



LAST NAME	FIRST NAME	DATE / /
-----------	------------	----------

STREET ADDRESS

CITY	ST	ZIP CODE	PHONE
------	----	----------	-------

BIRTH DATE / /	SOCIAL SECURITY NUMBER
----------------	------------------------

Don't Know Refused

GENDER	VETERAN STATUS	DISABLING CONDITION
<input type="checkbox"/> Male <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> No <input type="checkbox"/> Refused

ETHNICITY	RACE Please identify multiple racial categories as needed.	
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native / Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

PRIOR LIVING SITUATION: Where did you stay last night?

<input type="checkbox"/> Room, apartment, or house that you rent, with NO subsidy <input type="checkbox"/> Room, apartment, or house that you rent, with subsidy <input type="checkbox"/> Apartment or house that you own, with NO subsidy <input type="checkbox"/> Apartment or house that you own, with subsidy <input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Place not meant for habitation (car, abandoned building, outside, etc)	<input type="checkbox"/> Emergency shelter, including hotel or motel with voucher <input type="checkbox"/> Hotel or motel paid without voucher <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Permanent housing for formerly homeless <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"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

LENGTH OF STAY AT PRIOR LIVING SITUATION? **HOUSING STATUS**

<input type="checkbox"/> 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 three months, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at-risk of losing housing <input type="checkbox"/> Stably housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PRIOR ZIP CODE Last stable residence of at least 90 days, if known.

Don't Know Refused

INCOME SOURCES AND AMOUNTS FOR LAST 30 DAYS

Alimony/Spousal Support	\$ _____	TANF	\$ _____
Child Support	\$ _____	Unemployment Insurance	\$ _____
General Assistance (GA)	\$ _____	Veteran's Disability Payment	\$ _____
Pension from a Former Job	\$ _____	Veteran's Pension	\$ _____
Private Disability Insurance	\$ _____	Worker's Compensation	\$ _____
Retirement Income from Social Security	\$ _____	Other	\$ _____
Salary/Wages	\$ _____	Other	\$ _____
Social Security Disability Income (SSDI)	\$ _____	TOTAL	\$ _____
Supplemental Security Income (SSI)	\$ _____		

NON-CASH BENEFITS AND AMOUNTS CURRENTLY RECEIVING Please check box if amount is unknown.

<input type="checkbox"/> Children's Health Insurance Program \$ _____ <input type="checkbox"/> Food Stamps \$ _____ <input type="checkbox"/> LIHEAP \$ _____ <input type="checkbox"/> Medicaid \$ _____ <input type="checkbox"/> Other TANF-funded Services \$ _____ <input type="checkbox"/> Section 8 Utility Allowance \$ _____	<input type="checkbox"/> Section 8/Public Housing \$ _____ <input type="checkbox"/> TANF Child Care Services \$ _____ <input type="checkbox"/> TANF Transportation Services \$ _____ <input type="checkbox"/> Veteran's Admin Medical Services \$ _____ <input type="checkbox"/> WIC \$ _____ TOTAL \$ _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------