-term with family or friends)	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Medium-term housing (PSH, RRH, HSP, etc.)	<input type="checkbox"/>	Unsheltered (Car, tent, park, streets, squatting)
<input type="checkbox"/>	Short-term housing (TH, halfway house, couch-surfing)	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Institutional housing (hospital, detox, jail, foster care)		

ADDRESS OR LOCATION 2

START DATE 3

		/			/			
Month			Day			Year		

END DATE 3

		/			/			
Month			Day			Year		

<input type="checkbox"/>	Mainstream housing (private, Section 8, long-term with family or friends)	<input type="checkbox"/>	Emergency shelter
<input type="checkbox"/>	Medium-term housing (PSH, RRH, HSP, etc.)	<input type="checkbox"/>	Unsheltered (Car, tent, park, streets, squatting)
<input type="checkbox"/>	Short-term housing (TH, halfway house, couch-surfing)	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Institutional housing (hospital, detox, jail, foster care)		

ADDRESS OR LOCATION 3

HOUSING HISTORY (CONT.)

LOCATION WHERE CLIENT SLEPT LAST NIGHT

This field asks for the location where the client slept last night. Select the location from a list of municipalities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.

<input type="checkbox"/>	Benicia	<input type="checkbox"/>	Other area in Solano County
<input type="checkbox"/>	Birds Landing	<input type="checkbox"/>	Alameda County
<input type="checkbox"/>	Dixon	<input type="checkbox"/>	Contra Costa County
<input type="checkbox"/>	Fairfield	<input type="checkbox"/>	Napa County
<input type="checkbox"/>	Green Valley	<input type="checkbox"/>	Sacramento County
<input type="checkbox"/>	Rio Vista	<input type="checkbox"/>	San Francisco County
<input type="checkbox"/>	Suisun City	<input type="checkbox"/>	Yolo County
<input type="checkbox"/>	Vacaville	<input type="checkbox"/>	Other area in California (non-Solano)
<input type="checkbox"/>	Vallejo	<input type="checkbox"/>	Other area outside of California

LOCATION IN WHICH LAST HOUSED

This field asks for the location where the client was most recently housed. Select the location from the list below.

<input type="checkbox"/>	Benicia	<input type="checkbox"/>	Other area in Solano County
<input type="checkbox"/>	Birds Landing	<input type="checkbox"/>	Alameda County
<input type="checkbox"/>	Dixon	<input type="checkbox"/>	Contra Costa County
<input type="checkbox"/>	Fairfield	<input type="checkbox"/>	Napa County
<input type="checkbox"/>	Green Valley	<input type="checkbox"/>	Sacramento County
<input type="checkbox"/>	Rio Vista	<input type="checkbox"/>	San Francisco County
<input type="checkbox"/>	Suisun City	<input type="checkbox"/>	Yolo County
<input type="checkbox"/>	Vacaville	<input type="checkbox"/>	Other area in California (non-Solano)
<input type="checkbox"/>	Vallejo	<input type="checkbox"/>	Other area outside of California

CLIENT LOCATION: CA-518

The only option for client location in HMIS is "CA-518," which corresponds with the Solano Continuum of Care.

HOUSING MOVE-IN DATE

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client. Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

Is the client in permanent housing as of the project entry date?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[IF YES] HOUSING MOVE-IN DATE

		/			/				
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[IF YES] MONTHLY RENT OR MORTGAGE

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HOMELESS STATUS VERIFICATION

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

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

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

<input type="checkbox"/>	1 night or less
<input type="checkbox"/>	2 to 6 nights
<input type="checkbox"/>	1 week+, but less than 1 month
<input type="checkbox"/>	1 month+, but less than 90 days
<input type="checkbox"/>	90 days, but less than 1 year
<input type="checkbox"/>	1 year or longer
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

Proceed to Question 3

<input type="checkbox"/>	1 night or less
<input type="checkbox"/>	2 to 6 nights
<input type="checkbox"/>	1 week+, but less than 1 month
<input type="checkbox"/>	1 month+, but less than 90 days
<input type="checkbox"/>	90 days, but less than 1 year
<input type="checkbox"/>	1 year or longer
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

Proceed to Question 3

STOP
Proceed to Disability Status (page 10)

<input type="checkbox"/>	1 night or less
<input type="checkbox"/>	2 to 6 nights
<input type="checkbox"/>	1 week, but less than 1 month
<input type="checkbox"/>	1 month, but less than 90 days
<input type="checkbox"/>	90 days, but less than 1 year
<input type="checkbox"/>	1 year or longer
<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused

STOP
Proceed to Disability Status (page 10)

HOMELESS STATUS VERIFICATION (CONT.)

3. DATE THE CLIENT BECAME HOMELESS THIS TIME

When did the client start staying on the streets,* in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. Breaks in homelessness are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client’s first day on the streets, shelters, or safe havens, enter today’s date.

* “The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

		/			/				
Month			Day			Year			

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page.

<input type="checkbox"/>	One time (this time)	<input type="checkbox"/>	Four or more times
<input type="checkbox"/>	Two times	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Three times	<input type="checkbox"/>	Client refused

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add the number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

<input type="checkbox"/>	One month or less (choose if this is the first time the client has been homeless)	
<input type="checkbox"/>	Between 2 and 12 months →	Enter the total number of months:
<input type="checkbox"/>	More than 12 months	
<input type="checkbox"/>	Client doesn't know	
<input type="checkbox"/>	Client refused	

DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

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



[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

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



[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

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

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

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



[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

HIV/AIDS

Does the client currently have HIV/AIDS?

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



[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

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

DISABILITY STATUS (CONT.)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

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



[IF YES] *Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?*

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

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Alcohol abuse	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Drug abuse		
<input type="checkbox"/>	Both alcohol and drug abuse		



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] *Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?*

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

DISABLING CONDITION

*A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. **Does the client currently have a disabling condition?***

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

INCOME AND BENEFITS

INCOME AND SOURCES

Record regular, recurrent sources that are current (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income). If the client has income, enter the monthly amount received. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any income from any source?

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



[IF YES] Answer Yes or No for each income source.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Unemployment Insurance	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Supplemental Security Income (SSI)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Social Security Disability Insurance (SSDI)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
VA Service-Connected Disability Compensation	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
VA Non-Service-Connected Disability Pension	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Private disability insurance	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Worker's Compensation	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Temporary Assistance for Needy Families (TANF)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
General Assistance (GA)	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Retirement Income from Social Security	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Pension or retirement income from a former job	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Child support	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Alimony or other spousal support	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Other source If yes, specify source: _____	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	\$. 0 0
Total monthly income from all sources		\$. 0 0

INCOME AND BENEFITS (CONT.)

What is the client's income as a percentage of AMI?

<input type="checkbox"/>	Less than 30%
<input type="checkbox"/>	30% – 50%
<input type="checkbox"/>	Greater than 50%

Does the client have a connection with SOAR?

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

Does the client have any non-cash benefits from any source? *Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.*

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



If YES, answer 'Yes' or 'No' for each non-cash benefit source. *Answer 'No' for sources that have been terminated, even if they were received in the past.*

Yes	No	Source of income
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Is the client currently covered by health insurance?

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



If YES, answer 'Yes' or 'No' for each health insurance source. *Answer 'No' for sources that have been terminated, even if they were received in the past.*

Yes	No	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

EMPLOYMENT

Is the client employed?

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



If YES, what is the type of employment?

<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Seasonal/sporadic (including day labor)		

If NO, why is the client not employed?

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Unable to work	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Not looking for work		

DOMESTIC VIOLENCE EXPERIENCE

Is client a domestic violence victim or survivor?

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



If YES, when did the experience occur?

<input type="checkbox"/>	Within the past three months	<input type="checkbox"/>	One year ago or more
<input type="checkbox"/>	Three to six months ago (excluding six months exactly)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Six months to one year ago (excluding one year exactly)	<input type="checkbox"/>	Client refused

If YES, is the client currently fleeing?

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

If YES, caller ZIP Code: _____

CLIENT'S RESIDENCE OR LAST PERMANENT ADDRESS

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

County _____

What is the data quality of the client's residence or last permanent address?

<input type="checkbox"/>	Full address reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Incomplete or estimated address reported	<input type="checkbox"/>	Client refused

Phone number _____ Email address _____

EMERGENCY CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____

LANDLORD CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____

EMPLOYER CONTACT

Name _____

Address _____ Apt/Unit _____

City _____ State _____ ZIP Code _____

Phone number _____ Email address _____