Client Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accept texts? Y / N Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information:**

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race**:** (*Write in box a* ***1*** *for primary,* ***2*** *for secondary*)

Black White American Indian/Alaskan Asian Hawaiian/Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Gender:Male Female Transgender *M to F* Transgender *F to M*Gender non-conforming

 Disabling Condition: Yes No Unsure Refused U.S. Veteran: Yes No

**Residence Prior to Entry:** (check 1)

Homeless

 Place not meant for human habitation (no electrcity or running water)

 Emergency shelter Safe Haven (Only located in Greenville) Interim housing

 Foster care Hospital or other residential non-psychiatric medical facility

Institutional

 Jail, prison, or juvenile dentention center Long-term care facility or nursing home

 Psychiatric hosptial/facility Substance abuse treatment facility or detox center

 Hotel paid for without emergency shelter voucher

 Owned by client, no ongoing housing sudsidy Owned by client, with ongoing housing subsidy

 Permanent housing for formerly homeless persons (e.g., CoC progeject, HUD legacy programs)

Transitional/Permanent

 Rental by client, no ongoing housing subsidy Rental by client, with VASH housing subsidy

 Rental by client, with GDP TIP subsidy Rental by client, with other ongoing housing subsidy

 Residential project or halfway house with no homless criteria

 Staying/living with a family member’s room, apartment, or house

 Staying/living with a friend’s room, apartment, or house Transitional housing for homeless

**Approxiamtely…**

Length of stay in previous place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date homelessness began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of **times** homelessness has occurred in the past *three* (3) *years*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of **months** homlessness has occurred in the past *three* (3) *years*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Cash Income Monthly Non-Cash Income**

 Earned Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SNAP (Food Stamps): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unemployment Insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Nutrition (WIC) $ \_\_\_\_\_\_\_\_\_

 Supplemental Security Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF Child Care Services: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Social Security Disability Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TANF Transportation Services: $ \_\_\_\_\_\_\_\_

 VA Service Disability Compensation: $ \_\_\_\_\_\_\_\_\_\_\_ Other TANF-funded Services: $ \_\_\_\_\_\_\_\_\_\_\_

 VA Non-Service Connected Disability: $ \_\_\_\_\_\_\_\_\_\_ Public Housing (Section 8, etc): $\_\_\_\_\_\_\_\_\_

 Private Disability Insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temporary Rental Assistance: $ \_\_\_\_\_\_\_\_\_\_

 Workers Compensation: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Source: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TANF: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 General Assistance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Retirement Income from SS: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pension/Retirement: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child Support: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alimony: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Source: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the client have **health insurance**? Yes No If **yes**, check all that apply:

 Private Pay Medicaid Medicare VA Medical Services Employer provided

 State Insurance for Children (S-CHIP) State Insurance for Adults COBRA

 Indian Health Service (HIS)

**Disabilities**

Does the client have any of the following conditions? If **yes**, check the first box. /

If the condition impairs the clients ability to **live indepently**, check the second box. /

 / Alcohol Abuse / Drug Abuse / HIV/AIDS / Chronic Health Condition

 / Mental Health Conidtion / Physical Disability / Developmental Disability

**Domestic Violence**

Has the client **ever** experienced domestic violence? Yes No

How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are they currently fleeing? Yes No