**CT HMIS Supportive Services for Veteran Families (SSVF) Individual Intake**

***Instructions: The System Entry Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homeless system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history). The Intake assesses basic needs and captures HMIS required data elements for program entries. The interviewer should just confirm and update it as needed.***

**Project Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Exit Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Data Quality:** ◻ Full Name Reported ◻ Partial, Street Name, or Code Name reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Date of Birth:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ ◻ Full DOB Reported ◻ Approximate or Partial DOB Reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

◻ Full SSN Reported ◻ Approximate or Partial SSN Reported ◻ Client Doesn't Know ◻ Client prefers not to answer

**Sex**: ◻ Male ◻ Female ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Data Not Collected

**Primary Language:** ◻ English ◻ Spanish ◻ French ◻ Portuguese ◻ Other ◻ Client Doesn’t Know If Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to HOH:** ◻ Self ◻ Spouse ◻ Child ◻ Step-Child ◻ Grandparent ◻ Guardian ◻ Other Relative ◻ Other Non-Relative ◻ Grandchild

◻ Foster-Child

**Race & Ethnicity**: ◻ White ◻ Black, African American or African ◻ Asian or Asian American ◻ American Indian, Alaska Native, or Indigenous ◻ Native Hawaiian or Pacific Islander ◻ Middle Eastern or North African ◻ Non-Hispanic/Latina/o ◻ Hispanic/Latina/o ◻ Client Doesn’t Know ◻ Client prefers not to answer

**Additional Race and Ethnicity Detail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Citizenship Status:** ◻ U.S. Citizen ◻ Non-Citizen ◻ Eligible Non-Citizen ◻ Ineligible Non-Citizen ◻ Undocumented ◻ Client Doesn’t Know

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status**: Have you ever been on active duty in the U.S. Military? ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

***After reviewing the Diversion assessment information (if a Screen was conducted), discuss what led to their housing crisis and/or to seek shelter and what plans there are for future living arrangements.***

**Client Location (Program):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disabling Condition**: ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

**Living Situation:**

**Type of Residence:** ***(Do not read responses. Ask question and then choose one.)***

**HOMELESS SITUATION**

◻ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter

◻ Place not meant for habitation

◻ Safe Haven

**INSTITUTIONAL SITUATION**

◻ Foster care or foster care group Home

◻ Hospital or other residential non-psychiatric

medical facility

◻ Jail, prison, or juvenile detention facility

◻ Long-term care facility or Nursing Home

◻ Psychiatric Hospital or other psychiatric facility

◻ Substance Abuse treatment facility or detox

center

**TRANSITIONAL HOUSING SITUATION**

◻ Hotel / Motel paid without ES voucher

◻ Staying or living in a family, member’s room, apartment, or house

◻ Staying or living in a family member’s room, apartment, or house

◻ Transitional housing for homeless persons (including youth)

**PERMANENT HOUSING SITUATION**

◻ Rental by client no ongoing housing subsidy

◻ 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, no ongoing housing subsidy

◻ Owned by client, with ongoing housing subsidy

**OTHER**

◻ Client doesn't know

◻ Client prefers not to answer

◻ Data Not Collected

If Type of Residence is a ***HOMELESS SITUATION*:**

**Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Length of Stay in the Prior Living Situation:**

◻ One night or less

◻ Two days to six nights

◻ One week or more, but less than one month

◻ One month or more, but less than 90 days

◻ 90 days or more, but less than one year

◻ One year or longer

◻ Client doesn’t know

◻ Client prefers not to answer

◻ Data Not Collected

**(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:**

◻ Never in 3 Years ◻ One Time ◻ Two Times ◻ Three Times ◻ Four or More Times ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

**Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years:**

◻ One Month (this time is the first month)

◻ 2-12 Months (Specify # of Months: \_\_\_\_\_\_)

◻ More than 12 months

◻ Client Doesn’t Know

◻ Client prefers not to answer

◻ Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

**Did you stay less than 90 days?** ◻ Yes ◻ No

**If *Yes***, **On the night before did you stay on the streets, ES or SH**: ◻ Yes ◻ No

**Length of stay in the prior living situation:**

◻ One Night or Less

◻ Two to Six Nights

◻ One week or more, but less than one month

◻ One month or more, but less than 90 days

◻ Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

**Did you stay less than 7 nights?** ◻ Yes ◻ No

If Yes, **On the night before did you stay on the streets, ES or SH:** ◻ Yes ◻ No

**Length of Stay in the Prior Living Situation:**

◻ One night or less

◻ Two days to six nights

**Domestic Violence Survivor?** ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

**If “YES” When experience occurred?**

◻ Within the past three months

◻ Three to six months ago (excluding six months exactly)

◻ Six months to one year ago (excluding one year exactly)

◻ One year ago, or more

◻ Client doesn’t know

◻ Client prefers not to answer

◻ Data Not Collected

**If “YES” Are you currently fleeing?** ◻ Yes ◻ No ◻ Don't Know ◻ Refused ◻ Data Not Collected

Add **Translation Assistance Needed** ◻ Yes ◻ No ◻ Don't Know ◻ Refused

**If ‘Yes,’ Preferred Language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-cash benefit from any source?** ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer ◻ Data Not Collected

*If yes, Non-cash benefit source is required*. **Check those that apply:**

|  |  |
| --- | --- |
| ◻ Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | ◻ TANF Transportation services |
| ◻ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ◻ Other TANF-funded services |
| ◻ TANF Child Care Services | ◻ Other Source , specify if Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Covered by Health Insurance:**◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer ◻ Data Not Collected

**Last Grade Completed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◻ Less than Grade 5 | ◻ Grades 9-11 | ◻ GED | ◻ Bachelor’s Degree | ◻ Client doesn’t know |
| ◻ Grades 5-6 | ◻ Grade 12 / High School diploma | ◻ Some College | ◻ Graduate Degree | ◻ Client prefers not to answer |
| ◻ Grades 7-8 | ◻ School Program does not have grade levels | ◻ Associate degree | ◻ Vocational Certification | ◻ Data Not Collected |

**Connection with SOAR:** ◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer ◻ Data Not Collected

**Employed:** ◻ Yes ◻ No ◻ Client Doesn't Know ◻ Client prefers not to answer ◻ Data Not Collected

**If Yes, Employment Type**

◻ Full Time

◻ Part Time

◻ Seasonal/Sporadic (including day labor)

◻ Full Time - Seasonal

◻ Part Time - Seasonal

◻ School Program does not have grade levels

◻ Other

◻ Volunteer

◻ Not Looking for Work

◻ Unknown

**If No,** **Why Not Employed:**

◻ Looking for work ◻ Unable to work ◻ Not looking for work

**Veteran Data**

**Household Income as a Percentage of Area Median Income (AMI) (*Head of Household*):** ◻ 30% or less ◻ 31% to 50% ◻ 51% to 80% ◻81% or greater

**VAMC Station Number (pick one)**: (689) VA Connecticut HCS, CT

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there an update to the Client’s VASH Voucher?** ◻ Yes ◻ No

**Voucher Change:**

◻ Referral package forwarded to PHA

◻ Voucher denied by PHA

◻ Voucher issued by PHA

◻ Voucher revoked or expired

◻ Voucher in use- veteran moved into housing

◻ Voucher was ported locally

◻ Voucher was administratively absorbed by new PHA

◻ Voucher was converted to Housing Choice Voucher

◻ Veteran exited – voucher was returned

◻ Veteran exited – family maintained the voucher

◻ Veteran exited – prior to ever receiving a voucher

◻ Other

**Voucher Tracking Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Management Exit Reason:**

◻ Accomplished goals and/or obtained services and no longer needs CM

◻ Transferred to another HUD-VASH program site

◻ Found/chose other housing

◻ Did not comply with HUD-VASH CM

◻ Eviction and/or other housing related issues

◻ Unhappy with HUD-VASH housing

◻ No longer financially eligible for HUD-VASH voucher

◻ No longer interested in participating in this program

◻ Veteran cannot be located

◻ Veteran too ill to participate at this time

◻ Veteran is incarcerated

◻ Veteran is deceased

◻ Other

**Specify Other Exit Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HP Targeted Criteria** *(For HP programs only):*

**Is Homeless Prevention targeting screener required?** ◻ Yes ◻ No

**Current housing loss expected within…:** ◻ 0-6 days ◻ 7-13 days ◻ 14-21 days ◻ More than 21 days (0 points)

**Current household income?** ◻ $0 (i.e., not employed, not receiving cash benefits, no other current income ◻ 1-14% of Area Median Income (AMI) for household size ◻ 15-30% of AMI for household size ◻ More than 30% of AMI for household size (0 points)

**Past experience of homelessness (street/shelter/transitional housing) (any adult):** ◻ Most recent episode occurred within last year ◻ Most recent episode occurred more than one year ago ◻ None (0 points)

\*\***Annual household gross income amount:** ◻ 0-14% of Area Median Income (AMI) for household size ◻ 15-30% of AMI for household size ◻ More than 30% of AMI for household size (0 points)

**Head of household is not a current leaseholder/renter of unit**  ◻ Yes ◻ No

**Head of household has never been a leaseholder/renter of unit**  ◻ Yes ◻ No

**Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit**  ◻ Yes ◻ No

**Rental Evictions within the Past 7 Years:**  ◻ 4 or more prior rental evictions ◻ 2-3 prior rental evictions ◻ 1 prior rental eviction ◻ No prior rental evictions (0 points)

**Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property**  ◻ Yes ◻ No

**Incarcerated as adults (adults in household)** ◻ Not incarcerated ◻ Incarcerated once ◻ Incarcerated two or more times

**Discharged from jail or prison within the last six months after incarceration of 90 days or more (adults)** ◻ Yes ◻ No

**Registered sex offender**  ◻ Yes ◻ No

**Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing**  ◻ Yes ◻ No

**Currently Pregnant (any household member)** ◻ Yes ◻ No

**Single parent/guardian household with minor child(ren)**  ◻ Yes ◻ No

**Household includes one or more young children (age six or under) or a child who requires significant care.** ◻ Yes ◻ No

**Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)**  ◻ Yes ◻ No

**Household includes one or more members of an overrepresented population in the homeless system when compared to the general population.** ◻ Yes ◻ No

**HP applicant total points (integer): \_\_\_\_\_\_\_\_**

**Grantee targeting threshold score (integer): \_\_\_\_\_\_\_\_\_**

**Prior Zip Code (Numbers Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the individual willing to share their current zip code and town?:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code of Current Location (NUMBERS ONLY):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town of current location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance** (select which applies)**:**

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

**Income received from any source?** ◻ Yes ◻ No ◻ Client doesn’t know ◻ Client prefers not to answer

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type** | **Monthly Amount** | **Income Type** | **Monthly Amount** |
| Unemployment Insurance | ◻ N ◻ Y $ | VA Non-Service-Connected Disability Pension | ◻ N ◻ Y $ |
| Earned/Employed Income | ◻ N ◻ Y $ | Pension or Retirement income from a former job | ◻ N ◻ Y $ |
| Supplemental Security Income (SSI) | ◻ N ◻ Y $ | Child Support | ◻ N ◻ Y $ |
| Social Security Disability Insurance (SSDI) | ◻ N ◻ Y $ | Alimony or other spousal support | ◻ N ◻ Y $ |
| VA Service-Connected Disability Compensation | ◻ N ◻ Y $ | Worker’s Compensation | ◻ N ◻ Y $ |
| Private Disability Insurance | ◻ N ◻ Y $ | Other Source  Specify: | ◻ N ◻ Y $ |
| Retirement Income From Social Security | ◻ N ◻ Y $ |  |  |
| General Assistance (GA) | ◻ N ◻ Y $ |  |  |
| Temporary Assistance for Needy Families (TANF) | ◻ N ◻ Y $ | **Client Income Total** | $ |

**Veteran Information:**

**DD214 Order Date: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DD214 Receive Date: \_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Service Connected Disability:** ◻ Yes ◻ No ◻ Client Doesn’t Know ◻ Client prefers not to answer

**\*Branch of military:** ◻ Air Force ◻ Army ◻ Marines ◻ Navy ◻ Coast Guard ◻ Space Force ◻ Client Doesn’t Know ◻ Client prefers not to answer ◻ Other

**Reserves:** ◻ Yes ◻ No

**\*Discharge status:** ◻ Honorable ◻ General under Honorable Conditions ◻ Under Other than Honorable Conditions ◻ Bad Conduct ◻ Dishonorable

◻ Uncharacterized ◻ Don’t Know ◻ Refused

**\*Date Entered Service: \_\_\_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Date Separated Service: \_\_\_\_\_\_**\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Months of Active Duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campaign Badge Veteran:** ◻ Yes ◻ No

**Stand Down Event:** ◻ Yes ◻ No

**Serve in a War Zone:** ◻ Yes ◻ No ◻ Client Doesn’t Know ◻ Client prefers not to answer

*If YES, please select the* **War Zone Name**: ◻ Afghanistan ◻ China, Burma, India ◻ Don’t Know ◻ Europe ◻ Iraq ◻ Korea ◻ Laos and Cambodia ◻ North Africa

◻ Other ◻ Persian Gulf ◻ Refused ◻ South China Sea ◻ South Pacific ◻ Vietnam

\***Months Served in a Warzone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*If Yes, Received Friendly or Hostile Fire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Theatre of Operations:** ◻ World War II ◻ Korean War ◻ Vietnam War ◻ Persian Gulf War (Operation Desert Storm) ◻ Afghanistan (Operation Enduring Freedom) ◻ Iraq (Operation Iraqi Freedom) ◻ Iraq (Operation New Dawn) ◻ Other Peace-keeping Operations or Military Interventions

**Mental Health Consultation**

◻ Mental health consultation completed

◻ Mental health consultation being coordinated/arranged with VA provider

◻ Mental health consultation being coordinated/arranged with other provider

◻ Offer declined

**Financial Assistance**

Date Provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date of Financial Assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provided Healthcare Navigation Service**: ◻ Yes ◻ No

**CT Veteran Additional Information:**

**Veteran Eligibility:** ◻ Type 1 ◻ Type 2 ◻ Type 3 ◻ Type 4

**Client is Income Eligible:** ◻ Yes ◻ No

**Client Hard to Find:** ◻ Yes ◻ No

**Refused Services:** ◻ Refused Services ◻ Hard to Engage

**Service Status:** ◻ Engaged ◻ Unengaged ◻ Exited

**Transitional Choosers:** ◻ Yes ◻ No

**Chronic Homeless Verified:** ◻ Yes ◻ No

**Chronic Homeless Verified Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional notes:**