



**CLARITY**  
HUMAN SERVICES

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

<input type="radio"/>	Woman (Girl, if child)	<input type="radio"/>	Questioning
<input type="radio"/>	Man (Boy, if child)	<input type="radio"/>	Different Identity ( <i>specify</i> ):
<input type="radio"/>	Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transgender	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Non-Binary	<input type="radio"/>	Data not collected

### WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT

<input type="radio"/> She/her	<input type="radio"/> Client doesn't know
<input type="radio"/> He/him	<input type="radio"/> Client prefers not to answer
<input type="radio"/> They/Them	<input type="radio"/> Data not collected
<input type="radio"/> Not listed	

### WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY [All Clients over age 11]

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Declined to answer
<input type="radio"/> Bisexual	<input type="radio"/> Not Asked
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Incomplete / Missing Data
<input type="radio"/> Questioning / Unsure	
<input type="radio"/> Not listed	

### RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

### PRIMARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> Client doesn't know
<input type="radio"/> French	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Hindi	<input type="radio"/> Data not collected
<input type="radio"/> Japanese	<input type="radio"/>
<input type="radio"/> Different Preferred Language ( <i>specify</i> ):	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>

### SECONDARY LANGUAGE

<input type="radio"/> English	<input type="radio"/> Korean
<input type="radio"/> Spanish	<input type="radio"/> Russian
<input type="radio"/> Chinese (Cantonese)	<input type="radio"/> Samoan
<input type="radio"/> Chinese (Mandarin)	<input type="radio"/> Tigrinya
<input type="radio"/> Filipino (Tagalog)	<input type="radio"/> Vietnamese
<input type="radio"/> Amharic	<input type="radio"/> American Sign Language (ASL)
<input type="radio"/> Arabic	<input type="radio"/> Client doesn't know
<input type="radio"/> French	<input type="radio"/> Client prefers not to answer

<input type="radio"/>	Hindi	<input type="radio"/>	Data not collected
<input type="radio"/>	Japanese	<input type="radio"/>	
<input type="radio"/>	Different Preferred Language ( <i>specify</i> ):	<input type="radio"/>	
		<input type="radio"/>	
		<input type="radio"/>	

**VETERAN STATUS** *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>			
<b>Year separated from military service (year)</b>			
<b>Theater of Operations: World War II</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Korean War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Vietnam War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
Army		<input type="radio"/>	Space Force
Air Force		<input type="radio"/>	Client doesn't know
Navy		<input type="radio"/>	Client prefers not to answer

Marines	<input type="radio"/>	Data not collected
Coast Guard		

<b>Discharge Status</b>		
Honorable	<input type="radio"/>	Uncharacterized
General under honorable conditions	<input type="radio"/>	Client doesn't know
Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
Bad Conduct	<input type="radio"/>	Data not collected
Dishonorable		

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

**CLIENT CONTACT INFORMATION**

<b>PHONE NUMBER</b>																				
<b>SECONDARY NUMBER</b>																				
<b>EMERGENCY CONTACT:</b>																				
<b>EMERGENCY CONTACT PHONE NUMBER</b>																				

<b>CAAP/ Medi-Cal/ Calfresh:</b>	<input type="radio"/>	No	<input type="radio"/>	Yes
<b>CAAP Active Date:</b>	____/____/____			
<b>CAAP Eligibility Status:</b>	<input type="radio"/>	FI – Fail/Ineligible	<input type="radio"/>	Client Doesn't Know
	<input type="radio"/>	PS – Pass/Eligible	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data Not Collected
<b>CAAP Housing Status:</b>				
<b>CAAP Verification Date:</b>				
<b>CAAP Eligibility Date:</b>				
<b>CAAP Case ID:</b>				
<b>CAAP Program:</b>				

**IN PERMANENT HOUSING** *[Permanent Housing and Grant Per Diem – Case Management/Housing Retention Projects, for Head of Household]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
<b>Housing Move-In Date:</b>	____/____/____		

## PRIOR LIVING SITUATION

### TYPE OF RESIDENCE *[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

### LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]* Conditional Question - Only ask if previous response program type is residential project or halfway house with no homeless criteria, hotel or motel paid for without emergency shelter voucher, transitional housing for homeless persons (including homeless youth), host home (non-crisis), staying or living in a friend's room, apartment or house, staying or living in a family member's room, apartment or house, rental by a client, with GPD TIP housing subsidy, rental by a client, with VASH housing subsidy, permanent housing (other than RRH) for formerly homeless persons, rental by client, with RRH or equivalent subsidy, rental by client, with HCV voucher (tenant or project based), rental by client in a public housing**

*unit, rental by client, no ongoing subsidy, rental by client, with other ongoing subsidy, owned by client, with ongoing housing subsidy, owned by client, no ongoing housing subsidy)*

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS** *[Institutional Housing Situations] (Conditional – Only ask if response to Prior Living Situation is (Hospital or other residential non-psychiatric medical facility, jail, prison or juvenile detention facility, long-term care facility or nursing home, psychiatric hospital or other psychiatric facility, substances abuse treatment facility or detox center)*

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN** *[Head of Household and Adults] (Conditional – Only ask if response to length of stay less than 7 nights or length of stay less than 90 days equals yes.)*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b>	____/____/____
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
<b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**LIFETIME LENGTH OF HOMELESSNESS IN SF**  
**HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?**  
**[Head of Household or Over the age of 17]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If Yes:	
How many years:	Months:

**LIFETIME LENGTH OF HOMELESSNESS OUTSIDE OF SF**  
**HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?**  
**[Head of Household or Over the age of 17]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer

		<input type="radio"/>	Data not collected
How many years:		Months:	

**LAST PERMANENT ZIP CODE**

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**QUALITY OF ZIPCODE**

<input type="radio"/>	Full or Partial Zip Code Reported
<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client prefers not to answer

**DISABLING CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** *[not required]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**DEVELOPMENTAL DISABILITY** *[not required]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**CHRONIC HEALTH CONDITION** *[not required]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

**HIV-AIDS** *[not required]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer

	<input type="radio"/>	Data not collected
<b>IF "YES" TO HIV-AIDS – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[not required]*

<input type="radio"/> No	<input type="radio"/>	Client doesn't know
<input type="radio"/> Yes	<input type="radio"/>	Client prefers not to answer
	<input type="radio"/>	Data not collected
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[not required]*

<input type="radio"/> No	<input type="radio"/>	Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/>	Data not collected
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SURVIVOR OF DOMESTIC VIOLENCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/>	Client doesn't know
<input type="radio"/> Yes	<input type="radio"/>	Client prefers not to answer
	<input type="radio"/>	Data not collected
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/>	Client doesn't know
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected
<input type="radio"/> One year ago or more		
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/>	Client doesn't know
<input type="radio"/> Yes	<input type="radio"/>	Client prefers not to answer
	<input type="radio"/>	Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>		
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>
		<b>Amount</b>



<input type="checkbox"/> Earned Income		<input type="checkbox"/> CalWORKS	
<input type="checkbox"/> Unemployment Insurance		<input type="checkbox"/> CAAP	
<input type="checkbox"/> Supplemental Security Income (SSI)		<input type="checkbox"/> Retirement income from Social Security	
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		<input type="checkbox"/> Pension or retirement income from a former job	
<input type="checkbox"/> VA Service-Connected Disability Compensation		<input type="checkbox"/> Child support	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		<input type="checkbox"/> Alimony and other spousal support	
<input type="checkbox"/> Private disability insurance		<input type="checkbox"/> Other income source ( <i>specify</i> ):	
<input type="checkbox"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</b>			

**RECEIVING NON-CASH BENEFITS** [*Head of Household and Adults*]

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKs Childcare Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> CalWORKs Transportation Services
<input type="checkbox"/> Other ( <i>specify</i> ):	<input type="checkbox"/> Other CalWORKs-funded services

**COVERED BY HEALTH INSURANCE** [*All Clients*]

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employer Provided Health Insurance
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Health Insurance Obtained Through COBRA
<input type="checkbox"/> State Children's Health Insurance (SCHIP)	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> Veteran's Health Administration (VHA)	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Other ( <i>specify</i> ):	<input type="checkbox"/> Indian Health Services Program

**SSVF HP TARGETING CRITERIA:**

[*Head of Household in SSVF Homeless Prevention programs*]

**Is Homelessness Prevention targeting screener required?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED</b>	
<b>Housing loss expected within...</b>	
<input type="checkbox"/> 1-6 days	<input type="checkbox"/> 7-13 days
<input type="checkbox"/> 14-21 days	<input type="checkbox"/> More than 21 days
<b>Current household income</b>	

<input type="radio"/>	\$0 (i.e., not employed, not receiving cash benefits, no other current income)	<input type="radio"/>	1-14% of Area Median Income (AMI) for household size
<input type="radio"/>	15-30% of AMI for household size	<input type="radio"/>	More than 30% of AMI for household size
<b>Past experience of homelessness (street/shelter/transitional housing) (any adult)</b>			
<input type="radio"/>	Most recent episode occurred within the last year	<input type="radio"/>	Most recent episode occurred more than one year ago
<input type="radio"/>	None		
<b>Head of Household is not a current leaseholder/renter of unit</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Head of Household (HoH) never been a leaseholder/renter of unit</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Rental Evictions within the past 7 years (any adult)</b>			
<input type="radio"/>	No prior rental evictions	<input type="radio"/>	1 prior rental eviction
<input type="radio"/>	2 or more prior rental evictions		
<b>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Incarcerated as adult (any adult in household)</b>			
<input type="radio"/>	Not incarcerated	<input type="radio"/>	Incarcerated once
<input type="radio"/>	Incarcerated two or more times		
<b>Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Registered sex offenders (any household members)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Currently pregnant (any household member)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Single parent/guardian household with minor child(ren)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Household includes one or more young children (age six or under), or a child who requires significant care</b>			
<input type="radio"/>	No	<input type="radio"/>	Youngest child is under 1 year old
<input type="radio"/>	Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care		
<b>Household size of 5 or more requiring at least 3 bedrooms (due to household composition)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC.</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes

<b>HP Applicant Total Points (Integer)</b>	
<b>Grantee targeting threshold score (Integer)</b>	

### ADDITIONAL INFORMATION

**VAMC STATION NUMBER**

<input type="radio"/>	(612) N. California, CA
<input type="radio"/>	(662) San Francisco, CA

**CONNECTION WITH SOAR** *[Head of Household and Adults, SSVF RRH and Homelessness Prevention]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**HOUSEHOLD INCOME AS A PERCENTAGE OF AMI**
*[Head of Household, required for SSVF RRH and Homelessness Prevention]*

<input type="radio"/>	30% or less	<input type="radio"/>	51% to 80%
<input type="radio"/>	31% to 50%	<input type="radio"/>	81% or greater

**LAST GRADE COMPLETED** *[Head of Household & Adults, Required for SSVF and VASH]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate's degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Graduate degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12/High school diploma	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School program does not have grade levels	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

**EMPLOYMENT STATUS** *[Head of Household & Adults, SSVF, GPD and VASH]*

<b>Employed</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>If "Yes" for employed – Type of employment</b>			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
<b>If "No" for employed – Why not employed</b>			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

**GENERAL HEALTH STATUS** *[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

**MENTAL HEALTH CONSULTATION** *[Head of Household and Adult Veterans]*

<input type="radio"/>	Mental health consultation completed
<input type="radio"/>	Mental health consultation being coordinated / arranged with VA provider
<input type="radio"/>	Mental health consultation being coordinated / arranged with other provider
<input type="radio"/>	Offer declined

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**Signature of applicant stating all information is true and correct**

**Date**