Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Project **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePointClient ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Housing Move-In Date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Income from any source?** Yes No Client Doesn’t Know Client Refused Data Not Collected

 **Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Earned Income | $ |
| Yes  No | Unemployment Insurance  | $ |
| Yes  No | Supplemental Security Income (SSI)  | $ |
| Yes  No | Social Security Disability Income (SSDI)  | $ |
| Yes  No | VA Service Connected Disability Compensation  | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Worker’s Compensation | $ |
| Yes  No |  Temporary Assistance for Needy Families (TANF) | $ |
| Yes  No | General Assistance  | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Child Support | $ |
| Yes  No | Alimony or Other Spousal Support  | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **$** |

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Refused Data Not Collected

 **Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (SNAP – Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Refused Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Veteran’s Administration (VA) Medical Services  |
| Yes  No | Employer-Provided Health Insurance  |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance  |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program  |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Health, Substance Use, and Disabilities**

|  |  |
| --- | --- |
| **Disability Type** | **If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently** |
| **Physical**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |
| **Developmental**Yes No Client Doesn’t Know Client Refused  DNC | **Not Required**YesNo Client Doesn’t Know Client Refused  DNC |
| **Chronic Health Condition**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |
| **HIV/AIDS**Yes No Client Doesn’t Know Client Refused  DNC | **Not Required**Yes No Client Doesn’t Know Client Refused  DNC |
| **Mental Health Disorder**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |
| **Alcohol Use Disorder**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |
| **Drug Use Disorder**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |
| **Both Alcohol and Drug Use Disorder**Yes No Client Doesn’t Know Client Refused  DNC | Yes No Client Doesn’t Know Client Refused  DNC |

**Domestic violence victim/survivor?**  Yes  Client Refused

  No  Data Not Collected

  Client Doesn’t Know

**If yes, how long ago?**  Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

  From six to twelve months ago  Client Refused

**If yes, are you currently fleeing?**  Yes  Client Refused

  No  Data Not Collected

  Client Doesn’t Know

**Well-Being:**

**Information Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client perceives their life has value and worth:**

 Strongly disagree  Strongly agree

 Somewhat disagree  Client Doesn't Know

  Neither agree nor disagree  Client Refused

 Somewhat agree  Data Not Collected

**Client perceives they have support from others who will listen to problems.**

 Strongly disagree  Strongly agree

 Somewhat disagree  Client Doesn't Know

  Neither agree nor disagree  Client Refused

 Somewhat agree  Data Not Collected

**Client perceives they have a tendency to bounce back after hard times.**

 Strongly disagree  Strongly agree

 Somewhat disagree  Client Doesn't Know

  Neither agree nor disagree  Client Refused

 Somewhat agree  Data Not Collected

**Client’s frequency of feeling nervous, tense, worried, frustrated or afraid.**

 Not at all  At least every day

 Once a month  Client Doesn't Know

  Several times a month  Client Refused

 Several times a week  Data Not Collected

**Moving On Assistance Provided:**

**Date of Moving On Assistance:** **­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Moving On Assistance:**

 Subsidized Housing application assistance

 Financial assistance for Moving On (*security deposit, moving expenses*)

  Housing Referral/Placement

 Non-financial assistance for Moving On (*housing navigation, transition support*)

 Other (*Specify:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)