



**Disabling Condition**

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Veteran Status**

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Residence Prior to Program Entry**

Emergency shelter (including a youth shelter, hotel, motel, campground paid with emergency shelter voucher)	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent housing for formerly homeless persons (such as SHP, S+C, SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non psychiatric)	<input type="checkbox"/>
Jail, prison, juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<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"/>
Hotel/motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home/foster care group home	<input type="checkbox"/>
Places not meant for habitation e.g., (vehicles, abandoned building, bus/train/subway station/airport, or anywhere else outside	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, with VASH housing subsidy	<input type="checkbox"/>
Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Length of Stay in Previous Place**

One week or less	<input type="checkbox"/>
More than one week, but less than one month	<input type="checkbox"/>
one to three months	<input type="checkbox"/>
More than one week but less then one month	<input type="checkbox"/>
One to three months	<input type="checkbox"/>
More then three months, but less then one year	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Housing Status**

Literally homeless	<input type="checkbox"/>
Housed and at imminent risk of losing housing	<input type="checkbox"/>
Housed and at-risk of losing housing	<input type="checkbox"/>
Stably housed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Zip Code of Last Permanent Address (where the client last lived for 90 days or more)**

Zip code							
Full or partial zip code reported	<input type="checkbox"/>						
Don't know	<input type="checkbox"/>						
Refused	<input type="checkbox"/>						

**If zip code unknown, what is the city and state you last lived for 90 days or more?**

City:																	
State:																	

**Income and Source – Program-Specific Data Element**

<b>Financial Resources</b>	<b>Income received from any source in the past 30 days?</b>	No	<input type="checkbox"/>	
		Yes	<input type="checkbox"/>	
		Don't Know	<input type="checkbox"/>	
		Refused	<input type="checkbox"/>	
<b>Source and Amount of Income</b>	<b>Source of Income</b>	<b>Receiving Income Source</b>	<b>Amount From Source</b>	
	Earned Income	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Unemployment Insurance	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Supplement Security Income (SSI)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Social Security Disability Income (SSDI)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Veteran's Disability Payment	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Private Disability Insurance	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Workers Compensation	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	General Assistance (GA)	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Retirement income from Social Security	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Veteran's Pension	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
	Pension from former job	No	<input type="checkbox"/>	\$_____00
		Yes	<input type="checkbox"/>	
Child Support	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Alimony or other spousal support	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
Other source	No	<input type="checkbox"/>	\$_____00	
	Yes	<input type="checkbox"/>		
<b>Total Monthly Income</b>	Monthly income from all sources		\$_____00	

**Non-Cash Benefit – Program-Specific Data Element**

<b>Non-Cash Benefit</b>	<b>Non-Cash benefit received from any source in past 30 days?</b>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
		Don't Know	<input type="checkbox"/>
		Refused	<input type="checkbox"/>
<b>Source of Non-Cash Benefit</b>		<b>Receiving Benefit</b>	
	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICAID health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	MEDICARE health insurance program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	State Children's Health Insurance Program (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Veteran's Administration (VA) Medical Services	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF Child Care services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	TANF transportation services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Other TANF-funded services (or use local name)	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
	Section 8, public housing, or other rental assistance	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>
Other source	No	<input type="checkbox"/>	
	Yes	<input type="checkbox"/>	

**Physical Disability – Program-Specific Data Element**

<b>Physical Disability</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Developmental Disability – Program-Specific Data Element**

<b>Developmental disability</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Chronic Health Condition – Program-Specific Data Element**

<b>Chronic Health Condition</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**HIV / AIDS – Program-Specific Data Element**

<b>HIV / AIDS</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If yes) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Mental Health – Program-Specific Data Element**

<b>Mental Health Problem</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If client has a mental health problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If client has a mental health problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Substance Abuse – Program-Specific Data Element**

<b>Substance Abuse Problem</b>	No	<input type="checkbox"/>
	Alcohol Abuse	<input type="checkbox"/>
	Drug Abuse	<input type="checkbox"/>
	Both - Alcohol and Drug	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If client has a substance abuse problem) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If client has a substance abuse problem) Currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Domestic Violence – Program-Specific Data Element**

<b>Domestic Violence Victim/Survivor</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>
<b>(If yes) When experience occurred?</b>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
	Don't Know	<input type="checkbox"/>
	Refused	<input type="checkbox"/>

**Services Provided**

Outreach	<input type="checkbox"/>
Case Management	<input type="checkbox"/>
Life Skills (Outside of Case Management)	<input type="checkbox"/>
Alcohol or drug abuse services	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>
HIV / AIDS – related services	<input type="checkbox"/>
Other health care services	<input type="checkbox"/>
Education	<input type="checkbox"/>
Housing placement	<input type="checkbox"/>
Employment assistance	<input type="checkbox"/>
Child care	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Deceased	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Destination (At Exit)**

Emergency Shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Hospital (non-psychiatric)	<input type="checkbox"/>
Jail, prison, or juvenile detention facility	<input type="checkbox"/>
Rental by client, no housing subsidy	<input type="checkbox"/>
Owned by client, no housing subsidy	<input type="checkbox"/>
Staying or living with family, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>
Staying or living with friends, temporary tenure (e.g. room, apartment, or house)	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>
Foster care home or foster care group home	<input type="checkbox"/>
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/ airport or anywhere outside)	<input type="checkbox"/>
Other	<input type="checkbox"/>
Safe Haven	<input type="checkbox"/>
Rental by client, VASH subsidy	<input type="checkbox"/>
Rental by client, other (non-VASH) housing subsidy	<input type="checkbox"/>
Owned by client, with housing subsidy	<input type="checkbox"/>
Staying or living with family, permanent tenure	<input type="checkbox"/>
Staying or living with friends, permanent tenure	<input type="checkbox"/>

Deceased	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Refused	<input type="checkbox"/>

**Enrollment Exit Date**

		/			/				
month			day			year			