## **CLIENT PROFILE**

SOCIAL SECURIT	TY NUME	BER (SS	SN)							_			_				
QUALITY OF SSN digits for new clie			d to co	ollect 1	he la	st fou	r digi	ts of t	he SS	N, th	ough	are no	ot proh	ibited	l from	collect	ing all nine
☐ Full SSN reporte		Approxir N repor		r partia	al	□ Clie	ent do	esn't l	know		Client p swer	orefers	not to		Data r	not colle	ected
CLIENT'S NAME																	N/A
Last																	
First																	
Middle																	
Suffix																	
QUALITY OF NAM																	
□ Full name reported		tial, stre reporte		ne, or (	code		□ Clie	ent do	esn't k	now			nt prefe answer	ers	□ Da	ata not	collected
DATE OF BIRTH						_				_					Ag	e:	
OUALITY OF DOE	•			Month			Da	y			Year						
QUALITY OF DOE		□ Appr	oximat	te or		- O	! t -l	11			□ Clie	nt pref	ers not	to	_ D		11 4 4
☐ Full DOB reporte	ea	partial D	OB re	eported	l	⊔ U	ient d	oesn t	KNOW		answe	•				ata not	collected
GENDER (Select a	all that ap	oply)										1					
□ Woman (Girl if cl □ Man (Boy if child □ Non-Binary	,			□ Que	urally	ng		ntity (	e.g., T	wo-S	pirit)	□С	lient do lient pre ata not	efers ı	not to a	ınswer	
If 'Different Iden	tity' Plea	ase Spe	cify		_												
RACE AND ETHN	IICITY (S	elect all	that a	nnly)													
☐ American Indian Indigenous ☐ Asian or Asian A ☐ Black, African Ar	, Alaska American	Native,	or [	□ Hisp □ Mido □ Nativ □ Whit	lle Ea /e Ha	stern	or Nor	-		er		□С	lient do lient pre ata not	efers ı	not to a	ınswer	
VETERAN STATU	IS																
□ No □ Yes												□С	lient do lient pre ata not	efers i	not to a	inswer	
If 'YES' to Veterar	n Status																
Year entered milita	ary servic	e (year)	)														

Theater of Operations: World War II  No Yes Theater of Operations: Korean War  Theater of Operations: Korean War  No Yes Data not collected Theater of Operations: Vietnam War  No Yes Data not collected Theater of Operations: Vietnam War  No Yes Data not collected Theater of Operations: Vietnam War  No Yes Data not collected Theater of Operations: Persian Gulf War  No Yes Data not collected Theater of Operations: Afghanistan  No Yes Data not collected Theater of Operations: Afghanistan  No Yes Data not collected Theater of Operations: Iraq (Operation Iraqi Freedom)  No Yes Data not collected Theater of Operations: Iraq (Operation New Dawn)  No Yes Data not collected Theater of Operations: Iraq (Operation New Dawn)  No Yes Data not collected Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes Data not collected  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes Data not collected  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes Data not collected  Data not collected  Discharge Status  Honorable Client prefers not to answer Data not collected Discharge Status  Honorable Client prefers not to answer Data not collected Data not collected Data not collected  Discharges Status  Honorable Client prefers not to answer Data not collected Data not collected Data not collected  Discharges Status  Honorable Client prefers not to answer Data not collected	Year separated from	n military service (year)		
No	•			
No		ono. World War ii		□ Client doesn't know
Theater of Operations: Korean War    No				
Theater of Operations: Korean War    No	☐ Yes			•
No	Theater of Operati	ons: Korean War		- Bata not consisted
No				☐ Client doesn't know
Theater of Operations: Iraq (Operation Iraqi Freedom)    No				
Theater of Operations: Vietnam War    No	☐ Yes			•
No	Theater of Operati	ons: Vietnam War		
Yes	_ N-			☐ Client doesn't know
Data not collected				☐ Client prefers not to answer
No	⊔ Yes			•
No	Theater of Operati	ons: Persian Gulf War		
Theater of Operations: Afghanistan  No   Client prefers not to answer   Data not collected  Theater of Operations: Iraq (Operation Iraqi Freedom)  No   Client prefers not to answer   Data not collected  Theater of Operations: Iraq (Operation Iraqi Freedom)  No   Client prefers not to answer   Data not collected  Theater of Operations: Iraq (Operation New Dawn)  No   Client prefers not to answer   Data not collected  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No   Client prefers not to answer   Data not collected  Branch of the Military  Army   Marines   Client doesn't know   Client prefers not to answer   Data not collected  Discharge Status  Honorable   Bad Conduct   Client prefers not to answer   Data not collected  Discharge Status  Other than honorable conditions   Dishonorable   Client prefers not to answer   Data not collected  Doc OPTIONAL QUESTIONS	- N			☐ Client doesn't know
Theater of Operations: Afghanistan  No Yes  Theater of Operations: Iraq (Operation Iraqi Freedom)  No Yes  Theater of Operations: Iraq (Operation Iraqi Freedom)  No Yes  Theater of Operations: Iraq (Operation New Dawn)  No Yes  Theater of Operations: Iraq (Operation New Dawn)  No Yes  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  No Yes  Client doesn't know Client prefers not to answer Data not collected  Branch of the Military  Army Army Army Army Space Force Data not collected  Discharge Status Honorable General under honorable conditions Dishonorable Client prefers not to answer Data not collected  Discharge Status Other than honorable conditions Other than honorable conditions (OTH) Uncharacterized  Data not collected				☐ Client prefers not to answer
No	⊔ Yes			·
No       Client prefers not to answer         Data not collected         Theater of Operations: Iraq (Operation Iraqi Freedom)         No       Client doesn't know         Pyes       Client prefers not to answer         Data not collected         Theater of Operations: Iraq (Operation New Dawn)         No       Client doesn't know         Pyes       Data not collected         Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)       Client doesn't know         No       Yes       Client doesn't know         Yes       Data not collected         Branch of the Military         Army       Marines       Client doesn't know         Arir Force       Coast Guard       Client prefers not to answer         Navy       Space Force       Data not collected         Discharge Status       Client doesn't know       Client prefers not to answer         Other than honorable conditions       Dishonorable       Client prefers not to answer         Other than honorable conditions (OTH)       Uncharacterized       Data not collected	Theater of Operati	ons: Afghanistan		
Theater of Operations: Iraq (Operation Iraqi Freedom)  □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected  Theater of Operations: Iraq (Operation New Dawn) □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected  Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) □ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected  Branch of the Military □ Army □ Army □ Marines □ Client doesn't know □ Client prefers not to answer □ Data not collected  Discharge Status □ Honorable □ General under honorable conditions □ Dishonorable □ Client prefers not to answer □ Data not collected  Discharge Status □ Honorable □ Bad Conduct □ Client doesn't know □ Client prefers not to answer □ Data not collected  Doc OPTIONAL QUESTIONS				☐ Client doesn't know
Yes				☐ Client prefers not to answer
No	⊔ Yes			•
No	Theater of Operati	ons: Iraq (Operation Ir	aqi Freedom)	•
Yes	□ Na			☐ Client doesn't know
Data not collected				☐ Client prefers not to answer
No Client doesn't know   Yes Client prefers not to answer   Data not collected    Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  Client doesn't know   No Client doesn't know   Yes Data not collected    Branch of the Military  Army  Air Force Coast Guard Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected   Navy Space Force Data not collected   Discharge Status Client doesn't know Client doesn't know   General under honorable conditions Dishonorable Client doesn't know   General under honorable conditions Dishonorable Client prefers not to answer   Other than honorable conditions (OTH) Dishonorable Data not collected	⊔ Yes			•
No	Theater of Operati	ons: Iraq (Operation N	ew Dawn)	
Yes			·	☐ Client doesn't know
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)    No				☐ Client prefers not to answer
Bosnia, Kosovo)    No	⊔ Yes			•
No Client doesn't know   Yes Client prefers not to answer   Data not collected    Branch of the Military    Army	Theater of Operati	ons: Other peace-keep	ing operations or military inte	erventions (such as Lebanon, Panama, Somalia,
No	Bosnia, Kosovo)			
Yes	□ No			
Branch of the Military  Army Army Ari Force Space Force Discharge Status Honorable General under honorable conditions Other than honorable conditions (OTH)  Data not collected  Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer Client prefers not to answer Client prefers not to answer Data not collected				•
Army				☐ Data not collected
□ Air Force □ Coast Guard □ Client prefers not to answer   □ Navy □ Space Force □ Data not collected    Discharge Status  □ Honorable □ General under honorable conditions □ Dishonorable □ Client doesn't know □ Client prefers not to answer □ Client prefers not to answer □ Client prefers not to answer □ Data not collected	Branch of the Milit	ary		
Navy       □ Space Force       □ Data not collected         Discharge Status         □ Honorable       □ Bad Conduct       □ Client doesn't know         □ General under honorable conditions       □ Dishonorable       □ Client prefers not to answer         □ Other than honorable conditions (OTH)       □ Uncharacterized       □ Data not collected         OC OPTIONAL QUESTIONS	☐ Army		☐ Marines	☐ Client doesn't know
Discharge Status  Honorable General under honorable conditions Other than honorable conditions (OTH)  Uncharacterized  Client doesn't know Client prefers not to answer Data not collected	☐ Air Force		□ Coast Guard	•
□ Honorable       □ Bad Conduct       □ Client doesn't know         □ General under honorable conditions       □ Dishonorable       □ Client prefers not to answer         □ Other than honorable conditions (OTH)       □ Uncharacterized       □ Data not collected         OC OPTIONAL QUESTIONS	☐ Navy		☐ Space Force	☐ Data not collected
☐ General under honorable conditions ☐ Dishonorable ☐ Client prefers not to answer ☐ Data not collected ☐ Data no	-			
□ Other than honorable conditions (OTH) □ Uncharacterized □ Data not collected  OC OPTIONAL QUESTIONS				
OC OPTIONAL QUESTIONS				· · · · · · · · · · · · · · · · · · ·
	☐ Other than honor	able conditions (OTH)	☐ Uncharacterized	☐ Data not collected
Alias	OC OPTIONAL Q	UESTIONS		
· ·	Alias			
☐ She/Her/Hers ☐ They/Them/Theirs		□ Sha/Har/Hara		☐ They/Them/Theirs
Pronouns(s)  He/Him/His  Other:	Pronouns(s)			

## PROJECT ENROLLMENT

#### TRANSI ATION ASSISTANCE NEEDED

THAISEATION ASSISTANCE IN	LULU				
□ No				☐ Client doesn't know	
□ No				☐ Client prefers not to answer	
				□ Data not collected	
Preferred Language					
□ Spanish	□ <b>F</b> :				
□ Vietnamese	□ Farsi				
□ Chinese	☐ Arabic			☐ Client doesn't know	
☐ Cantonese	□ Russian			☐ Client prefers not to answer	
□ Mandarin	☐ French			□ Data not collected	
☐ Korean	□ Ukrainian				
□ Persian	☐ Different Pre	ferred Lan	guage		
- 1 oroidin					
If Different Preferred Language					
Please Specify					
DEL ATIONISHID TO HEAD OF H	OUSELIOLD				
RELATIONSHIP TO HEAD OF H	OUSEHOLD		T		
☐ Self (head of household)			☐ Head of household	's other relation member	
☐ Head of household's child		□ Other: non-relation member			
☐ Head of household's spouse or partn	er			THETIDE	
PROJECT NAME					
PROJECT START DATE			_		
TROCEST START BATE					
HOUSING MOVE-IN DATE					
(For PSH, PH with no disability require	ment and RRH				
Projects: Record the date a client or ho			_		
into a permanent housing unit)	400/10/4 /110700				
and a permanent nearly anny					
PRIOR LIVING SITUATION for S	treet Outread	ch, Emer	gency Shelter, or	Safe Haven project types	
Type of Residence 3.917A (Type of liv	ving arrangemen	t on the nic	ght before entering this	project)	
			SITUATION		
☐ Place not meant for habitation (e.g.,	a vehicle, an aba	ndoned bu	ilding, bus/train/subwa	y station/airport or anywhere outside)	
☐ Emergency shelter, including hotel or			•	• • • •	
□ Safe Haven					
	INS	<b>FITUTION</b>	AL SITUATION		
☐ Foster care home or foster care grou			☐ Long-term care facil		
☐ Hospital or other residential non-psyc		acility	,	or other psychiatric facility	
☐ Jail, prison or juvenile detention facili				eatment facility or detox center	
TRANSITIONAL HOUSING SITUATION					

☐ Transitional housing for homeless persons (includin	g	☐ Staying or living in a friend's r	oom, apartment,	or house
homeless youth)		☐ Staying or living in a family m	ember's room, a <sub>l</sub>	partment, or
☐ Residential project or halfway house with no homele		house		
☐ Hotel or motel paid for without emergency shelter vo	oucher			
☐ Host Home (non-crisis)				
PERM	ANENT HO	USING SITUATION		
☐ Rental by client, no ongoing housing subsidy		☐ Client doesn't know		
☐ Rental by client, with ongoing housing subsidy		☐ Client prefers not to answer		
☐ Owned by client, with ongoing housing subsidy		□ Data not collected		
☐ Owned by client, no ongoing housing subsidy				
Rental Subsidy Type if Rental by client, with ongoing	g housing su	bsidy		
☐ GPD TIP housing subsidy		☐ Rental by client, with other on	going housing su	ubsidy
□ VASH housing subsidy		☐ Housing Stability Voucher		·
□ RRH or equivalent subsidy		☐ Family Unification Program V	oucher (FUP)	
☐ HCV voucher (tenant or project based) (not dedicate	ed)	☐ Foster Youth to Independence	e Initiative (FYI)	
□ Public housing unit		☐ Permanent Supportive Housing	•	
		☐ Other permanent housing dec	dicated for forme	rly homeless
	" 1 "	persons	· · · · · ·	
Length of Stay in Prior Living Situation (How long				
		th or more, but less than 90 days	☐ Client doe	
	•	or more, but less than one year	□ Client pref	ers not to
☐ One week or more, but less than one month	☐ One year	or longer	□ Data not o	collected
If Client's Type of Residence is any of t	he <i>Institut</i>	tional Situation options:		
Length of Stay Less than 90 days?				
(Indicate if the stay in the institutional setting they lived less than 90 days)	d in immedia	ntely prior to project entry was	□ No	□Yes
If 'Length of Stay Less than 90 days' is	YES			
On the night before - stayed on streets, ES or Safe				
(On the night before the client's stay of less than 90 days	•	stitutional setting were they on	□ No	□ Yes
the streets, in an Emergency Shelter, or in a Safe Have	ren?)			
Approximate Date Homelessness Started (Approximate Date Homeless) (Approximate Date Homelessness Started (Approximate Date Homelessness	mate date th	e client's <b>current</b> episode of hom	elessness began	)
Number of times the client has been on the streets	s, in ES, or	Save Haven in the past three ye	ars including to	day
(Regardless of where they stayed last night)	<u> </u>	,	_	·
	☐ Three tim	nes	☐ Client doesn't	
☐ Two times	☐ Four or m	nore times	☐ Client prefers	
	. 50	11.4	☐ Data not colle	ected
Total number of months homeless on the streets,				
,	☐ Six Month		☐ Eleven Month	-
	☐ Seven Mo		☐ Twelve Month	
☐ Three Months	☐ Eight Moi		☐ More than 12	
	☐ Nine Mon		<ul><li>□ Client doesn't</li><li>□ Client prefers</li></ul>	
☐ Five Months	☐ Ten Mont	U15	□ Data not colle	
			_ Data Hot bolic	

PRIOR LIVING SITUATION for project types <u>other than</u> Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B (Type of living arrangement	nt on the night before the	entry into the project)	
	IOMELESS SITUATION	only the the projecty	
☐ Place not meant for habitation (e.g., a vehicle, an about the paid for very large of the paid for v	andoned building, bus/trai		)
INS	TITUTIONAL SITUATIO	N	
<ul> <li>□ Foster care home or foster care group home</li> <li>□ Hospital or other residential non-psychiatric medical</li> <li>□ Jail, prison or juvenile detention facility</li> </ul>	facility □ Psychiatric	care facility or nursing home c hospital or other psychiatric facility abuse treatment facility or detox center	
	TIONAL HOUSING SITU		
<ul> <li>□ Transitional housing for homeless persons (including homeless youth)</li> <li>□ Residential project or halfway house with no homele</li> <li>□ Hotel or motel paid for without emergency shelter vo</li> <li>□ Host Home (non-crisis)</li> </ul>	☐ Staying or ss criteria house	living in a friend's room, apartment, or house living in a family member's room, apartment,	
PERMA	NENT HOUSING SITUA	TION	
□ Rental by client, no ongoing housing subsidy □ Rental by client, with ongoing housing subsidy □ Owned by client, with ongoing housing subsidy □ Owned by client, no ongoing housing subsidy	□ Client doe □ Client pref □ Data not c	fers not to answer	
Rental Subsidy Type if Rental by client, with ongoing	housing subsidy		
<ul> <li>□ GPD TIP housing subsidy</li> <li>□ VASH housing subsidy</li> <li>□ RRH or equivalent subsidy</li> <li>□ HCV voucher (tenant or project based) (not dedicate</li> <li>□ Public housing unit</li> </ul>	□ Housing S □ Family Un □ Foster You □ Permanen	client, with other ongoing housing subsidy Stability Voucher ification Program Voucher (FUP) uth to Independence Initiative (FYI) at Supportive Housing manent housing dedicated for formerly homels	ess
Length of Stay in Prior Living Situation (How long	ago did the client start sta	ying in that Type of Residence)	
☐ Two to six nights	☐ One month or more, bu ☐ 90 days or more, but les☐ One year or longer	<u> </u>	to
If Client's Type of Residence is any of th	ne <u>Homeless Situation</u>	options:	
Approximate Date Homelessness Started (Approxim	nate date the client's <b>curr</b> e	ent episode of homelessness began)	
Number of times the client has been on the streets (Regardless of where they stayed last night)	in ES, or Save Haven in	n the past three years including today	
☐ One time ☐ Two times	Three times Four or more times	□ Client doesn't know □ Client prefers not to an □ Data not collected	swer
Total number of months homeless on the streets, in	n ⊑o, or on in the past t	nree years	

☐ One month (this time is the first month)	☐ Six Months		☐ Eleven Month	S
☐ Two Months	□ Seven Months		☐ Twelve Month	
☐ Three Months	□ Eight Months		☐ More than 12	
☐ Four Months	□ Nine Months		☐ Client doesn't	
☐ Five Months	□ Ten Months		<ul><li>□ Client prefers</li><li>□ Data not colle</li></ul>	
If Client's Type of Residence is any	of the <u>Institutional Situatio</u>	on options:		
Length of Stay Less than 90 days? (Indicate if the stay in the institutional setting they less than 90 days)	lived in immediately prior to pro	ject entry was	□ No	□ Yes
If Client's Type of Residence is any	of the <i>Transitional and Per</i>	rmanent Hous	<i>ing Situation</i> op	tions:
Length of Stay Less than 7 nights? (Indicate if the stay in the transitional or permaner to project entry was less than 7 nights)	nt housing setting they lived in in	nmediately prior	□ No	□ Yes
If 'Length of Stay Less than 90 days	' is <u>YES</u> —OR— If 'Length o	f Stay Less tha	n 7 nights' is <u>YE</u>	<u>-S</u>
On the night before – stayed on streets, ES or (On the night before the client's stay of less than singhts in a transitional/permanent housing setting, Shelter, or in a Safe Haven?)	90 days in an institutional setting		□No	□Yes
If 'On the night before – stayed on	streets, ES, or Safe Haven'	is <u>YES</u>	•	
Approximate Date Homelessness Started (App	roximate date the client's <b>curre</b> l	<b>nt</b> episode of hor	melessness began	
Number of times the client has been on the str (Regardless of where they stayed last night)	eets, in ES, or Save Haven in	the past three y	ears including to	day
☐ One time	☐ Three times		☐ Client doesn't	
☐ Two times	□ Four or more times		☐ Client prefers	
Total number of months homeless on the street	ate in ES or SU in the past th	roo voore	☐ Data not colle	ctea
One month (this time is the first month)	Six Months	iee years	☐ Eleven Month	<u> </u>
☐ Two Months	☐ Seven Months		☐ Twelve Month	
☐ Three Months	☐ Eight Months		☐ More than 12	
□ Four Months	☐ Nine Months		☐ Client doesn't	
□ Five Months	☐ Ten Months		☐ Client prefers	
			☐ Data not colle	
DISABLING CONDITIONS AND BARRIER	RS			
Do you have a disabling condition?				
□No			☐ Client doesn't kı	
□Yes			<ul><li>□ Client prefers no</li><li>□ Data not collected</li></ul>	
			Data Hot collecti	<del>c</del> u
Do you have a physical disability?				
□No			☐ Client doesn't kı	_
□Yes			<ul><li>□ Client prefers no</li><li>□ Data not collected</li></ul>	
			⊔ Data Not collect	₽u
If yes for Physical Disability,		□No	☐ Client doesn't kı	now
ii yes idi fiiysidai Disabiiily,			□ Client prefers no	ot to answer

Expected to be of long-cont substantially impairs ability	inued and indefinite duration and to live independently?	□Yes	☐ Data not collected
Do you have a development	al disability?		
□No	•		☐ Client doesn't know
			☐ Client prefers not to answer
□ Yes			☐ Data not collected
Do you have a chronic healt	th condition?		
□No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
		T	☐ Data not collected
If yes for Chronic Health Cond		□No	☐ Client doesn't know
substantially impairs ability	inued and indefinite duration and to live independently?	□Yes	<ul><li>□ Client prefers not to answer</li><li>□ Data not collected</li></ul>
outstantiany impans asinty	to nve macpenaently.		☐ Data flot collected
Have you been diagnosed w	rith AIDS or have you tested positive for HIV?		
□No			☐ Client doesn't know
□ Yes	☐ Client prefers not to answer		
□ 165			☐ Data not collected
Do you have a mental health	n problem?		
□No			☐ Client doesn't know
☐ Yes			☐ Client prefers not to answer
		1	□ Data not collected
If yes for Mental Health Proble		□No	☐ Client doesn't know
substantially impairs ability	inued and indefinite duration and	□Yes	☐ Client prefers not to answer
Substantially impairs ability	to live independently:		☐ Data not collected
Do you have a substance at	ouse problem?		<b>-</b>
□No			☐ Client doesn't know
☐ Alcohol Abuse			☐ Client prefers not to answer
<ul><li>□ Drug Abuse</li><li>□ Both Alcohol and Drug</li></ul>			☐ Data not collected
If you have any Substance Ab	uusa Problom	_ Na	☐ Client doesn't know
	inued and indefinite duration and	□ No	☐ Client prefers not to answer
substantially impairs ability		□ Yes	□ Data not collected
Are you a survivor of domes	stic or intimate partner violence?		
□No			☐ Client doesn't know
□ Voo			☐ Client prefers not to answer
□ Yes			☐ Data not collected
If Yes for survivor of domestic			T
When did this experience	<ul><li>□ Within the past three months</li><li>□ Three to six months ago (excluding six months)</li></ul>	s exactly)	☐ Client doesn't know
occur?	☐ From six to twelve months ago (excluding six months)		☐ Client prefers not to answer
	☐ More than a year ago	Joan Ordony)	□ Data not collected
	□ No		☐ Client doesn't know
Are you currently fleeing?			☐ Client prefers not to answer
, ,	□ Yes		□ Data not collected

### MONTHLY INCOME AND SOURCES

	□ No	☐ Client doesn't know
Income from Any Source	□ INO	☐ Client prefers not to
	□Yes	answer
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALI	SOUDCES THAT ADDIV	☐ Data not collected
Income Source (Check all that apply)	L SOURCES THAT APPLY	Monthly Amount
□ Earned Income		Working Amount
□ Unemployment Insurance		
□ Worker's Compensation		
□ Private Disability Insurance		
□ VA Service-Connected Disability Compensation		
□ Social Security Disability Income (SSDI)		
Supplemental Security Income (SSI)		
Retirement Income from Social Security		
□ VA Non-Service-Connected Disability Pension		
Pension or retirement income from a former job		
☐ Temporary Assistance for Needy Families (TANF)		
☐ General Assistance (GA)		
☐ Alimony or other spousal support		
☐ Child Support		
□ Other Cash Income (Specify:)		
NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	□ No	☐ Client doesn't know
Troopers and the state of the s	□Yes	☐ Client prefers not to answer
		☐ Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS—INDICATE		
□ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
□ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
TANE OF House One in a	☐ Other Non-Cash Benefits	
☐ TANF Childcare Services	(Specify Source):	
HEALTH INSURANCE		
Covered by Health Insurance?	□No	<ul><li>☐ Client doesn't know</li><li>☐ Client prefers not to</li></ul>
	□Yes	answer
		☐ Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICAT		
	☐ Insurance Obtained through CO	OBRA
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adu	lts
□ Veteran's Health Administration (VHA)	☐ Indian Health Services Program	n
	☐ Other Health Insurance	
☐ Employer-provided Health Insurance		

### LAST PERMANENT ADDRESS

Prior City The last city in which the clien to entry into this project	t was permanently housed prior		
ADDITIONAL INFORMAT	TION		
Sexual Orientation			
□ Heterosexual		☐ Other	
□ Gay		☐ Client doesn't know	
□ Lesbian		☐ Client prefers not to answer	
□ Bisexual		☐ Data not collected	
☐ Questioning/Unsure		Data not collected	
If Other			
Please Specify			
1 loade openly	-		
•	S  diately prior to entry into this perfect the night prior to entry into thi		
□ Aliso Viejo	☐ Huntington Beach	□ Newport Beach	☐ Westminster
□ Anaheim	☐ Irvine	□ Orange	□ Yorba Linda
□ Brea	□ La Habra	□ Placentia	☐ Unincorporated Orange
□ Buena Park	□ La Palma	□ Rancho Santa Margarita	County
□ Costa Mesa	□ Laguna Beach	□ San Clemente	□ Outside Orange County,
☐ Cypress	□ Laguna Hills	□ San Juan Capistrano	but in California
□ Dana Point	□ Laguna Niguel	□ Santa Ana	☐ Outside of California
□ El Modena	□ Laguna Woods	☐ Seal Beach	□ Client doesn't know
☐ Fountain Valley	☐ Lake Forest	☐ Stanton	☐ Client prefers not to answer
□ Fullerton	☐ Los Alamitos	□ Tustin	☐ Data not collected
☐ Garden Grove	☐ Mission Viejo	□ Villa Park	
Phone Number (Optional)			
Email Address (Optional)			
	member currently employed or d/or Santa Ana? Select all that a		□ Anaheim □ Santa Ana □ Garden Grove
Household member with city	v tie (select all that apply)	☐ Self (Head of Household)	<ul><li>☐ Head of Household's</li><li>spouse or partner</li><li>☐ Head of Household's other</li></ul>
THE STATE OF THE S	, and (Solote all that apply)	☐ Head of Household's child	relation member  Other: non-relation member

Is this client receiving s County?	ervices	funded by the (	Children and Fa	milies Com	mission Orange		)	□ Yes
•								1
Which family access po	int is se	erving this hous	ehold?					
				- No			lient doesn	t know
Have you or someone in	າ your fa	amily ever been	legally	□ No				s not to answer
evicted?				□Yes			ata not coll	
How many legal eviction	ns?							
Primary Language								
				□No		_	lient doesn	-
Is anyone in the househ	old cur	rently pregnant	?	□Yes				s not to answer
				□ 1 es			ata not coll	ected
How far along?						Trimes Trimes		d Trimester
Are you in the process of	of reuni	fying with any n	ninor children?				Yes	
, .						ata not o	collected	
What state were you bo	rn in?							
☐ AL - Alabama		A - Georgia	□ MA - Mas	ssachusetts	□ NM - New Mex		□ TN - Te	
☐ AL- Alaska		- Hawaii	□ MI - Mich	•	☐ NY - New York		□ TX - Te	
☐ AZ - Arizona	□ID	- Idaho	□ MN - Min	nesota	□ NC - North Ca	rolina	□ UT - Ut	
☐ AR- Arkansas		- Illinois	☐ MS - Mis	sissippi	□ ND - North Da	kota	□ VT - Ve	ermont
□ CA - California	$\square$ IN	- Indiana	☐ MO - Mis	souri	☐ OH - Ohio		□ VA - Vi	rginia
☐ CO - Colorado	□ IA	- Iowa	☐ MT - Mor	ntana	□ OK - Oklahom	a	□ WA - W	/ashington
□ CT- Connecticut		S - Kansas	□ NE - Neb	raska	□ OR - Oregon		□ WV - W	est Virginia/
□ DE - Delaware	$\square$ KY	′ - Kentucky	□ NV - Nev	ada	□ PA - Pennsylva	ania	□ WI - W	sconsin
☐ DC - District of	□ LA	- Louisiana	□ NH - Nev	٧	☐ RI - Rhode Isla	and	□ WY - W	/yoming
Columbia		E - Maine	Hampshire		□ SC - South Ca	rolina	□ Client of	loesn't know
□ FL - Florida	□ M[	) - Maryland	□ NJ - New	Jersey	□ SD - South Da	kota	☐ Client panswer☐ Other☐	orefers not to
If 'Other' for State you we	re born							
Which country were you		1?						
Employment Status		□ Full-Time		□ Unemplo	oved	□ CI	ient doesn't	know
Linployment Status		□ Part-Time		□ Disabled	•			not to answer
		☐ Seasonal/Te	mporary Work	□ Retired			ata not colle	

### **CFCOC ENTRY QUESTIONS**

nis client receiving services funded by th	e Children and	Families Commiss	ion No
nge County?			□Yes
COC Bed Night Start Date client's first bed night funded by CFCOC			
COC Bed Night End Date client's last bed night funded by CFCOC			
			1
I certify that the information above is correct	ct to the best of	ny knowledge.	
	ct to the best of I	ny knowledge.	 Date
I certify that the information above is correctly client Signature	ct to the best of I	ny knowledge.	 Date
	ct to the best of I	ny knowledge.	Date  Date
Client Signature	ct to the best of	ny knowledge.	
Client Signature			Date
Client Signature  Agency Staff Signature  DO NOT ANSWER QUESTIONS BELOW	/ – DATA ENTR		Date
Client Signature  Agency Staff Signature  DO NOT ANSWER QUESTIONS BELOW  Date entered into HMIS:///	/ – DATA ENTR	Y PERSONNEL ON	Date
Client Signature  Agency Staff Signature  DO NOT ANSWER QUESTIONS BELOW  Date entered into HMIS://  Question	/ – DATA ENTR ——— Answer		Date
Client Signature  Agency Staff Signature  DO NOT ANSWER QUESTIONS BELOW  Date entered into HMIS:///	/ – DATA ENTR	Y PERSONNEL ON	Date

Staff Name (verifying completion of Data Entry):