Veterans Affairs

Please complete for each household member Date:

First Name	Middle Name	Last Name

SS#	Telephone number and/or email

Date of Birth	
	☐ Full DOB ☐ Appproximate/Partial

Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous ☐ Hispanic/Latina/e/o
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander
☐ Middle Eastern or North African ☐ White ☐ Asian or Asian American
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Sex

☐ Male ☐ Client prefers not to answer ☐ Client doesn't know ☐ Client prefers not to answer

Disabling Condition?

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

Relationship to Head of Houshold

☐ Self (Head of Household) ☐ Head of household's child ☐ Head of household's spouse or partner
☐ Head of Household's other relation member ☐ Other: Non-relation member

Enrollment CoC

☐ VA-500 Richmond ☐ VA-513 Western CoC ☐ VA-521 Balance of State ☐ VA-514 Fredericksburg

Housing Move-In Date

Prior Living Situation

On the night before did you stay on the streets, ES or SH?

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

If yes, did you stay less than 90 Days?

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

if yes, Did you stay less than 7 nights?

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

Pick only 1 option that applies appropriately to client's residence prior to entry

Prior Living Situation **OPTION 1** - Entering Program from Homeless Situation

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation ☐ Safe Haven

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know
☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer
☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Approximate date this episode homelessness started

Total number of month's client has been on street, ES, or SH 3 years: Check only one

- ☐ 1 month, this is the first month
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ more than 12 months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Prior Living Situation **OPTION 2** - Entering Program from Institutional Situation

- ☐ Foster Care/group home
- ☐ Jail/Prison or Juvenile Facility
- ☐ Psychiatric hospital
- ☐ Hospital or non-psychiatric facility
- ☐ Long term care facility/nursing home
- ☐ Substance abuse treatment facility/detox

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Prior Living Situation **OPTION 3** - Residence prior to Entry: Temporary

- ☐ Transitional housing for homeless persons(including homeless youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)
- ☐ Staying orliving with friends,temporary tenure (e.g.,room, apartment, or house)
- ☐ Moved from one HOPWA funded project to HOPWA TH
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Prior Living Situation **OPTION 4** - Residence prior to Entry: Permanent

- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy *****
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

* If Rental by client, with ongoing housing subsidy

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based) (not dedicated)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

Receiving Income from any source?

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

Please indicate source(s) and amount of income or select No for each source

Alimony or other spousal support	☐ No	☐ Yes	$	
Earned Income	☐ No	☐ Yes	$	
Unemployment Insurance	☐ No	☐ Yes	$	
Private Disability Insurance	☐ No	☐ Yes	$	
Retirement Income Social Security	☐ No	☐ Yes	$	
TANF	☐ No	☐ Yes	$	
Child support	☐ No	☐ Yes	$	
General Assistance	☐ No	☐ Yes	$	
SSI	☐ No	☐ Yes	$	
SSDI	☐ No	☐ Yes	$	
Other	☐ No	☐ Yes	$	
Pension/retirement from a former job	☐ No	☐ Yes	$	
VA Non-service connected disability pension	☐ No	☐ Yes	$	
VA Service connected disability compensation	☐ No	☐ Yes	$	
Veteran's Health Administration (VHA)	☐ No	☐ Yes	$	

Receiving Non-cash benefits from any source?

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

Please indicate source(s) of non-cash benefits or select No for each source

TANF transportation services	☐ No	☐ Yes	SNAP – Food stamps	☐ No	☐ Yes
Other TANF-funded service	☐ No	☐ Yes	WIC	☐ No	☐ Yes
TANF child care services	☐ No	☐ Yes	Other Source	☐ No	☐ Yes

Receiving Health Insurance from any source?

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

Please indicate source(s) of health insurance or select No for each source

Medicaid	☐ No	☐ Yes	Medicare	☐ No	☐ Yes
Veteran's Health Administration	☐ No	☐ Yes	Employer provided Health Insur.	☐ No	☐ Yes
State Children's Health Insurance	☐ No	☐ Yes	COBRA	☐ No	☐ Yes
Private Pay Health Insurance	☐ No	☐ Yes	State Health Insurance for Adults	☐ No	☐ Yes
Indian Health Insurance	☐ No	☐ Yes	Other	☐ No	☐ Yes

Please indicate disabling condition or select No for each type

Physical Disability	☐ No	☐ Yes	Alcohol Use Disorder	☐ No	☐ Yes
Both alcohol and drug use disorders	☐ No	☐ Yes	Drug Use Disorder	☐ No	☐ Yes
Developmental Disability	☐ No	☐ Yes	Mental Health Disorder	☐ No	☐ Yes
Chronic Health Condition	☐ No	☐ Yes	HIV/AIDS	☐ No	☐ Yes

Survivor of Domestic Violence?

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

If Yes

☐ Within the past three months	☐ One year ago or more	☐ Currently fleeing
☐ Three to six months ago (excluding six months exactly)	☐ Client doesn't know	
☐ Six months to one year ago (excluding one year exactly)	☐ Client prefers not to answer	

Veteran's Information

Year Entered Military Service (year)	Year Separated from Military Service (year)	VAMC Station Number

Theatre of Operations

Theatre of Operations: World War II				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Korean War				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Vietnam War				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Persian Gulf War (Operation Desert Storm)				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Afghanistan (Operation Enduring Freedom)				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Iraq (Operation New Dawn)				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer	☐ Data not collected
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)				
☐ No	☐ Yes	☐ Client doesn't know	☐ Client prefers not to answer ☐	☐ Data not collected

Branch of the Military

☐ Army	☐ Marines	☐ Client doesn't know
☐ Air Force	☐ Coast Guard	☐ Client prefers not to answer
☐ Navy	☐ Space Force	☐ Data not collected

Discharge Status

☐ Honorable	☐ Uncharacterized
☐ General under honorable conditions	☐ Client doesn't know
☐ Under other than honorable conditions (OTH)	☐ Client prefers not to answer
☐ Bad conduct	☐ Data not collected
☐ Dishonorable	

Client's Residence/ Last Permanent Address	Zip Code

VAMC Station Number

Voucher Change

☐ Referral package forwarded to PHA	☐ Voucher was administratively absourbed by new PHA
☐ Voucher denied by PHA	☐ Voucher was converted to Housing Choice Voucher
☐ Voucher issued by PHA	☐ Veteran exited - voucher was returned
☐ Voucher revoked or expired	☐ Veteran exited - family maintained the voucher
☐ Voucher in use - veteran moved into housing	☐ Veteran exited - prior to ever receiving a voucher
☐ Voucher was posted locally	☐ Other - specify:

Connection with SOAR

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

Last Grade Completed

☐ Less than Grade 5
☐ Grades 5-6
☐ Grades 7-8
☐ Grades 9-11
☐ Grade 12/High school diploma
☐ School program does not have grade levels
☐ GED
☐ Some college
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate degree
☐ Vocational certification
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Employed

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

If **Yes - Employed**, type of employment

☐ Full-time ☐ Part-time ☐ Seasonal/sporadic (including day labor)

If **No - NOT Employed**, why not

☐ Looking for work ☐ Unable to look for work ☐ Not looking for work

General Health Status

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Emergency Contact Name	Telephone Number	Relationship to Client

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

Signature:	Date: