



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

**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)	
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Year separated from military service (year)	
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**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
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<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 Clients]**

<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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**CONNECTION WITH SOAR** [*Heads of Households 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

**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE**

 [*Head of Household and Adults*]

<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 ongoing 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**

<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
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**LENGTH OF STAY LESS THAN 90 DAYS**
*[Institutional Housing Situations]*

<input type="radio"/> No	<input type="radio"/> Yes
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**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>	___ / ___ / _____
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<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	
<b>Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<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

**WHEN CLIENT WAS ENGAGED**

<b>Date of Engagement: [Adults and Head of Household]</b>	___ / ___ / _____
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**PATH STATUS [Adults and Head of Household]**

<b>Date of Status Determination</b>	___ / ___ / _____
Client Became Enrolled in PATH	<input type="radio"/> No
	<input type="radio"/> Yes
<b>IF "NO" TO ENROLLED IN PATH</b>	
Reason Not Enrolled	<input type="radio"/> Client was found ineligible for PATH
	<input type="radio"/> Client was not enrolled for other reason(s)
	<input type="radio"/> Unable to locate client

**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</b>		
<b>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 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"/> 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"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<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 a 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	<i>Other income source please specify:</i>		
<b>Total Monthly Income for Individual:</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

**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 ( <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

**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

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

**LAST GRADE COMPLETED** [*Head of Households and 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**

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

**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

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**Signature of applicant stating all information is true and correct**
**Date**