FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to these questions for all household members—each adult and child. A separate form should be included for each household member.

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to these questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

3.11 PROJECT EXIT DATE (e.g., 09/06/2016)

(ALL CLIENTS)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

3.1 NAME (first, middle, last name, suffix (e.g., Jr, Sr, III))

(ALL CLIENTS)

First name																
Middle name																
Last name																
Suffix																

3.12 DESTINATION
(ALL CLIENTS)

☐	Deceased	☐	Rental by client, with VASH housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Rental by client, with GPD TIP housing subsidy
☐	Foster care home or foster care group home	☐	Rental by client, with other ongoing housing subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Residential project or halfway house with no homeless criteria
☐	Hotel or motel paid for without emergency shelter voucher	☐	Safe Haven
☐	Jail, prison, or juvenile detention facility	☐	Staying or living with family, permanent tenure
☐	Long-term care facility or nursing home	☐	Staying or living with family, temporary tenure (e.g., room, apartment or house)
☐	Moved from one HOPWA funded project to HOPWA PH	☐	Staying or living with friends, permanent tenure
☐	Moved from one HOPWA funded project to HOPWA TH	☐	Staying or living with friends, temporary tenure (e.g., room apartment or house)
☐	Owned by client, no ongoing housing subsidy	☐	Substance abuse treatment facility or detox center
☐	Owned by client, with ongoing housing subsidy	☐	Transitional housing for homeless persons (including homeless youth)
☐	Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy program; or HOPWA PH)	☐	Other (Describe) _____
☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐	No exit interview completed
☐	Psychiatric hospital or other psychiatric facility	☐	Client doesn't know
☐	Rental by client, no ongoing housing subsidy	☐	Client refused

4.4 HEALTH INSURANCE
(ALL CLIENTS)

Is the client currently covered by health insurance?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Type of health insurance
☐	☐	Private
☐	☐	Private - Employer
☐	☐	Private - Individual
☐	☐	Medicare
☐	☐	Medicaid (Medi-Cal)
☐	☐	State Children's Health Insurance Program S-CHIP
☐	☐	Military Insurance
☐	☐	Other Public
☐	☐	State Funded
☐	☐	Combined Children's Health Insurance / Medicaid Program
☐	☐	Indian Health Service (IHS)
☐	☐	Other
☐	☐	No insurance

4.10 ALCOHOL ABUSE PROBLEM
(ALL CLIENTS)

Does the client currently have an alcohol abuse problem?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for alcohol abuse problem] Is client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for alcohol abuse problem] Is the alcohol abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for alcohol abuse problem] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.7 CHRONIC HEALTH CONDITION
(ALL CLIENTS)

Does the client currently have a chronic health condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for chronic health condition] Is the client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for chronic health condition] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.6 DEVELOPMENTAL DISABILITY
(ALL CLIENTS)

Does the client currently have a developmental disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for developmental disability] Is the developmental disability expected to substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for developmental disability] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.10 DRUG ABUSE PROBLEM
(ALL CLIENTS)

Does the client currently have a drug abuse problem?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for drug abuse problem] Is client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for drug abuse problem] Is the drug abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for drug abuse problem] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.8 HIV/AIDS
(ALL CLIENTS)

Does the client currently have HIV/AIDS?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for HIV/AIDS] Is the client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for HIV/AIDS] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.9 MENTAL HEALTH ILLNESS
(ALL CLIENTS)

Does the client currently have a mental health illness?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for mental health illness] Is the client currently receiving services/treatment for this condition?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for mental health illness] Is the mental health illness expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for mental health illness] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.5 PHYSICAL DISABILITY
(ALL CLIENTS)

Does the client currently have a physical disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for physical disability] Is the client currently receiving services/treatment for this disability?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for physical disability] Is documentation of the disability and severity on file?

☐	No
☐	Yes

4.2 INCOME AND SOURCES
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Income from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$. 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$. 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$. 0 0
Social Security Disability Income (SSDI)	No	☐	
	Yes	☐	$. 0 0
Veteran's Disability Payment	No	☐	
	Yes	☐	$. 0 0
Private Disability Insurance	No	☐	
	Yes	☐	$. 0 0
Worker's Compensation	No	☐	
	Yes	☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$. 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$. 0 0
Retirement (Social Security)	No	☐	
	Yes	☐	$. 0 0
Veteran's Pension	No	☐	
	Yes	☐	$. 0 0
Other Pension	No	☐	
	Yes	☐	$. 0 0
Child Support	No	☐	
	Yes	☐	$. 0 0
Alimony	No	☐	
	Yes	☐	$. 0 0
Other Income If yes, specify	No	☐	
	Yes	☐	$. 0 0
Total monthly income	**Monthly income from all sources**		$. 0 0

4.3 NON-CASH BENEFITS
(HEAD OF HOUSEHOLD AND OTHER ADULTS ONLY)

Non-cash benefits from any source?

☐ No	☐ Client doesn't know
☐ Yes	☐ Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.) If unsure of the exact monthly amount, enter client's best estimate.

Source of non-cash benefit	Receiving benefit from source?		If yes, monthly amount from source (round to nearest dollar)
Food Stamps / Supplemental Nutrition Assistance Program (SNAP)	No	☐	
	Yes	☐	$. 0 0
MEDICAID	No	☐	
	Yes	☐	
MEDICARE	No	☐	
	Yes	☐	
State Children's Health Insurance Program	No	☐	
	Yes	☐	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐	
	Yes	☐	
Veteran's Administration Medical Services	No	☐	
	Yes	☐	
TANF Child Care Services	No	☐	
	Yes	☐	
TANF Transportation Services	No	☐	
	Yes	☐	
Other TANF-Funded Services	No	☐	
	Yes	☐	
Section 8, Public Housing, or Other Rental Assistance	No	☐	
	Yes	☐	
Other source: _____	No	☐	
	Yes	☐	

4.26 EMPLOYMENT STATUS
(HEAD OF HOUSEHOLD AND OTHER ADULTS AND UNACCOMPANIED YOUTH)

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

↓

[IF YES] Type of Employment

- ☐ Full-time
- ☐ Part-Time
- ☐ Seasonal / sporadic (including day labor)

↓

Hours worked last week

☐☐

↓

Employment Tenure

- ☐ Permanent
- ☐ Temporary
- ☐ Seasonal
- ☐ Client doesn't know
- ☐ Client refused

[IF NO] Why not employed?

- ☐ Looking for work
- ☐ Unable to work
- ☐ Not looking for work

HEALTH ASSESSMENT
(HEAD OF HOUSEHOLD AND OTHER ADULTS AND UNACCOMPANIED YOUTH)

4.27 General Health Status

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Client doesn't know
- ☐ Client refused