

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM FEMA (NCS)

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]*

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**SOCIAL SECURITY NUMBER** *[All Clients]*

			-			-			
--	--	--	---	--	--	---	--	--	--

<b>QUALITY OF SOCIAL SECURITY</b>			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

<b>CURRENT NAME</b> <i>[All Clients]</i>																		<b>N/A</b>
Last																		<input type="radio"/>
First																		<input type="radio"/>
Middle																	<input type="radio"/>	
Suffix																<input type="radio"/>		

<b>QUALITY OF CURRENT NAME</b>			
<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Data not collected

**DATE OF BIRTH** *[All Clients]*

		-			-					Age:
<b>Month</b>		<b>Day</b>				<b>Year</b>				

**QUALITY OF DATE OF BIRTH**

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**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)		
<input type="radio"/>	Other		

**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]**

<b>Veteran Status</b>		<b>IF “YES” Veteran Status</b>	
<input type="radio"/>	No	Year entered military service (year):	
<input type="radio"/>	Yes	Year separated from military service (year):	
<b>Theatre of Operations: World War II</b>		<b>Theatre of Operation: Korean War II</b>	
<input type="radio"/>	Yes	<input type="radio"/>	Yes
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Data not collected
<b>Theatre of Operations: Vietnam War</b>		<b>Theatre of Operation: Persian Gulf War (Desert Storm)</b>	
<input type="radio"/>	Yes	<input type="radio"/>	Yes
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Data not collected
<b>Theatre of Operations: Afghanistan (Operating Enduring Freedom)</b>		<b>Theatre of Operation: Iraq (Operation Iraqi Freedom)</b>	
<input type="radio"/>	Yes	<input type="radio"/>	Yes
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Data not collected
<b>Theatre of Operations: Iraq (Operation New Dawn)</b>		<b>Theatre of Operation: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>	
<input type="radio"/>	Yes	<input type="radio"/>	Yes
<input type="radio"/>	No	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Data not collected

**VETERAN STATUS CONTINUED ON NEXT PAGE**

Branch of Military		Discharge Status	
<input type="radio"/>	Army	<input type="radio"/>	Honorable
<input type="radio"/>	Airforce	<input type="radio"/>	General under honorable conditions
<input type="radio"/>	Navy	<input type="radio"/>	Other than honorable conditions (OTH)
<input type="radio"/>	Marines	<input type="radio"/>	Bad Conduct
<input type="radio"/>	Coast Guard	<input type="radio"/>	Dishonorable
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Client refused	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Data not collected	<input type="radio"/>	Client refused
		<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]*

--	--	--	--	--

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

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

**IF "YES" TO PERMANENT HOUSING**

<b>Housing Move-In Date:</b>	____/____/____
------------------------------	----------------

**PRIOR LIVING SITUATION TYPE OF RESIDENCE** [*Head of Household and Adults*]

(Record the type of living arrangement of the client the night before their entry into the program)

<input type="radio"/>	Place not meant for habitation (e.g., a 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 or motel paid for with emergency shelter voucher, or 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"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected

**LENGTH OF STAY IN PRIOR LIVING SITUATION** (*Duration of 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 CONTINUED ON NEXT PAGE**

**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
-----------------------	-----	-----------------------	----

<b>Approximate Date Homelessness Started</b> <i>(Report the approximate date the homeless situation began)</i>	____/____/____
---	----------------

**Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years**  
*(Regardless of whether they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today)*

<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**  
*(Total number of months homeless in the past 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

**FEMA Client Hotel Location**

<input type="radio"/>	Abode Services - Best Western - NCV	<input type="radio"/>	Abode Services - Casa de Novo Apartments - NCV
<input type="radio"/>	Abode Services - Casa de Novo Hotel - NCV	<input type="radio"/>	Abode Services - EZ 8 Motel - NCV
<input type="radio"/>	Abode Services - Hampton Inn - NCV	<input type="radio"/>	Abode Services - Pacific Motor Inn - NCV
<input type="radio"/>	Abode Services - Project T.I.P. - NCV	<input type="radio"/>	Abode Services - The Plaza - NCV
<input type="radio"/>	HomeFirst - BHC Marbury - NCV	<input type="radio"/>	LifeMoves - E Real Motel - NCV
<input type="radio"/>	LifeMoves - Holiday Inn Sunnyvale - NCV	<input type="radio"/>	SCC DSW - Americas BV Inn - NCV
<input type="radio"/>	SCC DSW - Days Inn Gilroy - NCV	<input type="radio"/>	SCC DSW - Hampton Inn MH - NCV
<input type="radio"/>	SCC DSW - Motel 6 Campbell - NCV	<input type="radio"/>	SCC DSW - Vagabond Inn Sunnyvale - NCV

**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** *[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 PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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** *[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

**CHRONIC HEALTH 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

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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** *[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

**MENTAL HEALTH PROBLEM** *[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 MENTAL HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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 [All Clients]**

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

**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"/> Data not collected	
<b>IF "YES" TO DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED</b>		
<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"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<b>Are you currently fleeing?</b>	<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



**MONTHLY INCOME & SOURCES**

**INCOME FROM ANY SOURCE [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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<input type="radio"/> Alimony and Other Spousal Support		<input type="radio"/> Child support	
<input type="radio"/> Pension or Retirement income from former job		<input type="radio"/> Earned Income	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Private Disability Insurance	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Unemployment Insurance	
<input type="radio"/> TANF (Temporary Assist for Needy Families)		<input type="radio"/> Worker's Compensation	
<input type="radio"/> VA Service Connected Disability Compensation		<input type="radio"/> Other source	
<input type="radio"/> VA Non--Service Connected Disability Pension		<b>Specify Other"</b>	
<b>Total monthly amount:</b>			

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<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 ( <b>Specify</b> ):	<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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>	
<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

**EDUCATION INFORMATION [All Clients 18+]**

**LAST GRADE COMPLETED**

<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**

		-			-			
--	--	---	--	--	---	--	--	--

**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

## FEMA DATA COLLECTION

<b>COVID-19 Screening Results for Qualifying Household Member:</b> <i>(Record the results of the COVID-19 screening for qualifying household member)</i>	
<input type="radio"/>	Asymptomatic Low Risk
<input type="radio"/>	Asymptomatic High Risk (are over 65 or have underlying medical conditions as defined by CDC for COVID-19)
<input type="radio"/>	COVID-19 Exposed (as documented by a healthcare professional)
<input type="radio"/>	COVID-19 Positive

<b>Do you have the ability to self-isolate or quarantine without assistance?</b> <i>(Indicate whether or not the household has the ability to quarantine without non-congregate shelter)</i>	<input type="radio"/>	Yes	<input type="radio"/>	No
--	-----------------------	-----	-----------------------	----

**Please upload any COVID-19 exposure/status documentation to the Program File Tab**

<b>Unit Type:</b> <i>(Indicate the type of non-congregate shelter the household will be housed in)</i>	
<input type="radio"/>	Hotel/Motel
<input type="radio"/>	Shelter
<input type="radio"/>	Apartment
<input type="radio"/>	Trailer

<b>Last or Current Permanent Address: Address Data Quality:</b> <i>(Enter the data quality of the address prior to entry)</i>			
<input type="radio"/>	Full address reported		
<input type="radio"/>	Incomplete or estimated address reported		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client Refused		
<input type="radio"/>	Data not collected		
<b>Street Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	

### ADDITIONAL FEMA Questions

<b>Has Cell Phone:</b>	( _ _ _ ) _ _ _ - _ _ _ _ _
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected

<b>Has Email Address:</b>	
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected

<b>Pets in Household:</b> <i>(Indicate if there are any pets, including service animals, that will need to enter the non-congregate shelter with the household)</i>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected		

<b>Service Animal in Household:</b> <i>(Indicate if there are any service animals[(not including pets that are not service animals)] that will need to enter the non-congregate shelter with the household)</i>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client Refused
<input type="radio"/>	Data not collected		

**Access/Functional Needs Identified:** *(Access and functional needs (AFN) refers to individuals who are or have: Physical, developmental or intellectual disabilities/chronic conditions or injuries/limited English proficiency/older adults/children/low income/homeless and/or transportation disadvantaged/pregnant women)*

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

**Interested in Housing Problem Solving [Head of Household ]**

<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