



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care

VA SSVF Adult Enrollment Form

Program Name: _____ Case Worker/Intake Person: _____ Program Start Date: _____

CLIENT ENROLLMENT

Separate client enrollments should be completed for each client who is **over** the age of 17 or the Head of Household. This form should be used for all VA SSVF funded programs. **Separate client enrollments must be completed for children as well, but please be sure to use the Standard HMIS Child Client Enrollment form.**

1) Client Name	First	Last
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Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Households child <input type="checkbox"/> Head of Households Spouse or Partner <input type="checkbox"/> Head of Household's – other relation to member <input type="checkbox"/> Other: non-relation member	
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2) Date of Program Enrollment <i>The date the client started being helped by the project (program); also called the project start date.</i>	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="3">Year</td> </tr> </table>			/			/				Month			Day			Year		
		/			/														
Month			Day			Year													

3) Housing Move-In Date [Head of Household only] <i>(Required for Permanent Housing Projects)</i> <i>This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.</i>	<table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="3">Year</td> </tr> </table>			/			/				Month			Day			Year		
		/			/														
Month			Day			Year													

PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C [Head of Household and Adults only]

Client Name _____

Head of Household Name (if not Self) _____

<p>Type of Residence A – <u>Homeless Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)</p> <p><input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter.</p> <p><input type="checkbox"/> Safe Haven</p>										
<p>Length of Stay in Prior Living Situation</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p>	<p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>									
<p>Approximate date <u>this episode of homelessness started:</u></p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/				
		/			/						
<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One Time</p> <p><input type="checkbox"/> Two Times</p> <p><input type="checkbox"/> Three Times</p>	<p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>									
<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One month (this time is the first month)</p> <p><input type="checkbox"/> 2 months <input type="checkbox"/> 7 months</p> <p><input type="checkbox"/> 3 months <input type="checkbox"/> 8 months</p> <p><input type="checkbox"/> 4 months <input type="checkbox"/> 9 months</p> <p><input type="checkbox"/> 5 months <input type="checkbox"/> 10 months</p> <p><input type="checkbox"/> 6 months <input type="checkbox"/> 11 months</p>	<p><input type="checkbox"/> 12 months</p> <p><input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>									

Client Name _____

Head of Household Name (if not Self) _____

<p>Type of Residence <u>B – Institutional Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p>											
<p>Length of Stay in Prior Living Situation</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p>	<p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>										
<p>Was the length of stay less than 90 days?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p> <p><i>If the response is "Yes," please answer the following questions below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>Approximate date <u>this episode of homelessness</u> started:</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;">/</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;">/</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			/			/					
		/			/							

Client Name _____

Head of Household Name (if not Self) _____

<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Type of Residence <u>C – Transitional OR Permanent Housing Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><u>Temporary Housing Situations</u></p> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <p><u>Permanent Housing Situations</u></p> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<p><u>Other</u></p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	

Client Name _____

Head of Household Name (if not Self) _____

<p>Length of Stay in Prior Living Situation</p>	<p><input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days</p>	<p><input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>										
<p>Was the length of stay less than 7 nights?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p> <p><i>If the response is "Yes," please answer the following questions below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>Approximate date <u>this episode</u> of homelessness started:</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/					
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<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<p><input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times</p>	<p><input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p>										

Client Name _____

Head of Household Name (if not Self) _____

<p>Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years</p>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</p>		
<p>1) Does the client currently have a disabling condition? <i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i> <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>DOMESTIC VIOLENCE [Head of Household and Adults only]</p>		
<p>1) Survivor of Domestic Violence <i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i> If the answer is "no", skip to the "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<p>2) Most Recent Occurrence <i>Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"</i></p>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<p>3) Current Status <i>Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected	
<p>MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]</p>		

Client Name _____

Head of Household Name (if not Self) _____

<p>Current income from any source? <i>Is the client currently receiving any income from any source?</i></p> <p>Specify the type(s) and amount(s) of income the client currently receives. <i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i></p> <p><i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i></p> <p>Total Monthly Cash Income for Individual</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____ If Other Specify: _____</p> <hr/> <p>TOTAL: \$ _____</p>
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NON-CASH BENEFITS [Head of Household and Adults only]

<p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving: <i>Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit If Other Specify: _____</p>
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Client Name _____

Head of Household Name (if not Self) _____

HEALTH INSURANCE	
<p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s): <i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p> <p><input type="checkbox"/> Medicaid (same as Medi-Cal)</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> State Children's Health Insurance (CHIP) Program</p> <p><input type="checkbox"/> Veteran's Health Administration (VHA)</p> <p><input type="checkbox"/> Employer-Provided Health Insurance</p> <p><input type="checkbox"/> Health Insurance Obtained Through COBRA</p> <p><input type="checkbox"/> Private Pay Health Insurance</p> <p><input type="checkbox"/> State Health Insurance for Adults</p> <p><input type="checkbox"/> Indian Health Services Program</p> <p><input type="checkbox"/> Other Health Insurance</p> <p>If Other Specify: _____</p>
SSVF HP TARGETING CRITERIA: [Head of Household in SSVF Homeless Prevention programs only]	
<p>1) Is Homelessness Prevention Targeting Screener required?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
If the answer is "No," SKIP down to VAMC Station Number. If "YES" To Homelessness Prevention Targeting Screener Required, COMPLETE the following required questions:	
<p>2) Housing loss expected within...</p>	<p><input type="checkbox"/> 1-6 days</p> <p><input type="checkbox"/> 14-21 days</p> <p><input type="checkbox"/> 7-13 days</p> <p><input type="checkbox"/> More than 21 days</p>
<p>3) Current household income</p>	<p><input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income)</p> <p><input type="checkbox"/> 1-14% of Area Median Income (AMI) for household size</p> <p><input type="checkbox"/> 15-30% of AMI for household size</p> <p><input type="checkbox"/> More than 30% of AMI for household size</p>
<p>4) Past experience of homelessness (street/shelter/transitional housing) (any adult)</p>	<p><input type="checkbox"/> Most recent episode occurred within the last year</p> <p><input type="checkbox"/> Most recent episode occurred more than one year ago</p> <p><input type="checkbox"/> None</p>
<p>5) Head of Household is not a current leaseholder/renter of unit</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Client Name _____

Head of Household Name (if not Self) _____

<p>6) Head of Household has never been a leaseholder/renter of unit</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7) Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8) Rental Evictions within the past 7 years (any adult)</p>	<p><input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more prior rental evictions</p>
<p>9) Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10) Incarcerated as an adult (any adult in household)</p>	<p><input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times</p>
<p>11) Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12) Registered sex offenders (any household members)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13) Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14) Currently pregnant (any household member)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15) Single parent/guardian household with minor child(ren)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16) Household includes one or more young children (age six or under), or a child who requires significant care</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Youngest child is under 1 year old <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care</p>
<p>17) Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Client Name _____

Head of Household Name (if not Self) _____

<p>18) Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<p>HP APPLICANT TOTAL POINTS (integer) _____</p>										
<p>GRANTEE TARGETING THRESHOLD SCORE (integer) _____</p>										
<p>VAMC Station Number <i>[Head of Household only]</i></p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
<p>Connection with SOAR <i>[Head of Household and Adults only]</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected									
<p>Household Income as a Percentage of AMI <i>[Head of Household only]</i></p>	<input type="checkbox"/> 30% or less <input type="checkbox"/> 31% to 50% <input type="checkbox"/> 51% to 80% <input type="checkbox"/> 81% or greater									
<p>Last Grade Completed <i>[Head of Household and Adults only]</i></p>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/High school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED	<input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected								
<p>EMPLOYMENT STATUS <i>[Head of Household and Adults only]</i></p>										
<p>Employed?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected									
<p>If "Yes" for employed – Type of employment</p>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic (including day labor)									
<p>If "No" for employed – Why not employed</p>	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work									

Client Name _____

Head of Household Name (if not Self) _____