



CLARITY
HUMAN SERVICES

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

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Year

○ No	○ Client doesn't know
	○ Client prefers not to answer
○ Yes	○ Data not collected

<input type="radio"/>	English	<input type="radio"/>	Tagalog
<input type="radio"/>	Spanish	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Vietnamese	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Mandarin	<input type="radio"/>	Data not collected
<input type="radio"/>	Different Preferred Language (<i>specify</i>):		

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○	Full SSN reported	○	Client doesn't know
		○	Client prefers not to answer
○	Approximate or partial SSN reported	○	Data not collected

[illegible]

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

DATE OF BIRTH [All Clients]

		-			-					Age:
Month			Day			Year				

QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

SEX [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

GENDER [All Clients]

<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

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

VETERAN STATUS [All Adults]

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

IF “YES” TO VETERAN STATUS

Year entered military service (year)			
Year separated from military service (year)			
Theater of Operations: World War II			
<input type="radio"/> No		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Yes		<input type="radio"/>	Data not collected
Theater of Operations: Korean War			
<input type="radio"/> No		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Yes		<input type="radio"/>	Data not collected
Theater of Operations: Vietnam War			
<input type="radio"/> No		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Yes		<input type="radio"/>	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/> No		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/> Yes		<input type="radio"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/> No		<input type="radio"/>	Client doesn't know

		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Yes	<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know

<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	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"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non relation member

ENROLLMENT COC *[only if multiple CoC's]* _____

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-in Date	____/____/____
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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 ongoing 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

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" — SPECIFY:

<input type="radio"/>	GDP 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]

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS
[Institutional Housing Situations]

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE - DID YOU STAY ON - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started	
____ / ____ / ____	
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years	
<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	
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years	
<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

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 for SSVF]*

<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 PHYSICAL DISABILITY – SPECIFY					
Expected to be of long-continued and indefinite duration?		<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 for SSVF]*

<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 for SSVF]*

<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 CHRONIC HEALTH CONDITION – SPECIFY					
Expected to be of long-continued and indefinite duration?		<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 for SSVF]*

<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 for SSVF]*

<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 MENTAL HEALTH DISORDER– SPECIFY					
Expected to be of long-continued and indefinite duration?		<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 for SSVF]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know	
<input type="radio"/> Drug use disorder	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY		
Expected to be of long-continued and indefinite duration?	<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	
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE		
LAST OCCURRENCE		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<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	
Are you currently fleeing?	<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

MONTHLY INCOME AND SOURCES *[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		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> TANF (Temporary Assist for Needy Families)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement Income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child Support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	

<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source	
<input type="radio"/> Worker's Compensation		(specify):	
Total monthly income for Individual:			

RECEIVING NON CASH BENEFITS *[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

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other (specify):	<input type="radio"/> Other TANF-funded services

COVERED BY HEALTH INSURANCE *[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

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Insurance Obtained through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify)	<input type="radio"/> Indian Health Services Program

SSVF HP TARGETING CRITERIA: *[Head of Households in SSVF Homeless Prevention programs]*
Is Homelessness Prevention targeting screener required?

<input type="radio"/> No	<input type="radio"/> Yes
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IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED

Housing loss expected within...	
<input type="radio"/> 1-6 days	<input type="radio"/> 7-13 days
<input type="radio"/> 14-21 days	<input type="radio"/> More than 21 days
Current household income	
<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
Past experience of homelessness (street/shelter/transitional housing) (any adult)	
<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	
Head of Household is not a current leaseholder/renter of unit	

<input type="radio"/> No	<input type="radio"/> Yes
Head of Household (HoH) never been a leaseholder/renter of unit	
<input type="radio"/> No	<input type="radio"/> Yes
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	
<input type="radio"/> No	<input type="radio"/> Yes
Rental Evictions within the past 7 years (any adult)	
<input type="radio"/> No prior rental evictions	<input type="radio"/> 1 prior rental eviction
<input type="radio"/> 2 or more prior rental evictions	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	
<input type="radio"/> No	<input type="radio"/> Yes
Incarcerated as adult (any adult in household)	
<input type="radio"/> Not incarcerated	<input type="radio"/> Incarcerated once
<input type="radio"/> Incarcerated two or more times	
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	
<input type="radio"/> No	<input type="radio"/> Yes
Registered sex offenders (any household members)	
<input type="radio"/> No	<input type="radio"/> Yes
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	
<input type="radio"/> No	<input type="radio"/> Yes
Currently pregnant (any household member)	
<input type="radio"/> No	<input type="radio"/> Yes
Single parent/guardian household with minor child(ren)	
<input type="radio"/> No	<input type="radio"/> Yes
Household includes one or more young children (age six or under), or a child who requires significant care	
<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.	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	
<input type="radio"/> No	<input type="radio"/> Yes
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	
<input type="radio"/> No	<input type="radio"/> Yes

HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

EDUCATION INFORMATION [All Clients 18+]

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

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associates 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		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/>	Not Currently Attending	<input type="radio"/>	Academically Disqualified
<input type="radio"/>	Attending Full Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Attending Part Time	<input type="radio"/>	Client prefers not to answer

NAME OF COLLEGE/UNIVERSITY

<input type="radio"/>	De Anza College	<input type="radio"/>	West Valley College
<input type="radio"/>	Evergreen Valley College	<input type="radio"/>	Other Bay Area College/University
<input type="radio"/>	Foothill College	<input type="radio"/>	Other CA College/University
<input type="radio"/>	Gavilan College	<input type="radio"/>	Other College/University
<input type="radio"/>	Mission College	<input type="radio"/>	Other Vocational Program
<input type="radio"/>	San Jose City College	<input type="radio"/>	Client doesn't know
<input type="radio"/>	San Jose State University	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Santa Clara University	<input type="radio"/>	Data not collected
<input type="radio"/>	Stanford University		

EXPECTED COMPLETION YEAR

		-			-				
Month		Day		Year					

ADDITIONAL INFORMATION
VAMC STATION NUMBER [Head of Household]

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CONNECTION WITH SOAR [For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

<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 and VASH]

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

<input type="radio"/>	81% or greater
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EMPLOYMENT STATUS *[Head of Household & Adults, SSVF, GPD and VASH]*

Employed			
<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" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<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 & Adults, HUD-VASH OTH only]*

<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

Signature of applicant stating all information is true and correct
Date