

GENDER [All Clients]

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

RACE (Select all applicable) [All Clients]

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	Client does not know
<input type="radio"/>	Asian	<input type="radio"/>	Client refused
<input type="radio"/>	Black/African American	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Hawaiian or Other Pacific Islander		
<input type="radio"/>	White/Caucasian		

ETHNICITY [All Clients]

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All Adults]

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Korean War

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Vietnam War

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

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

CLIENT LOCATION *[only if multiple CoC's]* _____

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

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

<input type="radio"/> No	<input type="radio"/> Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-in Date	____/____/____
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PRIOR LIVING SITUATION

TYPE OF RESIDENCE

[Head of Household and Adults]

<input type="radio"/>	Place not meant for habitation (e.g. vehicle, an abandoned building, bus/ train/subway station/ airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel/motel paid for with an emergency shelter voucher or a RHY-funded Host Home Shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no on-going housing subsidy
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client refused
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Data not collected
<input type="radio"/>	Staying or living in a friend's room, apartment or house		

LENGTH OF STAY IN PRIOR LIVING SITUATION					
<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]	
<input type="radio"/> No	<input type="radio"/> Yes

LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]	
<input type="radio"/> No	<input type="radio"/> Yes

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN
 [Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date Homelessness Started	___/___/_____
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2--12 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

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

Street Address															
City															
State								Zip Code							
QUALITY OF ADDRESS															
<input type="radio"/>	Full address reported										<input type="radio"/>	Client doesn't know			
<input type="radio"/>	Partial, street name, or code name reported										<input type="radio"/>	Client refused			
											<input type="radio"/>	Data not collected			

DISABLING CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

HIV-AIDS *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH PROBLEM *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

SUBSTANCE ABUSE PROBLEM *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse
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<input type="radio"/>	Alcohol abuse	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Drug abuse	<input type="radio"/>	Client refused	
<input type="radio"/>		<input type="radio"/>	Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY				
Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		<input type="radio"/>	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client refused	
<input type="radio"/>		<input type="radio"/>	Data not collected	
IF "YES" TO DOMESTIC VIOLENCE				
LAST OCCURRENCE				
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know	
<input type="radio"/>		<input type="radio"/>	Client refused	
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected	
Are you currently fleeing?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		<input type="radio"/>	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
<input type="radio"/>		<input type="radio"/>	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source	

<input type="radio"/> Worker's Compensation		<input type="radio"/> Other income source	
Total monthly amount for Individual:			

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other (Specify):	<input type="radio"/> Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Insurance Obtained through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Administration (VA) Medical Services	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> 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?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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CURRENT HOUSING LOSS EXPECTED WITHIN

<input type="radio"/> 0 - 6 Days	<input type="radio"/> 7 - 13 Days
<input type="radio"/> 14 - 21 Days	<input type="radio"/> 21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS \$0 ?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

<input type="radio"/> 0-14% of Area Median Income (AMI) for Household Size	<input type="radio"/> More than 30% of AMI for Household Size (0 points)
<input type="radio"/> 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:

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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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?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

<input type="radio"/> 4 or More Prior Rental Evictions	<input type="radio"/> 2-3 prior Rental Evictions
<input type="radio"/> 1 Prior Rental Evictions	<input type="radio"/> No Prior Rental Evictions (0 points)

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

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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HISTORY OF LITERAL HOMELESSNESS (*street/shelter/transitional housing*)

<input type="radio"/> 4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="radio"/> 2-3 in the Past Three Years
<input type="radio"/> 1 Time in the Past Three Years	<input type="radio"/> None (0 points)

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

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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REGISTERED SEX OFFENDER?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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SINGLE PARENT WITH MINOR CHILD(REN)?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender mix)?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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FEMALE VETERAN?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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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]

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate's degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12 / High school diploma	<input type="radio"/> Client doesn't know
<input type="radio"/> School program does not have grade levels	<input type="radio"/> Client refused
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some College	

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/> Not Currently Attending	<input type="radio"/> Academically Disqualified
<input type="radio"/> Attending Full Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Attending Part Time	<input type="radio"/> Client refused

NAME OF COLLEGE/UNIVERSITY

<input type="radio"/> De Anza College	<input type="radio"/> West Valley College
<input type="radio"/> Evergreen Valley College	<input type="radio"/> Other Bay Area College/University
<input type="radio"/> Foothill College	<input type="radio"/> Other CA College/University
<input type="radio"/> Gavilan College	<input type="radio"/> Other College/University
<input type="radio"/> Mission College	<input type="radio"/> Other Vocational Program

<input type="radio"/>	San Jose City College	<input type="radio"/>	Client doesn't know
<input type="radio"/>	San Jose State University	<input type="radio"/>	Client refused
<input type="radio"/>	Santa Clara University	<input type="radio"/>	Data not collected
<input type="radio"/>	Stanford University		

EXPECTED COMPLETION YEAR

		-			-				
Month			Day			Year			

ADDITIONAL INFORMATION
VAMC STATION NUMBER [Head of Household]

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	Less than 30%	<input type="radio"/>	Greater than 50%
<input type="radio"/>	30% to 50%		

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

Employed			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
If "Yes" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

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

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

PRIMARY LANGUAGE *[All Clients, optional]*

<input type="radio"/>	English	<input type="radio"/>	Mandarin
<input type="radio"/>	Spanish	<input type="radio"/>	Tagalog
<input type="radio"/>	Vietnamese	<input type="radio"/>	Other
		<input type="radio"/>	Unknown

Signature of applicant stating all information is true and correct Date