**Applicant (Head of Household) Information:**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END DATE Member Reservation (Bedlist Enrollment):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager Assigned to Discharge**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member Name** |  | **Date of Birth** | **Gender** | **Relationship to Head of Household** |
| **HMIS ID#** |
|  |  |  |  | **Self** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Destination Type:**

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

🞎 Foster care or foster care group Home

🞎 Long-term care facility or Nursing Home

🞎 Transitional housing for homeless persons

(including homeless youth)

🞎 Rental by client, no ongoing housing subsidy

🞎 Owned by client, no ongoing housing subsidy

🞎 Staying or living with family, temporary tenure

(e.g., room, apartment or house)

🞎 Staying or living with friends, temporary tenure

(e.g., room, apartment or house)

🞎 Hotel or Motel paid for without Emergency Shelter voucher

🞎 Rental by client, with ongoing housing

Subsidy

**IF *Rental by client, with ongoing housing***

***Subsidy is Checked*, Please select Subsidy from List:**

🞎 *GPD TIP housing subsidy*

🞎 *VASH housing subsidy*

🞎 *RRH or equivalent subsidy*

🞎 *HCV voucher (tenant or project based) (not dedicated)*

🞎 *Public housing unit*

🞎 *Rental by client, with other ongoing housing subsidy*

🞎 *Emergency Housing Voucher*

🞎 *Family Unification Program Voucher (FUP)*

🞎 *Foster Youth to Independence Initiative (FYI)*

🞎 *Permanent Supportive Housing*

🞎 *Other permanent housing dedicated for formerly homeless persons*

🞎 Owned by client, with ongoing housing subsidy

🞎 Staying or living with family, permanent tenure

🞎 Staying or living with friends, permanent tenure

🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

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🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

If Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:** 🞎 Male 🞎 Female 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Shared Housing Information:**

*(Shared housing means clients will be on separate leases or living as roommates. Not clients living together as a couple)***:**

**Is this a Shared Housing Destination (separate leases)?** 🞎 Yes 🞎 No

***If Yes,***

**Shared Housing Facilitated by:?** 🞎 CAN 🞎 Client

**Disabling Conditions (All Clients):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Disabling Condition** (All Adults) *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* | **N/A** |  |  |  |  |
| **Physical Disability** (All Clients)  *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| **Developmental Disability** (All Clients)  *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| **Chronic Health Condition** (All Clients)  *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| **HIV/AIDS** (All Clients)  *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| **Mental Health Disorder** (All Clients)  *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| **Substance Abuse Disorder** (All Clients)  *No, Alcohol, Drug, Both Alcohol and Drug, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |
| If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? *Yes, No, Client Doesn’t Know, Client Prefers Not to Answer* |  |  |  |  |  |

**Translation Assistance:**

**Translation Assistance Needed?** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

*If yes,* Preferred Language*: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Non-Cash Benefits and Insurance:**

**Non-Cash Benefit:** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer

🞎 Data Not Collected

*If yes,*

🞎 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)

🞎 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

🞎 TANF Child Care Services

🞎 TANF transportation services

🞎 Other TANF-funded services

🞎 Other source

**Covered by Health Insurance:** 🞎 Yes 🞎 No 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Health Insurance** (*If yes,* select which applies)**:**

|  |  |
| --- | --- |
| 🞎 MEDICAID | 🞎 State Health Insurance for Adults |
| 🞎 MEDICARE | 🞎 Private Pay Health Insurance |
| 🞎 State Children’s Health Insurance Program (CHIP) | 🞎 Indian Health Services Program |
| 🞎 Veteran’s Health Administration (VHA) |  |
| 🞎 Employer-Provided Health Insurance | If Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Health Insurance obtained through COBRA |  |

**Income**

**Income received from any source (HOH and Adults only)?** 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer🞎 Data Not Collected

\*Note: *Income received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household****.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Head of Household** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Income Type** | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount | Monthly Amount |
| Unemployment Insurance |  |  |  |  |  |
| Earned Income (i.e., employment income) |  |  |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |  |  |
| Social Security Disability Insurance (SSDI) |  |  |  |  |  |
| VA Service-Connected Disability Compensation |  |  |  |  |  |
| Private Disability Insurance |  |  |  |  |  |
| General Assistance (GA) |  |  |  |  |  |
| Temporary Assistance for Needy Families (TANF) |  |  |  |  |  |
| Retirement income from Social Security |  |  |  |  |  |
| VA Non-Service-Connected Disability Pension |  |  |  |  |  |
| Pension or retirement income from a former job |  |  |  |  |  |
| Child support |  |  |  |  |  |
| Alimony or other spousal support |  |  |  |  |  |
| Other Source |  |  |  |  |  |
| Worker’s Compensation |  |  |  |  |  |
| **Client Income Total:** |  |  |  |  |  |

**Current Living Situation:** *Night-by-Night shelters should* ***only record a Current Living Situation if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services.*** A Current Living Situation for emergency shelter does not include activities of daily sheltering (e.g. bed registration, request for personal care items, dinner sign-up, meals, etc.), nor should it be redundant with logging an Emergency Shelter Bed-Night Date/Check in.

**Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Living Situation:** If client's Current Living Situation is in a temporary, permanent, or other situation from the Living Situation Options, record additional housing status information to support the determination of imminent and at-risk of homelessness housing statuses based on HUD's definition of homelessness.

🞎 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/

airport or anywhere outside)

🞎 Safe Haven

🞎 Psychiatric Hospital or other psychiatric facility

🞎 Substance Abuse treatment facility or detox center

🞎 Hospital or other residential non-psychiatric

medical facility

🞎 Jail, prison, or juvenile detention facility

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🞎 *Foster Youth to Independence Initiative (FYI)*

🞎 *Permanent Supportive Housing*

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🞎 Owned by client, with ongoing housing subsidy

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🞎 Moved from one HOPWA funded project to

HOPWA PH

🞎 Moved from one HOPWA funded project to

HOPWA TH

🞎 Residential Project or hallway house with no homeless criteria

🞎 Host Home (non-crisis)

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

🞎 Other

🞎 Deceased

🞎 No exit interview completed

🞎 Client doesn't know

🞎 Client Prefers Not to Answer

🞎 Data Not Collected

**Is Client going to have to leave their current living situation within 14 days?**

🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

***If Yes:***

Has a subsequent residence been identified? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

Does the individual or family have resources or support networks to obtain other permanent housing?🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

Has the client moved two or more times in the last 60 days? 🞎 No 🞎 Yes 🞎 Client doesn’t know 🞎 Client Prefers Not to Answer 🞎 Data Not Collected

**Location Details: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service Type:**

🞎 AA Meeting

🞎 Basic Needs

🞎 Bathing Facilities

🞎 Bedding / Linen

🞎 Day Shelter

🞎 Emergency Assistance

🞎 Emergency Telephones

🞎 Emergency Financial Assistance

🞎 Employment Assistance

🞎 Employment Referral

🞎 Employment Services

🞎 Health care

🞎 Health Education/Risk Reduction

🞎 Hygiene/Health Kit

🞎 Meals (Breakfast/Lunch/Dinner/Sack Lunch)

🞎 Personal / Grooming Supplies

🞎 Referral

🞎 Shower

🞎 Temporary Mailing Address

🞎 Winter Clothing

🞎 Health Care/Supportive Services Referral