FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT EXIT DATE (e.g., 08/24/2014)

The Project Exit Date will serve 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 (name or other identifier)

DESTINATION

Which of the following *most closely matches* where the client will be staying right after leaving this project?

	Homeless Situation
☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐	Safe Haven

	Institutional Situation		
☐	Foster care home or foster care group home	☐	Long-term care facility or nursing home
☐	Hospital or other residential non-psychiatric medical facility	☐	Psychiatric hospital or other psychiatric facility
☐	Jail, prison, or juvenile detention facility	☐	Substance abuse treatment facility or detox center

Transitional and Permanent Housing Situation

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Other
- ☐ Deceased
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

[IF YES for chronic health condition] Is the physical disability 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

Does the client currently have HIV - AIDS?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

MENTAL HEALTH DISORDER

Does the client currently have a mental health disorder?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

[IF YES for mental health disorder] Is the mental health disorder 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

S**UBSTANCE ABUSE DISORDER**

Does the client currently have a substance abuse disorder?

☐	No	☐	Both alcohol and drug abuse
☐	Alcohol abuse	☐	Client doesn't know
☐	Drug abuse	☐	Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem 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

MONTHLY INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (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).

Does the client have any income from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

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

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

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.

Does the client have any non-cash benefits from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

↓

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Supplemental Nutrition Assistance Program (SNAP, CalFresh)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Other Non-Cash Benefit (source: _____)

HEALTH INSURANCE

Covered by Health Insurance

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused
		☐	Data not collected

↓

[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.

No	Yes	Type of health insurance
☐	☐	MEDICAID
☐	☐	MEDICARE
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

WELL-BEING

Client perceives their life has value and worth.

☐	Strongly disagree	☐	Strongly agree
☐	Somewhat disagree	☐	Client doesn't know
☐	Neither agree nor disagree	☐	Client refused
☐	Somewhat agree	☐	Data not collected

Client perceives they have support from others who will listen to problems.

☐	Strongly disagree	☐	Strongly agree
☐	Somewhat disagree	☐	Client doesn't know
☐	Neither agree nor disagree	☐	Client refused
☐	Somewhat agree	☐	Data not collected

Client perceives they have a tendency to bounce back after hard times.

☐	Strongly disagree	☐	Strongly agree
☐	Somewhat disagree	☐	Client doesn't know
☐	Neither agree nor disagree	☐	Client refused
☐	Somewhat agree	☐	Data not collected

Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.

☐	Not at all	☐	At least everyday
☐	Once a month	☐	Client doesn't know
☐	Several times a month	☐	Client refused
☐	Several times a week	☐	Data not collected

GENERAL HEALTH STATUS

☐	Excellent	☐	Poor
☐	Very good	☐	Client doesn't know
☐	Good	☐	Client refused
☐	Fair	☐	Data not collected