**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Move-In Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room#:** \_\_\_\_\_\_\_\_\_ **Apartment Building and Apt#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:** American Indian or Alaska Native: \_\_\_ **Hispanic/Latino**: Yes\_\_\_\_ No\_\_\_\_\_\_

Asian \_\_\_\_

Black or African-American: \_\_\_\_\_\_

Native Hawaiian or Pacific Islander: \_\_\_\_\_

White: \_\_\_\_

Multi-Racial: \_\_\_\_

Other: \_\_\_\_

**Type of Prior Living Situation**: Emergency Shelter:\_\_\_\_\_ Shelter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (e.g. family, treatment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of Stay**: 1 week or less \_\_\_\_\_

More than a week but less than a month\_\_\_\_\_\_

One to three months \_\_\_\_\_

More than 3 months but less than 1 year \_\_\_\_\_

One year or longer \_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Doesn’t Know: \_\_\_\_\_\_\_\_\_

**Housing Status**: Literally Homeless: \_\_\_\_\_

Housed and at imminent risk of losing housing \_\_\_\_\_

Housed and at-risk of losing housing \_\_\_\_\_\_\_

Stably Housed \_\_\_\_\_\_

Client doesn’t know \_\_\_\_\_\_\_

**Extent of Homelessness**: First time homeless \_\_\_\_\_\_

Homeless 2 -3 times \_\_\_\_\_

4 or more times in lifetime \_\_\_\_\_\_

4 times in the last 3 years \_\_\_\_\_\_\_ (Chronic)

Continuous for the last year \_\_\_\_\_\_ (Chronic)

**Disability**

**Is client disabled ?**  Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Type of Disability: (Check all that apply and indicate for adult and/or children)

Alcohol Abuse \_\_\_\_\_\_ Physical \_\_\_\_\_\_\_

Drug Abuse \_\_\_\_\_\_ Physical/Medical \_\_\_\_\_\_

Developmental Disability\_\_\_\_\_ Hearing Impaired \_\_\_\_\_\_

HIV/AIDS \_\_\_\_\_\_ Vision Impaired \_\_\_\_\_\_\_

Mental Health \_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is client receiving treatment for their disability?** Yes \_\_\_\_ No \_\_\_\_\_

**Domestic Violence Survivor ?** Yes \_\_\_\_\_ No \_\_\_\_ How long ago? \_\_\_\_\_\_\_\_\_\_\_\_

**Is client a Veteran?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**Has Client Received any Income in the Past 30 Days?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Monthly Income Sources & Amounts** **Non-Cash Benefits**

No Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date Start Date

PA-TANF (Families) $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Medicaid \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

PA -GA (Adults only) $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Medicare \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

SSI $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Child Health Plus \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

SSD $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Veteran Medical Services \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Child Support $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Food Stamps \_\_\_\_\_ **$\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_

Earned Income $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ WIC \_\_\_\_\_ \_\_\_\_\_\_\_\_

Unemployment $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ TANF Child Care \_\_\_\_\_ \_\_\_\_\_\_\_\_

Disability $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ TANF Transportation \_\_\_\_\_ \_\_\_\_\_\_\_\_

Workers Comp $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Other TANF Services \_\_\_\_\_ \_\_\_\_\_\_\_\_

Veterans Disability $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Section 8 \_\_\_\_\_ \_\_\_\_\_\_\_\_

Veterans Pension $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Shelter Plus Care \_\_\_\_\_ \_\_\_\_\_\_\_\_

Employment Pension $ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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

Social Security Retirement $ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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

**Application for Public Assistance/Food Stamps/SSI/SSDI**

Did client recently apply for Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Assistance Applied for:

Public Assistance - TANF (for families): \_\_\_\_\_\_\_

Public Assistance – GA (for Single Adults): \_\_\_\_\_\_\_

Food Stamps \_\_\_\_\_

SSI \_\_\_\_\_

SSDI \_\_\_\_\_

Status of Application: Reason If Denied:

Submitted \_\_\_\_\_ Jobs Plus Sanction

In Process \_\_\_\_\_ Fraud Sanction

Denied \_\_\_\_\_ Non-Resident \_\_\_\_\_

Resubmitted \_\_\_\_\_ Quit Job \_\_\_\_\_

Fired from Job \_\_\_\_\_

**Education Levels**

College Degree \_\_\_\_\_

Some College \_\_\_\_\_

High School Diploma \_\_\_\_\_

GED \_\_\_\_\_

Grade when client left school \_\_\_\_\_\_

Technical School Certification \_\_\_\_\_

Vocational/Technical School \_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_

**Is client currently in school/Training?** Yes \_\_\_\_\_ No \_\_\_\_\_