## **CLIENT PROFILE**

SOCIAL SECURI	ITY N	UMBE	R (SS	SN)							_			_					
QUALITY OF SS digits for new cl				d to co	ollect	the las	st fou	r digi	ts of t	he SS	N, th	ough	are no	ot pro	hibite	d fro	n colle	cting	all nine
□ Full SSN repor		□Ар			r partia	al	□ Clie	ent do	esn't k	know		lient p wer	refers	not to		□ Data	a not co	llecte	ed
CLIENT'S NAME																			N/A
Last																			П
First																			
Middle																			
Suffix  QUALITY OF NA	ME																		
□ Full name reported		Partia ame re	•		ne, or	code		□ Clie	ent do	esn't k	now		□ Cliei not to a				Data no	ot col	lected
DATE OF BIRTH					Month		_	Da	V			Year				,	Age:		
QUALITY OF DO	В					T		,	'										
☐ Full DOB repor	ted		Appro ortial D		te or eported	t	□ CI	ient d	oesn't	know		□ Clie answe	nt pref r	ers no	ot to		Data no	ot col	lected
GENDER (Select	all tha	at appl	ly)																
□ Woman (Girl if □ Man (Boy if chil □ Non-Binary	,				□ Que □ Culti		ig Speci		ntity (e	e.g., T	wo-S	pirit)	□С	lient p	doesn' orefers ot colle	not to	/ o answe	er	
If 'Different Ide	ntity'	Pleas	e Spe	cify															
RACE AND ETHI	NICIT'	<b>Y</b> (Sel	ect all	that a	nnlv)														
☐ American India Indigenous ☐ Asian or Asian ☐ Black, African A	n, Ala Ameri	ska Na ican	ative,	or	□ Hisp □ Mido □ Nativ □ Whit	dle Eas	stern	or Nor			er		□С	lient p	doesn' orefers	not to	<i>I</i> o answe	er	
VETERAN STAT	US																		
□ No □ Yes													□С	lient p	doesn' orefers ot colle	not to	answe	er	
If 'YES' to Vetera	an Sta	itus																	
Year entered milit	tary se	ervice	(year)																

Year separated from	m military service (year)		
Theater of Operati	ons: World War II	I	
□ No			☐ Client doesn't know
□ No			☐ Client prefers not to answer
L 163			☐ Data not collected
Theater of Operati	ons: Korean War		
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati	ons: Vietnam War		
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati	ons: Persian Gulf War		
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati	ons: Afghanistan		
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati	ons: Iraq (Operation Ira	aqi Freedom)	
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati	ons: Iraq (Operation N	ew Dawn)	
□ No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
			☐ Data not collected
Theater of Operati Bosnia, Kosovo)	ons: Other peace-keep	ing operations or military inte	rventions (such as Lebanon, Panama, Somalia,
□ No			☐ Client doesn't know
□ No			☐ Client prefers not to answer
			☐ Data not collected
Branch of the Milit	tary		
☐ Army		☐ Marines	☐ Client doesn't know
☐ Air Force		□ Coast Guard	☐ Client prefers not to answer
□ Navy		□ Space Force	☐ Data not collected
Discharge Status			
□ Honorable		☐ Bad Conduct	☐ Client doesn't know
☐ General under ho	onorable conditions	☐ Dishonorable	☐ Client prefers not to answer
☐ Other than honor	able conditions (OTH)	☐ Uncharacterized	☐ Data not collected
OC OPTIONAL Q	UESTIONS		
Alias			
_	☐ She/Her/Hers		☐ They/Them/Theirs
Pronouns(s)	☐ He/Him/His		□ Other:

## PROJECT ENROLLMENT

								_	_				_	_		-				_	_			_	_	_	-		_
1		2.	Λ	N	IC		A.	П	$\boldsymbol{\Gamma}$	١N		Λ	C	C	15	2.7	ГΛ	١N	ш	~	_	N	Ш	_	_	П	ı	- 1	7
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TRANSLATION ASSISTANCE NE				
□No				☐ Client doesn't know
□Yes				☐ Client prefers not to answer
				☐ Data not collected
Preferred Language				
□ Spanish	□ Farsi			
□ Vietnamese	□ Faisi □ Arabic			
□ Chinese	□ Russian			☐ Client doesn't know
□ Cantonese	☐ Russian			☐ Client prefers not to answer
□ Mandarin	☐ Ukrainian			☐ Data not collected
□ Korean	☐ Different Pref	ferred Land	nuane	
□ Persian		IGHIGG LGH	guage	
If Different Preferred Language				
Please Specify				
RELATIONSHIP TO HEAD OF H	OUSEHOLD			
□ Self (head of household)			l □ Head of household	's other relation member
☐ Head of household's child			☐ Other: non-relation	
☐ Head of household's spouse or partn	er			
PROJECT NAME				
PROJECT START DATE			-	
HOUSING MOVE-IN DATE				
(For PSH, PH with no disability requirer			_	
Projects: Record the date a client or ho	usehold moves			
into a permanent housing unit)				
PRIOR LIVING SITUATION for S	treet Outreac	ch, Emer	gency Shelter, or	Safe Haven project types
Type of Residence 3.917A (Type of liv	ring arrangement	t on the nig	ght before entering this	project)
			SITUATION	
<ul><li>□ Place not meant for habitation (e.g., a</li><li>□ Emergency shelter, including hotel or</li><li>□ Safe Haven</li></ul>	motel paid for wi	ith emerge	ency shelter voucher, o	
	INST		AL SITUATION	
☐ Foster care home or foster care group			□ Long-term care facili	
☐ Hospital or other residential non-psyc		,	,	or other psychiatric facility
□ Jail, prison or juvenile detention facili	(V		□ Substance abuse tre	eatment facility or detox center

☐ Transitional housing for homeless persons (includ homeless youth)	ing	<ul><li>☐ Staying or living in a friend's r</li><li>☐ Staying or living in a family me</li></ul>		
☐ Residential project or halfway house with no home	eless criteria	house	ombor o room, ap	artmont, or
☐ Hotel or motel paid for without emergency shelter				
☐ Host Home (non-crisis)				
	MANENT HOL	USING SITUATION		
Rental by client, no ongoing housing subsidy		☐ Client doesn't know		
<ul> <li>□ Rental by client, with ongoing housing subsidy</li> <li>□ Owned by client, with ongoing housing subsidy</li> </ul>		<ul><li>☐ Client prefers not to answer</li><li>☐ Data not collected</li></ul>		
☐ Owned by client, with origoing housing subsidy		□ Data not collected		
Owned by client, no origoning nodaling addated				
Rental Subsidy Type if Rental by client, with ongoin	ng housing su	bsidy		
☐ GPD TIP housing subsidy	<u> </u>	☐ Rental by client, with other on	going housing su	bsidy
□ VASH housing subsidy		☐ Housing Stability Voucher		•
□ RRH or equivalent subsidy		☐ Family Unification Program V	oucher (FUP)	
☐ HCV voucher (tenant or project based) (not dedicated)	ated)	☐ Foster Youth to Independence	e Initiative (FYI)	
□ Public housing unit		□ Permanent Supportive Housing	· ·	
		☐ Other permanent housing dec	dicated for former	ly homeless
Length of Stay in Prior Living Situation (How lon	na ago did tha	persons	· Pasidanas)	
☐ One night or less	-	th or more, but less than 90 days	☐ Client does	en't know
☐ Two to six nights		or more, but less than one year	☐ Client does	
☐ One week or more, but less than one month	□ One year	•	answer	3.01.01.0
and work of more, sat loss than one mortal	- One your	or longer	□ Data not co	ollected
If Client's Type of Residence is any of	the <i>Institut</i>	ional Situation options:		
Length of Stay Less than 90 days?				
(Indicate if the stay in the institutional setting they live less than 90 days)	ed in immedia	tely prior to project entry was	□No	□ Yes
If 'Length of Stay Less than 90 days' is	s YES			
On the night before – stayed on streets, ES or Sa				
(On the night before the client's stay of less than 90		titutional setting were they on	□No	□Yes
the streets, in an Emergency Shelter, or in a Safe Ha		,		
Approximate Date Homelessness Started (Approx	ximate date th	e client's <b>current</b> episode of hom	elessness began)	
1 1			·	
Number of times the client has been on the stree	te in ES or S	Savo Havon in the nast three ve	are including to	day
(Regardless of where they stayed last night)				-
□ One time	☐ Three tim	es	☐ Client doesn't	
□ Two times	☐ Four or m	nore times	☐ Client prefers	
Total number of months have loss on the streets	: FC CI	I in the most three ware	☐ Data not collec	ctea
Total number of months homeless on the streets  ☐ One month (this time is the first month)	Six Month		☐ Eleven Months	6
☐ Two Months	□ Six World		☐ Twelve Month	
☐ Three Months	☐ Eight Mor		☐ More than 12	
☐ Four Months	□ Nine Mon		☐ Client doesn't	
☐ Five Months	☐ Ten Mont		☐ Client prefers	
			□ Data not collec	

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 arrangeme		oject)
	HOMELESS SITUATION	
<ul> <li>□ Place not meant for habitation (e.g., a vehicle, an ab</li> <li>□ Emergency shelter, including hotel or motel paid for</li> <li>□ Safe Haven</li> </ul>		
INS	STITUTIONAL SITUATION	
☐ Foster care home or foster care group home	□ Long-term care facility or r	
☐ Hospital or other residential non-psychiatric medical	•	
☐ Jail, prison or juvenile detention facility	□ Substance abuse treatme	nt facility or detox center
	TIONAL HOUSING SITUATION	
☐ Transitional housing for homeless persons (including		d's room, apartment, or house
homeless youth)	, ,	y member's room, apartment, or
<ul> <li>□ Residential project or halfway house with no homele</li> <li>□ Hotel or motel paid for without emergency shelter vo</li> </ul>		
☐ Hotel of moter paid for without emergency sheller vo	ouchiel	
Those frome (from orisis)		
PERM	ANENT HOUSING SITUATION	
☐ Rental by client, no ongoing housing subsidy	□ Client doesn't know	
☐ Rental by client, with ongoing housing subsidy	☐ Client prefers not to answe	er
☐ 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 subsidy	
☐ GPD TIP housing subsidy	☐ Rental by client, with othe	r ongoing housing subsidy
□ VASH housing subsidy	☐ Housing Stability Voucher	
□ RRH or equivalent subsidy	☐ Family Unification Prograr	n Voucher (FUP)
☐ HCV voucher (tenant or project based) (not dedicate	ed)   Foster Youth to Independent	ence Initiative (FYI)
☐ Public housing unit	□ Permanent Supportive Ho	
	□ Other permanent housing	dedicated for formerly homeless
1 (1 (0) : D: 1:: 0'; (' // // /	persons	(D)
Length of Stay in Prior Living Situation (How long		
	☐ One month or more, but less than 90 da	<u> </u>
☐ Two to six nights	□ 90 days or more, but less than one year	answer
☐ One week or more, but less than one month	□ One year or longer	□ Data not collected
If Client's Type of Residence is any of the	he <i>Homeless Situation</i> options:	
Approximate Date Homelessness Started (Approxim		nomelessness began)
Number of times the client has been on the streets	in FS or Save Haven in the nast three	vears including today
(Regardless of where they stayed last night)	, in EO, or Gave Haven in the past times	years moluting today
☐ One time	□ Three times	□ Client doesn't know
☐ Two times	□ Four or more times	☐ Client prefers not to answer
		☐ Data not collected
Total number of months homeless on the streets, i	n ES, or SH in the past three years	

☐ One month (this time is the first month)	☐ Six Months		☐ Eleven Month	ns
☐ Two Months	□ Seven Months		□ Twelve Month	าร
☐ Three Months	☐ Eight Months		☐ More than 12	months
☐ Four Months	☐ Nine Months		☐ Client doesn't	
☐ Five Months	☐ Ten Months		□ Client prefers	
a i ivo montrio			□ Data not colle	
If Client's Type of Residence is a	ny of the <u>Institutional Situ</u>	<u>ation</u> options:		
Length of Stay Less than 90 days?				
(Indicate if the stay in the institutional setting the	hey lived in immediately prior to	project entry was	□No	□ Yes
less than 90 days)				
If Client's Type of Residence is a	ny of the <u>Transitional and</u>	Permanent Hous	<u>ing Situation</u> op	otions:
Length of Stay Less than 7 nights?				
(Indicate if the stay in the transitional or perma	nent housing setting they lived	in immediately prior	□No	□ Yes
to project entry was less than 7 nights)				
If 'Length of Stay Less than 90 d	<u> </u>	th of Stay Less tha	n 7 nights' is <u>Y</u>	<u>ES</u>
On the night before – stayed on streets, ES		. 11: 11: 11: 7		
(On the night before the client's stay of less the		•	□No	□Yes
nights in a transitional/permanent housing sett	ing, were they on the streets, ir	n an ⊑mergency		
Shelter, or in a Safe Haven?)  If 'On the night before – stayed	on stroots ES or Safa Hay	von' is VES		
Approximate Date Homelessness Started (	<u> </u>		malaaanaaa hagan	.1
Approximate Date Homelessness Started //	Approximate date the chefit's <b>c</b> i	untent episode di noi	nielessiless began	)
Number of times the client has been on the	streets, in ES, or Save Have	n in the past three y	ears including to	day
(Regardless of where they stayed last night)				
☐ One time	☐ Three times		□ Client doesn't	
☐ Two times	□ Four or more times		□ Client prefers	
			☐ Data not colle	ected
Total number of months homeless on the s		st three years		
☐ One month (this time is the first month)	☐ Six Months		□ Eleven Month	
☐ Two Months	□ Seven Months		☐ Twelve Month	
☐ Three Months	□ Eight Months		☐ More than 12	months
☐ Four Months	□ Nine Months		□ Client doesn't	
☐ Five Months	□ Ten Months		□ Client prefers	
			☐ Data not colle	ected
DICARLING CONDITIONS AND DARR	NEDC			
DISABLING CONDITIONS AND BARR	RIERS			
Do you have a disabling condition?		1		
□ No			☐ Client doesn't k	
□Yes			<ul><li>□ Client prefers n</li><li>□ Data not collect</li></ul>	
_ 100			□ Data not collect	eu
Do you have a physical disability?				
□ No			☐ Client doesn't k	now
			☐ Client prefers n	ot to answer
□ Yes			☐ Data not collect	ed
If yes for Physical Disability,		□No	☐ Client doesn't k	
ir you for a riyolodi Diodoliity,			☐ Client prefers n	ot to answer

Expected to be of long-cont substantially impairs ability	inued and indefinite duration and	□ Yes	☐ Data not collected
Substantially impairs ability	to live independently?		
Do you have a development	tal disability?		
□No			☐ Client doesn't know
□ Yes			☐ Client prefers not to answer
□ 165			☐ Data not collected
Do you have a chronic heal	th condition?		
□No			☐ Client doesn't know
			☐ Client prefers not to answer
□ Yes			□ Data not collected
If yes for Chronic Health Cond		□ No	☐ Client doesn't know
substantially impairs ability	tinued and indefinite duration and	□Yes	☐ Client prefers not to answer
Substantially limpairs ability	to live independently?		☐ Data not collected
Have you been diagnosed w	vith AIDS or have you tested positive for HIV	?	
□ No			☐ Client doesn't know
□ Voo			☐ Client prefers not to answer
□ Yes			☐ Data not collected
Do you have a mental healtl	h problem?		
□No			☐ Client doesn't know
□ Voo			☐ Client prefers not to answer
□ Yes			□ 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 al	ouse problem?		
□ No			☐ Client doesn't know
☐ Alcohol Abuse			☐ Client prefers not to answer
☐ Drug Abuse			☐ Data not collected
☐ Both Alcohol and Drug  If you have any Substance Ab	ouco Problem		☐ Client doesn't know
	inued and indefinite duration and	□No	☐ Client prefers not to answer
substantially impairs ability		□ Yes	□ Data not collected
	stic or intimate partner violence?		
□ No	·		☐ Client doesn't know
			☐ Client prefers not to answer
□ Yes			☐ Data not collected
If Yes for survivor of domestic			
When did this experience	☐ Within the past three months	4ha ayas4l. \	☐ Client doesn't know
occur?	☐ Three to six months ago (excluding six months)	• ,	☐ Client prefers not to answer
	<ul><li>□ From six to twelve months ago (excluding or</li><li>□ More than a year ago</li></ul>	ne year exactly)	☐ Data not collected
			☐ Client doesn't know
Are you currently fleeing?			☐ Client prefers not to answer
, see see see see see see see see see se	□Yes		☐ Data not collected
	ı		

#### MONTHLY INCOME AND SOURCES

Income from Any Source	□ No	☐ Client doesn't know☐ Client prefers not to
-	□Yes	answer
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL	SOURCES THAT APPLY	□ Data not collected
Income Source (Check all that apply)	COURSES THAT ALL ET	Monthly Amount
□ Earned Income		monthly / mount
☐ 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
Receiving Non-Oash Deficits:	□ Yes	<ul><li>☐ Client prefers not to answer</li><li>☐ Data not collected</li></ul>
IF "YES" TO RECEIVING NON-CASH BENEFITS- INDICATE	ALL SOURCES THAT APPLY	
☐ Supplemental Nutrition Assistance Program (SNAP)	☐ TANF Transportation Services	
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ Other TANF-funded services	
, , ,	☐ 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		
☐ MEDICAID	☐ Insurance Obtained through Co	OBRA
☐ MEDICARE	☐ Private Pay Health Insurance	
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adu	ılts
☐ Veteran's Health Administration (VHA)	☐ Indian Health Services Program	n
□ Employer-provided Health Insurance	☐ Other Health Insurance (Specify Source):	

#### LAST PERMANENT ADDRESS

	ent was permanently housed prior		
to entry into this project			
ADDITIONAL INFORMA	TION		
Sexual Orientation			
□ Heterosexual		C Oth	
□ Gay		☐ Other	
□ Lesbian		☐ Client doesn't know	
□ Bisexual		<ul><li>□ Client prefers not to answer</li><li>□ Data not collected</li></ul>	
☐ Questioning/Unsure		Data not collected	
If Other			
Please Specify			
r reads opening			
OC CUSTOM QUESTION	VS		
What city were you in imm	ediately prior to entry into this pr	oject?	
•	pent the night prior to entry into this	•	
-	• • •		
☐ 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)			
	d member currently employed or		□ Anaheim □ Santa Ana
Anaheim, Garden Grove, a	ind/or Santa Ana? Select all that ap	oply.	□ Garden Grove
			☐ Head of Household's
Have also also manufacturistical	:	☐ Self (Head of Household)	spouse or partner
Household member with c	ity tie (select all that apply)	,	☐ Head of Household's other
		☐ Head of Household's child	relation member
			☐ Other: non-relation member

Which individual acc	ess poin	nt is serving this	household?				
							1 6 1 M.L. S.
Have you or someone	o in voll	r family ever her	on logally	□ No			ient doesn't know lient prefers not to
evicted?	a III you	lalling ever bee	ill legally	Vac		answ	
				□ Yes			ata not collected
How many legal evic	tions?						
What state were you							
□ AL - Alabama		A - Georgia	□ MA - Mas		□ NM - New Mex		☐ TN - Tennessee
□ AL- Alaska		- Hawaii	☐ MI - Michi	•	□ NY - New York		☐ TX - Texas
☐ AZ - Arizona		- Idaho	□ MN - Minr		□ NC - North Ca	-	□ UT - Utah
☐ AR- Arkansas		- Illinois	☐ MS - Miss		□ ND - North Da	kota	□ VT - Vermont
☐ CA - California		- Indiana	☐ MO - Miss		☐ OH - Ohio		□ VA - Virginia
☐ CO - Colorado		- lowa	☐ MT - Mont		□ OK - Oklahom	а	□ WA - Washington
☐ CT- Connecticut		S - Kansas	□ NE - Nebr		□ OR - Oregon		□ WV - West Virginia
☐ DE - Delaware		/ - Kentucky	□ NV - Neva		☐ PA - Pennsylv		□ WI - Wisconsin
☐ DC - District of		A - Louisiana E Maine	☐ NH - New		☐ RI - Rhode Isla		☐ WY - Wyoming
Columbia □ FL - Florida		E - Maine D. Maryland	Hampshire		☐ SC - South Ca		☐ Client doesn't know
☐ FL - FIUHUA		D - Maryland	□ NJ - New	Jersey	☐ SD - South Da	ikota	☐ Client prefers not to answer
It (OIL - I fam Chata Vall	ho			Γ			☐ Other
If 'Other' for State you				l			
Which country were y	ou born			<u> </u>			
Employment Status		□ Full-Time		□ Unemplo	•		ient doesn't know
		□ Part-Time		□ Disabled	ı		ient prefers not to answer
		□ Seasonal/Ten Work	nporary	□ Retired		□ Da	ata not collected
TEST OF THE PROPERTY OF THE		-					
CFCOC ENTRY QUE						- No	
Is this client receiving Orange County?		•	: Children and F	Families Co	mmission	□ No	_
CFCOC Bed Night Sta The client's first bed ni	ight funde						
CFCOC Bed Night En		ad by CECOC					

Client Signature			Date	
Agency Staff Signature			Date	
DO NOT ANSWER QUESTIONS BELOV	V – DATA ENTR	/ PERSONNEL ONI	_Y (Optional):	
DO NOT ANSWER QUESTIONS BELOW	V – DATA ENTR	/ PERSONNEL ONI	<u>Y (Optional):</u>	
	V – DATA ENTR	/ PERSONNEL ONI	<u>-Y (Optional):</u>	
Date entered into HMIS://			_Y (Optional):	