



## Contra Costa Council on Homelessness

### Contra Costa Homeless Management Information System

## Contra Costa Standard HMIS Intake Form

<b>*First Name</b> _____		<b>Middle</b> _____		<b>*Last Name*</b> _____		<b>*Suffix</b> _____ (Jr/Sr.)	
<b>*Social Security No.</b> _____				<b>Intake Date</b> _____			
<b>Intake Counselor</b> _____				<b>Agency /Program</b> _____			
<b>Services Requested at Intake (check all that apply):</b>							
Housing		Services/Other		Health			
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Rental assistance	<input type="checkbox"/> Housing	<input type="checkbox"/> Section 8	<input type="checkbox"/> Security deposit	<input type="checkbox"/> Basic needs: showers, mail, etc.	<input type="checkbox"/> Benefits assistance	<input type="checkbox"/> Child care
<input type="checkbox"/> Section 8	<input type="checkbox"/> Security deposit	<input type="checkbox"/> Employment/job training	<input type="checkbox"/> Food	<input type="checkbox"/> Info and referral	<input type="checkbox"/> Legal services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other
<input type="checkbox"/> Domestic violence aid	<input type="checkbox"/> Crisis intervention	<input type="checkbox"/> Drug/alcohol treatment	<input type="checkbox"/> Mental health	<input type="checkbox"/> Perinatal services	<input type="checkbox"/> Primary health care		

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility.

<b>1. Do you speak and understand English (Y/N)?</b> ____ If no, what language are you most comfortable speaking? <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog <input type="checkbox"/> Arabic <input type="checkbox"/> Other		
<b>2. Who referred you to this program?</b> <input type="checkbox"/> AB 109 probation officer <input type="checkbox"/> Residential program <input type="checkbox"/> HOPE Outreach <input type="checkbox"/> Friend <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Central County Outreach <input type="checkbox"/> Family member <input type="checkbox"/> 211 Crisis Line <input type="checkbox"/> Web/internet <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Other Crisis Center <input type="checkbox"/> MSC/Drop-In center <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Shelter Hotline <input type="checkbox"/> Self <input type="checkbox"/> Criminal justice system (non AB 109) <input type="checkbox"/> Mental Health Access Line <input type="checkbox"/> Other _____ <input type="checkbox"/> Law enforcement/police <input type="checkbox"/> VA <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Shelter <input type="checkbox"/> Church/religious organization <input type="checkbox"/> Client refused to answer <input type="checkbox"/> Clinic/Outpatient facility <input type="checkbox"/> Benefits worker/case manager		
<b>3. Nickname/Alias</b> _____		<b>4. Maiden Name</b> _____
<b>*5. Birth Date:</b> _____ Check one: Full ____ Approximate/Partial ____ Client doesn't know ____ Refused ____		<b>Age:</b> ____
<b>*6. Gender:</b> Check one: Male ____ Female ____ Transgender to Male ____ Transgender to female ____ Doesn't Identify as male, female, or transgender ____ Client doesn't know ____ Refused ____		
<b>7. If another adult is applying for services with you, please list their full name and relationship to you:</b> Name: _____ Relation to you: <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Nonrelative <input type="checkbox"/> Other _____		
<b>*8. Are you the Head of Household?</b> ____	<b>9. How many children in household?</b> _____	<b>10. Total household size:</b> _____
<b>11. Phone # (if any):</b> _____	<b>12. Email (if any):</b> _____	<b>13. Identification #:</b> _____
<b>*14. Ethnicity?</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (non-Hispanic/Latino) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
<b>*15. What race BEST describes you? (check all that apply)</b> [HUD recommendation: Those of Latin heritage should mark <u>American Indian</u> if their ancestry from North, South or Central America. Those from the Far East (including India) should mark <u>Asian</u> . Those from the Middle East should mark <u>White</u> .] <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Client Refused <input type="checkbox"/> Native Hawaiian / Pacific Islander		
<b>*16. Household Configuration:</b> <input type="checkbox"/> Single <input type="checkbox"/> Couple Without Children <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Other _____		

17. Sexual Orientation: Heterosexual \_\_\_ Gay \_\_\_ Lesbian \_\_\_ Bisexual \_\_\_ Questioning/Unsure \_\_\_ Refused \_\_\_

\*18. Have you ever served in the US Military: Yes \_\_\_ No \_\_\_ Client doesn't know \_\_\_ Client refused \_\_\_

If yes, Branch of the Military? Army \_\_\_ Navy \_\_\_ Air Force \_\_\_ Marines \_\_\_ Coast Guard \_\_\_

Year entered military service: \_\_\_\_\_

Year separated from military service: \_\_\_\_\_

Era (check all that apply):

- World War II
- Persian Gulf War
- Iraq Dawn
- Korean War
- Afghanistan
- Other Peace-keeping Operations
- Vietnam War
- Iraq Freedom

Discharge Status:

- Honorable
- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Dishonorable
- Uncharacterized/Other
- Client doesn't know
- Client refused

### Living Situation Info

\*19. What best describes your living situation last night (prior to entering this program) [Please choose one of the three following situations and only answer the questions within that column]:

___ Literally Homeless	___ Institutional Situation	___ Transitional & Permanent Housing
<ul style="list-style-type: none"> <li><input type="checkbox"/> Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside)</li> <li><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher</li> <li><input type="checkbox"/> Safe haven</li> <li><input type="checkbox"/> Interim Housing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Foster care home or foster care group home</li> <li><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</li> <li><input type="checkbox"/> Jail, prison, or juvenile detention facility</li> <li><input type="checkbox"/> Long-term care facility or nursing home</li> <li><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</li> <li><input type="checkbox"/> Substance abuse treatment facility or detox center</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</li> <li><input type="checkbox"/> Owned by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Owned by client, with ongoing housing subsidy</li> <li><input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; HUD legacy programs; or HOPWA PH)</li> <li><input type="checkbox"/> Rental by client, no ongoing housing subsidy</li> <li><input type="checkbox"/> Rental by client, with VASH housing subsidy</li> <li><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</li> <li><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</li> <li><input type="checkbox"/> Residential project or halfway house with no homeless criteria</li> <li><input type="checkbox"/> Staying or living in a family member's room, apartment or house</li> <li><input type="checkbox"/> Staying or living in a friend's room, apartment or house</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>
<p><b>Length of living situation prior to entering this program:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two nights to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 Days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>	<p><b>Length of living situation prior to entering this program:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two nights to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 Days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>	<p><b>Length of living situation prior to entering this program:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One night or less</li> <li><input type="checkbox"/> Two nights to six nights</li> <li><input type="checkbox"/> One week or more, but less than one month</li> <li><input type="checkbox"/> One month or more, but less than 90 days</li> <li><input type="checkbox"/> 90 Days or more, but less than one year</li> <li><input type="checkbox"/> One year or longer</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>
<p><b>Approximate date this episode of homelessness started:</b> ___ / ___ / ___</p>	<p><b>If the Length of Stay above was less than 90 days, did you enter the <b>institution</b> from the streets, Emergency Shelter, or Safe Haven?</b></p> <p>___ Yes ___ No</p> <p><b>If yes, Approximate date this episode of homelessness started:</b> ___ / ___ / ___</p> <p><small>Note: Homelessness may have begun prior to institution stay. If institution stay was less than 90 days, time can be bridged and counted as one episode.</small></p>	<p><b>If the Length of Stay above was less than 7 nights, did you enter the above <b>housing situation</b> from the streets, Emergency Shelter, or Safe Haven?</b></p> <p>___ Yes ___ No</p> <p><b>If yes, Approximate date this episode of homelessness started:</b> ___ / ___ / ___</p> <p><small>Note: If client stayed in a housed situation for less than 7 days, time can be bridged and counted as one episode.</small></p>
<p><b>* For emergency shelters and street outreach only:</b></p>		
<p>If client is coming from either an institution where they stayed MORE than 90 days OR a housing situation where they stayed MORE than 7 days, then their Start Date of Homelessness would be today's date (Intake Date):</p> <p style="text-align: right;"><b>Intake Date:</b> ___ / ___ / ___</p>		
<p><b>Number of <u>times</u> you have been homeless on the streets/shelter in the past <u>three</u> years including today.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 time</li> <li><input type="checkbox"/> 2 times</li> <li><input type="checkbox"/> 3 times</li> <li><input type="checkbox"/> 4 or more times</li> <li><input type="checkbox"/> Client doesn't know</li> <li><input type="checkbox"/> Client refused</li> </ul>		
<p><b>Total Number of Months Homeless in the Past Three Years</b> [Note: Any single day or part of a month spent homeless should be counted as 1 month. Add up these episodes for a cumulative total.]:</p> <p style="text-align: center;">_____ months</p>		

\*21. Housing Status at Program Entry

- Category 1 – Homeless (i.e. streets, shelter, transitional housing)
- Category 2 – At imminent risk of losing housing (within 14 days)
- Category 3 – Homeless only under other federal statutes
- Category 4 – Fleeing domestic violence
- At-risk of homelessness
- Stably housed
- Client doesn't know
- Client refused

*Note: Category 1 Homeless includes individuals recently exiting an institution who were homeless prior to entering the institution*

22. Cause of homelessness? (Choose up to 3. Indicate 1 for primary reason, 2 for secondary reason, 3 for tertiary reason): For prevention programs, cause for potential homelessness?

- Divorce/Separation \_\_\_
- Loss of job \_\_\_
- Parole \_\_\_
- Substance abuse \_\_\_
- Domestic violence \_\_\_
- Low income \_\_\_
- Ran away \_\_\_
- Thrown out \_\_\_
- Eviction \_\_\_
- Mental illness \_\_\_
- Rent increase \_\_\_
- Other: \_\_\_\_\_

**\*23. City where you lost stable housing (does not include shelter, transitional housing, or institutions). For prevention programs, city where you are at-risk of losing your housing?**

<input type="radio"/> Alamo	<input type="radio"/> Byron	<input type="radio"/> Danville	<input type="radio"/> Kensington	<input type="radio"/> Oakley	<input type="radio"/> Port Costa
<input type="radio"/> Antioch	<input type="radio"/> Canyon	<input type="radio"/> Diablo	<input type="radio"/> Knightsen	<input type="radio"/> Orinda	<input type="radio"/> Richmond
<input type="radio"/> Bay Point	<input type="radio"/> Clayton	<input type="radio"/> Discovery Bay	<input type="radio"/> Lafayette	<input type="radio"/> Pacheco	<input type="radio"/> Rode
<input type="radio"/> Bethel Island	<input type="radio"/> Clyde	<input type="radio"/> El Cerrito	<input type="radio"/> Martinez	<input type="radio"/> Pinole	<input type="radio"/> San Pablo
<input type="radio"/> Blackhawk	<input type="radio"/> Concord	<input type="radio"/> El Sobrante	<input type="radio"/> Moraga	<input type="radio"/> Pittsburg	<input type="radio"/> San Ramon
<input type="radio"/> Brentwood	<input type="radio"/> Crockett	<input type="radio"/> Hercules	<input type="radio"/> N Richmond	<input type="radio"/> Pleasant Hill	<input type="radio"/> Walnut Creek

Other Bay Area County:

<input type="radio"/> Alameda	<input type="radio"/> Marin	<input type="radio"/> Monterey
<input type="radio"/> Napa	<input type="radio"/> San Francisco	<input type="radio"/> San Mateo
<input type="radio"/> Santa Clara	<input type="radio"/> Santa Cruz	<input type="radio"/> Solano
<input type="radio"/> Sonoma	<input type="radio"/> Other County in CA _____	<input type="radio"/> Refused

Other City in the U.S.: \_\_\_\_\_ Other Country: \_\_\_\_\_

**\*24. Last Permanent City and Zip Code** (HUD definition: where client last resided for 90 days or more, not counting institutions, shelters, or transitional housing.) **For prevention programs this may be where the client is currently residing.**

City \_\_\_\_\_ State \_\_\_\_\_ \*Zip \_\_\_\_\_ Client doesn't know \_\_\_\_\_ Refused \_\_\_\_\_

**25. What is your Current or Most Recent Mailing Address? Currently staying there (Y/N)?** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**26. In which city did you sleep last night? (this means: where did you sleep prior to entering this program)**

City \_\_\_\_\_ State \_\_\_\_\_

**\*27. Is this your first time experiencing homelessness (being without housing)?** Yes \_\_\_\_\_ No \_\_\_\_\_ Client refused \_\_\_\_\_

**29. Total length of time client has been homeless (without housing)** [Short breaks are acceptable.]

\_\_\_\_\_ years and \_\_\_\_\_ months  Client doesn't know  Client refused

**\*30. Is client's length of homelessness documented, either in HMIS or in a paper file?** Yes \_\_\_\_\_ No \_\_\_\_\_ Refused \_\_\_\_\_

**Health and Disability Info**

**\*32. Do you have a Disabling Condition?** Yes \_\_\_\_\_ No \_\_\_\_\_ Client doesn't know \_\_\_\_\_ Client refused \_\_\_\_\_

**\*33. Please indicate Yes or No for each of the following disability types:**

	Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?		Yes/No	Severity Documented?	Long Term?	Receiving Aid?
1. Mental Health Problem	_____	_____	_____	_____	4. HIV/AIDS	_____	_____	_____	_____	7. Chronic Health Condition	_____	_____	_____	_____
2. Alcohol Abuse	_____	_____	_____	_____	5. Physical	_____	_____	_____	_____	8. Other:	_____	_____	_____	_____
3. Drug Abuse	_____	_____	_____	_____	6. Developmental	_____	_____	_____	_____		_____	_____	_____	_____

Note: Chronic health condition – a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include but are not limited to: heart disease, severe asthma, diabetes, arthritis-related conditions, adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.

**PATH only:** If answered Yes to Mental Health above, is it a Serious Mental Illness (SMI)? \_\_\_\_\_  
 If answered Yes to Mental Health, Alcohol Abuse, or Drug Abuse above, indicate underneath each item how this was confirmed (CC = Confirmed thru clinical evaluation/assessment, CP = Confirmed by prior evaluation or clinic records, or U = Unconfirmed/Presumptive/Self Report).

**\*34. Have you ever been a victim of domestic violence?** Yes \_\_\_\_\_ No \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

**If Yes, please indicate when the most recent domestic violence experience occurred:**

<input type="radio"/> Within the past 3 months	<input type="radio"/> 3-6 months ago	<input type="radio"/> 6-12 months ago
<input type="radio"/> One year ago or more	<input type="radio"/> Client doesn't know	<input type="radio"/> Client refused

**Are you currently fleeing?** Yes \_\_\_\_\_ No \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

**\*35. Are you currently covered by Health Insurance (Y/N)?** \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_

**Please answer Yes or No for each of the following Health Insurance Types:**

Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?	Health Insurance	Currently covered (Y/N)?	*HOPWA Only: If no, reason?
Medicaid/Medi-Cal			Employer-provided Health Insurance		
MEDICARE			Health insurance obtained through COBRA		
State Children's Health Insurance Program (CHIP)			Private Pay Health Insurance		
Veteran's Administration (VA) Medical Services			State Health Insurance for Adults		
Indian Health Services Program			Other		

**\*HOPWA Only:** If not covered, indicate reason: (A= Applied but decision pending, B = Applied but client was ineligible, C = Client did not apply, D = Insurance Type not applicable.)

## Income and Employment

**36. Are you Employed (Y/N)?** \_\_\_\_\_

**If employed, type of employment?** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

**How many hours do you work each week?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**If unemployed, why?** Looking for work \_\_\_\_\_ Unable to work \_\_\_\_\_ Not looking for work \_\_\_\_\_ Other \_\_\_\_\_

**\*37. Any income received from any source in the last 30 days (Y/N)?** \_\_\_\_\_ (answer Yes or No to each of the following):

Source	Any income received in the past 30 days (Y/N)?	Amount	Source	Any income received in the past 30 days (Y/N)?	Amount
Earned Income (ie. employment income)			Child Support		
Retirement Income from Social Security			Alimony or Other spousal support		
Pension from a former job (including military retirement pay)			SSI		
Private disability insurance			SSDI		
Unemployment insurance			General Assistance		
Workers Compensation			TANF		
VA service-connected disability compensation			Other		
VA non-service connected disability pension			No Financial Resources		

**\*38. Current Total Monthly Income (for self and dependents under 18):** \$ \_\_\_\_\_

**\*39. Any non-cash benefits received in the last 30 days (Y/N)?** \_\_\_\_\_ (answer Yes or No to each of the following):

Source	Received in the past 30 days (Y/N)?	Source	Received in the past 30 days (Y/N)?
Supplemental Nutrition Assistance Program (Food Stamps)		WIC	
TANF Child Care Services		Section 8, public housing, or other ongoing rental assistance	
TANF Transportation Services		Temporary rental assistance	
Other TANF-funded services		Other:	

**40. Have you lost any of the following public assistance in the last year?**

- |  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> GA            | <input type="checkbox"/> SSI      | <input type="checkbox"/> SDI            | <input type="checkbox"/> Shelter Plus Care    |
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> SSDI     | <input type="checkbox"/> Section 8      | <input type="checkbox"/> Subsidized Childcare |
| <input type="checkbox"/> TANF/CalWORKS | <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Survivor's Benefits  |

## Education

**43. Last grade completed?**

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 9 <sup>th</sup> – 11 <sup>th</sup> Grade | <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Graduate Degree          |
| <input type="checkbox"/> Grade 5-6   | <input type="checkbox"/> 12 <sup>th</sup> Grade                   | <input type="checkbox"/> Some college                              | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grade 7-8   | <input type="checkbox"/> GED                                      | <input type="checkbox"/> Associates Degree                         | <input type="checkbox"/> Client doesn't know      |
|                                      |   | <input type="checkbox"/> Bachelor's Degree                         | <input type="checkbox"/> Client refused           |

## Dependents

**\*45. Please list information about all dependent children (under 18 years old) in your household who will be participating in this program. (Add additional lines on back page if needed.)**

First and Last Name	Relationship to HOH	Prior Living Situation (refer to page 2)	Birth Date	SS #	Gender (M/F)	Ethnicity	Race	Program Entry Date (if different from above)	Special Needs

46. Are there other family members that may be joining you in the future?

Name	Relationship to HOH	Age	Prior Living Situation (refer to page 2)	When will they be joining you?

**Criminal History**

47. Have you ever been convicted of a crime (Y/N)? \_\_\_\_ Explain: \_\_\_\_\_  
 If yes, were you convicted within the last 6 months (Y/N)? \_\_\_\_
48. Are you currently on probation (Y/N)? \_\_\_\_ Probation office's name and phone no.: \_\_\_\_\_  
 Probation end date (mm/dd/yy): \_\_/\_\_/\_\_
49. Are you currently on parole (Y/N)? \_\_\_\_ Parole office's name and phone no.: \_\_\_\_\_  
 Parole end date (mm/dd/yy): \_\_/\_\_/\_\_
50. Have you ever been incarcerated in State/County/Federal Prison (Y/N)? \_\_\_\_  
 If yes:  
 a) Were you released as a result of California Assembly Bill (AB) 109 (Y/N)? \_\_\_\_  
 b) Were you released within the last 6 months (Y/N)? \_\_\_\_

**For PATH Programs**

1. Date of Status Determination: \_\_/\_\_/\_\_
2. Client became Enrolled in PATH? Yes / No  
**If No, Reason Not Enrolled**  
 Client was found ineligible for PATH  
 Client was not enrolled for other reason(s)
3. Connection with SOAR? Yes / No

**For HOPWA Programs**

1. Receiving Public HIV/AIDS Medical Assistance? Yes / No  
**If no, reason?**  
 Applied; decision pending  
 Applied; client not eligible  
 Client did not apply  
 Insurance type N/A for this client  
 Client doesn't know  
 Client refused
2. Receiving AIDS Drug Assistance Program (ADAP)? Yes / No  
**If no, reason?**  
 Applied; decision pending  
 Applied; client not eligible  
 Client did not apply  
 Insurance type N/A for this client  
 Client doesn't know  
 Client refused
3. T-cell (CD4) Count Available? Yes / No  
**If yes, T-Cell Count? (0-1500) :** \_\_\_\_\_  
**How was the data obtained?**  
 Medical Report  
 Client Report  
 Other
4. Viral Load Available? Available / Not Available / Undetectable  
**If Available, Viral Load? (0-99999)** \_\_\_\_\_  
**How was the data obtained?**  
 Medical Report  
 Client Report  
 Other
5. Date of Viral Load and T-Cell Information:  
 \_\_/\_\_/\_\_

**For VASH Programs**

1. VAMC Station Number: \_\_\_\_\_
2. General Health Status  
 Excellent  
 Very good  
 Good  
 Fair  
 Poor  
 Client doesn't know  
 Client refused

**For SSVF Programs**

1. Percentage of Area Median Income (AMI) [HUD sets new AMI income limits each year. Please refer to huduser.org for the most up-to-date AMI limits.]  
 Less than 30%  
 30% to 50%  
 Greater than 50%
2. VAMC Station Number: \_\_\_\_\_
3. Number of Visits to an emergency room in the past year \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_
4. Approximate number of nights in jail / prison in the past year \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Client Refused \_\_\_\_\_
5. Approximate number of nights spent in an inpatient medical facility in the past year \_\_\_\_\_ Client Doesn't Know \_\_\_\_\_ Refused \_\_\_\_\_

Client's Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

**Signature of Applicant stating that all information is true & correct:** \_\_\_\_\_

**For SSVF Prevention Programs**

**SSVF Homeless Prevention Targeting Criteria:**

<p><b>Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>	<p><b>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/ maintain housing?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Current housing loss expected within...</b></p> <p><input type="checkbox"/> 0-6 days  <input type="checkbox"/> 7-13 days  <input type="checkbox"/> 14-21 days  <input type="checkbox"/> More than 21 days (0 points)</p>	<p><b>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Current household income is \$0?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>	<p><b>Registered sex offender?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Annual household gross income amount</b></p> <p><input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size  <input type="checkbox"/> 15-30% of AMI for household size  <input type="checkbox"/> More than 30% of AMI for household size (0 points)</p>	<p><b>At least one dependent child under age 6?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Sudden and 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 months?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>	<p><b>Single parent with minor child(ren)?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>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?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>	<p><b>Household size of 5 or more requiring at least 3 bedrooms (due to age/ gender mix)?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Rental Evictions within the Past 7 Years?</b></p> <p><input type="checkbox"/> 4 or more prior rental evictions  <input type="checkbox"/> 2-3 prior rental evictions  <input type="checkbox"/> 1 prior rental evictions  <input type="checkbox"/> No prior rental evictions (0 points)</p>	<p><b>Any Veteran in household served in Iraq or Afghanistan?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>	<p><b>Female Veteran?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No (0 points)</p>
<p><b>History of Literal Homelessness (street / shelter / transitional housing)</b></p> <p><input type="checkbox"/> 4+ Times OR a total of 12+ months in the past three years  <input type="checkbox"/> 2-3 times in the past three years  <input type="checkbox"/> 1 time in the past three years  <input type="checkbox"/> None (0 points)</p>	<p><b>HP applicant total points: _____</b></p> <p><b>Grantee targeting threshold score: _____</b></p>