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?

☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐	Moved from one HOPWA funded project to HOPWA PH
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Moved from one HOPWA funded project to HOPWA TH
☐	Safe Haven	☐	Rental by client, with GPD TIP housing subsidy
☐	Foster care home or foster care group home	☐	Rental by client, with VASH housing subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Jail, prison, or juvenile detention facility	☐	Substance abuse treatment facility or detox center
☐	Long-term care facility or nursing home	☐	Transitional housing for homeless persons (including homeless youth)
☐	Psychiatric hospital or other psychiatric facility	☐	Rental by client, with VASH housing subsidy
☐	Substance abuse treatment facility or detox center	☐	Permanent housing (other than RRH) for formerly homeless persons
☐	Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy	☐	Rental by client, with RRH or equivalent subsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client, with HCV voucher (tenant or project based)
☐	Transitional housing for homeless persons (including homeless youth)	☐	Rental by client in a public housing unit
☐	Host Home (non-crisis)	☐	Rental by client, no ongoing housing subsidy
☐	Staying or living with friends, temporary tenure (e.g., room apartment or house)	☐	Rental by client, with other ongoing housing subsidy

☐	Staying or living with family, temporary tenure (e.g., room, apartment or house)	☐	Owned by client, with ongoing housing subsidy
☐	Staying or living with friends, permanent tenure	☐	Owned by client, no ongoing housing subsidy
☐	Other	☐	Deceased
☐	Client doesn't know	☐	Data not collected
☐	Client refused	☐	No exit interview collected

DISABLING CONDITION

Record whether the client has a disabling condition based on one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
    1. Is expected to be long-continuing or of indefinite duration;
    2. Substantially impedes the individual's ability to live independently; and
    3. Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

If the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

Does the client currently have a disabling condition?

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

[IF YES] Answer 'Yes' or 'No' for each condition.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	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	☐	Client doesn't know
☐	Yes	☐	Client refused

☐ Data not collected

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

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

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	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

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

SUBSTANCE 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

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

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: ______________________

LAST GRADE COMPLETED AND SCHOOL STATUS
Indicate if the client is currently enrolled in an education or training program or working toward a degree at the time of assessment. Indicate if the client has completed vocational training or received an apprenticeship. Select highest grade completed. If the client has completed a high school diploma or above, select the secondary education degree(s) the client has earned.

Last grade completed

☐	Less than Grade 5		☐	Some college
☐	Grades 5-6		☐	Associates degree
☐	Grades 7-8		☐	Bachelor’s degree
☐	Grades 9-11		☐	Graduate degree
☐	Grade 12/ High School Diploma		☐	Vocational certification
☐	GED		☐	Client doesn’t know
☐	School program does not have grade levels		☐	Client refused
			☐	Data not collected

EMPLOYMENT STATUS
Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Employed

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

[IF YES] Type of Employment

- ☐ Full-time
- ☐ Part-Time
- ☐ Seasonal / sporadic (including day labor)

[IF NO] Why not employed?

- ☐ Looking for work
- ☐ Unable to work
- ☐ Not looking for work

General Health Status

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

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

HEALTH ASSESSMENT

General Health Status

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused