



Contra Costa Council on Homelessness

Contra Costa Homeless Management Information System

Contra Costa Standard HMIS Intake Form

First Name _____ Middle _____ Last Name _____ *Suffix _____ (Jr/Sr.)

*Social Security No: _____ Intake Date: _____

Intake Counselor: _____ Agency/Program: _____

Note: All information requested below is voluntary, however some questions may be required by specific programs to determine eligibility. If client already has an existing record in HMIS, questions 1 thru 9 may be skipped.

1. Nickname/Alias: _____		2. Maiden name: _____	
*3. Birth Date: _____		Age: _____	
<input type="checkbox"/> Full	<input type="checkbox"/> Approximate/Partial	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
*4. Gender:			
<input type="checkbox"/> Male	<input type="checkbox"/> Trans male	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Female	<input type="checkbox"/> Trans female		<input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)
*5. Sexual orientation:			
<input type="checkbox"/> Straight/Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
		<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client refused
*6. What race best describes you? (Check all that apply) [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"/> Client doesn't know	<input type="checkbox"/> Native Hawaiian / Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> Client refused	<input type="checkbox"/> White	
<input type="checkbox"/> Black/African-American			
*7. Ethnicity:			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
*8. Have you ever served in the US Military?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If yes, branch of the Military?			
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air force	<input type="checkbox"/> Marines
			<input type="checkbox"/> Coast Guard
Year entered military service: _____		Year separated from military service: _____	
Era (check all that apply):		Discharge status:	
<input type="checkbox"/> World War II	<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> Korean War	<input type="checkbox"/> Iraq Freedom	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Uncharacterized/Other
<input type="checkbox"/> Vietnam War	<input type="checkbox"/> Iraq New Dawn	<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Persian Gulf War	<input type="checkbox"/> Other	<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Client refused
*9. What is your primary language?			
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Tagalog	<input type="checkbox"/> Arabic
			<input type="checkbox"/> Other
*10. Phone : _____		*11. Email: _____	*12. Identification: _____
*13. What is your current or most recent mailing address?			Currently staying there (Y/N)? _____
Address _____			City _____ State _____ Zip _____
*14. Relationship to head of household:			
<input type="checkbox"/> Self	<input type="checkbox"/> Child	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Other relation
			<input type="checkbox"/> Other: Non-relation member
*15. Who referred you to this program?			
<input type="checkbox"/> 211 Crisis line	<input type="checkbox"/> CARE/Drop in center	<input type="checkbox"/> Self	
<input type="checkbox"/> Other Crisis line	<input type="checkbox"/> Benefits worker/Case manager	<input type="checkbox"/> Friends/Relatives	
<input type="checkbox"/> Shelter Hotline	<input type="checkbox"/> VA	<input type="checkbox"/> Web/Internet	
<input type="checkbox"/> Mental Health Access line	<input type="checkbox"/> CORE outreach	<input type="checkbox"/> Church/Religious organization	
<input type="checkbox"/> Hospital (Non-psychiatric)	<input type="checkbox"/> Police /Law Enforcement	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Clinic/Outpatient facility	<input type="checkbox"/> Criminal justice system (Non AB109)	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Skilled nursing facility	<input type="checkbox"/> AB109 Probation officer	<input type="checkbox"/> Client refused to answer	
<input type="checkbox"/> Residential program			

Living situation

***16. 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]:**

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Institutional situation	<input type="checkbox"/> Transitional & Permanent housing
<input type="checkbox"/> Place not meant for habitation (vehicle, abandoned bldg, train station/airport, or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe haven <input type="checkbox"/> Interim housing	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (other than RRH) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	*Length of living situation prior to entering this program: <input type="checkbox"/> One night or less <input type="checkbox"/> Two nights to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 Days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
*Approximate date this episode of homelessness started: ___ / ___ / ___	*If the length of stay above was less than 90 days, did you enter the <u>institution</u> from the streets, Emergency shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, approximate date this episode of homelessness started: ___ / ___ / ___ <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>	*If the length of stay above was less than 7 nights, did you enter the above <u>housing situation</u> from the streets, Emergency shelter, or Safe Haven? <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, approximate date this episode of homelessness started: ___ / ___ / ___ <small>Note: If client stayed in a housed situation for less than 7 days, time can be bridged and counted as one episode.</small>
* For emergency shelters and street outreach only: 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): Intake Date: ___ / ___ / ___		
*If homeless, number of times you have been homeless on the streets/shelter in the past three years including today. <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
*If homeless, total number of months homeless in the past three years [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.]: _____ months		

***17. Housing status at program entry**

<input type="checkbox"/> Category 1 – Literally Homeless (i.e. streets, shelter, transitional housing) <input type="checkbox"/> Category 4 – Fleeing domestic violence and has no other residence or resources to obtain permanent housing	<input type="checkbox"/> Category 2 – At imminent risk of losing housing (within 14 days) <input type="checkbox"/> At-risk of homelessness—not literally homeless but is low income and either: doubled-up, couch-surfing or living in motel; will lose housing within 21 days; is exiting a publicly funded institution; or has moved twice in the past 60 days.	<input type="checkbox"/> Category 3 – Unaccompanied youth (under 25) or families with minors who are not literally homeless but are homeless under Dept. of Education Definition—they may be in a motel, couch-surfing, doubled-up <input type="checkbox"/> Stably housed
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18. Cause of housing crisis? (Choose up to 3. Indicate 1 for primary reason, 2 for secondary reason. 3 for tertiary reason): For prevention programs, cause for potential homelessness?

<input type="checkbox"/> Divorce/Separation ___ <input type="checkbox"/> Loss of job ___ <input type="checkbox"/> Parole ___ <input type="checkbox"/> Substance abuse ___ <input type="checkbox"/> Physical health ___	<input type="checkbox"/> Domestic violence ___ <input type="checkbox"/> Low income /Underemployment ___ <input type="checkbox"/> Ran away ___ <input type="checkbox"/> Thrown out ___	<input type="checkbox"/> Eviction ___ <input type="checkbox"/> Mental health ___ <input type="checkbox"/> Rent increase ___ <input type="checkbox"/> Other: _____
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***19. 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="checkbox"/> Alamo | <input type="checkbox"/> Byron | <input type="checkbox"/> Danville | <input type="checkbox"/> Kensington | <input type="checkbox"/> Oakley | <input type="checkbox"/> Port Costa |
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Canyon | <input type="checkbox"/> Discovery Bay | <input type="checkbox"/> Knightsen | <input type="checkbox"/> Orinda | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Clayton | <input type="checkbox"/> El Cerrito | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Pacheco | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Bethel Island | <input type="checkbox"/> Clyde | <input type="checkbox"/> El Sobrante | <input type="checkbox"/> Martinez | <input type="checkbox"/> Pinole | <input type="checkbox"/> San Pablo |
| <input type="checkbox"/> Blackhawk | <input type="checkbox"/> Concord | <input type="checkbox"/> Hercules | <input type="checkbox"/> Moraga | <input type="checkbox"/> Pittsburg | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Crockett | | <input type="checkbox"/> N Richmond | <input type="checkbox"/> Pleasant Hill | <input type="checkbox"/> Walnut Creek |

Other Bay Area county:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> Monterey |
| <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Solano |
| <input type="checkbox"/> Sonoma | <input type="checkbox"/> Other county in CA _____ | <input type="checkbox"/> Client refused |

Other part of Contra Costa county: _____ Other county not listed here: _____

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

City _____ State _____

***21. If homeless, is this your first time experiencing homelessness (being without housing) (Y/N)? ____**

22. If homeless, total length of time client has been homeless (without housing) [short breaks are acceptable].

____ years and ____ months Client doesn't know Client refused

Health and Disability

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

	Yes/No	Long term?		Yes/No	Long term?
Physical			Mental health problem		
Developmental			Alcohol abuse		
Chronic health condition			Drug abuse		
HIV/AIDS			Other		

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.

***24. Do you have a disabling condition? This means: Do you have a condition of expected long duration that substantially limits your ability to live on your own**

- Yes No Client doesn't know Client refused

***25. 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:

- Within the past 3 months 3-6 months ago 6-12 months ago
 One year ago or more Client doesn't know Client refused

Are you currently fleeing? Yes ____ No ____ Client doesn't know ____ Client refused ____

***26. Are you currently covered by health insurance** Yes ____ No ____ 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			Health insurance obtained through COBRA		
Medicare			Private pay health Insurance		
State Children's Health Insurance Program (CHIP)			State health insurance for adults		
Employer-provided health insurance			Indian health services program		
Veteran's Administration (VA) medical services			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

27. 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 reasons

***28. Any income received from any source 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)?	Monthly amount	Source	Received in the past 30 days (Y/N)?	Monthly amount
Earned income (ie. employment income)			Security VA non-service connected disability pension		
Unemployment insurance			Pension from a former job (including military retirement pay)		
Workers compensation			TANF		
Private disability insurance			General assistance		
VA service-connected disability compensation			Alimony or Other spousal support		
SSDI			Child support		
SSI			Other:		
Retirement income from Social Security					

***29. 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)		Other TANF-funded services	
TANF child care services		Section 8, public housing, or other ongoing rental assistance	
WIC		Temporary rental assistance	
TANF transportation services		Other:	

Education

30. Last grade completed?

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> < 5th grade | <input type="checkbox"/> 9 th – 11 th 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 th 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

***31. Please list information about all dependent children (under 18 years old) in your household who will be participating in this program.**

First and last name	Relationship to HOH	Birth date	SS #	Gender (M/F)	Ethnicity	Race	Program entry date (if different from above)	Special needs	Income

Criminal history

32. Have you ever been convicted of a crime (Y/N)? _____ Explain: _____
If yes, were you convicted within the last 6 months (Y/N)? _____

33. Are you currently on probation (Y/N)? _____ Probation office's name and phone no.: _____
 Probation end date (mm/dd/yy): ___/___/___

34. Are you currently on parole (Y/N)? _____ Parole office's name and phone no.: _____
 Parole end date (mm/dd/yy): ___/___/___

35. 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)?** _____

Emergency contact : _____ **Emergency contact phone:** _____

Signature of the applicant stating that all information is true & correct: _____

For PATH programs	For HOPWA programs
<p>1. Date of status determination: ___/___/___</p> <p>2. Client became enrolled in PATH? Yes / No If no, reason not enrolled <input type="checkbox"/> Client was found ineligible for PATH <input type="checkbox"/> Client was not enrolled for other reason(s)</p> <p>3. Connection with SOAR? Yes / No</p>	<p>1. Receiving public HIV/AIDS medical assistance? Yes / No If no, reason? <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client did not apply <input type="checkbox"/> Client refused</p> <p>2. Receiving AIDS Drug Assistance Program (ADAP)? Yes / No If no, reason? <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client did not apply <input type="checkbox"/> Client refused</p>
For VASH programs	
<p>1. VAMC station number: _____</p> <p>2. General health status <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p>3. Last permanent state, city and zip code <input type="checkbox"/> State: _____ <input type="checkbox"/> City : _____ <input type="checkbox"/> Zip Code: _____</p> <p>(HUD definition: where client last resided for 90 days or more, not counting institutions, shelters, or transitional housing.)</p>	<p>3. T-cell (CD4) count available? Yes / No If yes, T-Cell counts? (0-1500): _____</p> <p>How was the data obtained? <input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p> <p>4. Viral load available? Available / Not Available / Undetectable If available, viral load? (0-99999) _____</p> <p>How was the data obtained? <input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p> <p>5. Date of viral load and T-Cell information: ___/___/___</p>

For SSVF programs
<p>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.] <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%</p> <p>2. VAMC station number: _____(Required)</p> <p>3. Connection with SOAR? Yes / No</p>

For SSVF Prevention Programs	
SSVF Homeless prevention targeting criteria:	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No(0 points)</p>	<p>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/ maintain housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)</p>
<p>Current housing loss expected within.? <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>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property? <input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)</p>
<p>Current household income is \$0? <input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)</p>	<p>Registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)</p>
<p>Annual household gross income amount <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>At least one dependent child under age 6? <input type="checkbox"/> Yes <input type="checkbox"/> No (0 points)</p>

<p>Sudden and significant decrease in cash income (employment and/or cash benefits) <u>and/or</u> unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>	<p>Single parent with minor child(ren)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>
<p>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?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>	<p>Household size of 5 or more requiring at least 3 bedrooms (due to age/ gender mix)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>
<p>Rental evictions within the past 7 years?</p> <p><input type="checkbox"/> 4 or more prior rental evictions</p> <p><input type="checkbox"/> 2-3 prior rental evictions</p> <p><input type="checkbox"/> 1 prior rental evictions</p> <p><input type="checkbox"/> No prior rental evictions (0 points)</p>	<p>Any veteran in household served in Iraq or Afghanistan?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>
<p>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>	<p>Female veteran?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (0 points)</p>
<p>History of literal homelessness (street / shelter / transitional housing)</p> <p><input type="checkbox"/> 4+ Times OR a total of 12+ months in the past three years</p> <p><input type="checkbox"/> 2-3 times in the past three years</p> <p><input type="checkbox"/> 1 time in the past three years</p> <p><input type="checkbox"/> None (0 points)</p>	<p>HP applicant total points: _____</p> <p>Grantee targeting threshold score: _____</p>