OTHER ADULT (18+ years of age) Data (1 of 2)

First Name	**Last Name**
Date of Birth (MM/DD/YYYY):	**Relationship to Head of Household** ☐ Child ☐ Spouse or Partner ☐ Other relation member ☐ Non-relation member

Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share)

☐ Full ☐ Last 4 digits ☐ Declined to Respond SSN: __ __ __ - __ __- __ __ __ __

Primary Language:	**US Military Veteran?** ☐ Yes ☐ No ☐ Declined to Respond

Gender ☐ Female ☐ Male ☐ Trans Female (Male to Female) ☐ Trans Male (Female to Male) ☐ Gender Non-Conforming (not exclusively male or female) ☐ Declined to Respond

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Declined to Respond

Additional Race (Select all that apply)	**Ethnicity**
☐ African ☐ Middle Eastern ☐ Slavic	☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Declined to Respond

Disability Type (Select all that apply)
☐ None ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol and Drug Abuse ☐ Chronic Health Condition ☐ Developmental ☐ HIV/AIDS ☐ Hearing Impaired ☐ Mental Health ☐ Physical ☐ Vision Impaired ☐ Declined to Respond ☐ Other:

Health Insurance (Select all that apply)
☐ None ☐ COBRA ☐ Employer Provided ☐ Medicaid ☐ Medicare ☐ Indian Health Services Program ☐ Private Pay ☐ SCHIP ☐ VA Medical Services ☐ Declined to Respond ☐ Other:

Non-Cash Benefits (Select all that apply)
☐ None ☐ SNAP ☐ WIC ☐ TANF Child Care Services ☐ TANF Transportation Services ☐ Other TANF-Funded Services ☐ Declined to Respond ☐ Other (Describe):

Income (Fill in all that apply according to funding eligibility requirements)

Monthly Amount		Monthly Amount	
$_____	Alimony or Other Spousal Support	$_____	Supplemental Security Income (SSI)
$_____	Child Support	$_____	Social Security Disability Insurance (SSDI)
$_____	Earned Income (wages, salary, etc.)	$_____	TANF
$_____	General Assistance	$_____	Unemployment Insurance
$_____	Pension or retirement income	$_____	VA Non-Service Connected Disability Pension
$_____	Private Disability Insurance	$_____	VA Service Connected Disability Compensation
$_____	Retirement Income from Social Security	$_____	Worker's Compensation
$_____	Self Employment Wages	$_____	Other:

☐ None ☐ Declined to Respond

Percent of Median Family Income (Select one option)
☐ 0-30% MFI ☐ 30-50% MFI ☐ 50-80% MFI ☐ Over 80% MFI ☐ Declined to Respond

OTHER ADULT (18+ years of age) Data (2 of 2)

Residence Prior to Project Entry
Select only ONE option from "homeless", "institutional" OR "transitional and permanent housing" situation.

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TRANSITIONAL AND PERMANENT HOUSING SITUATION
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐ Foster care home or foster care group home	☐ Residential project or halfway house with no homeless criteria
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	☐ Hospital or other residential non-psychiatric medical facility	☐ Hotel or motel paid for without emergency shelter voucher
☐ Safe Haven	☐ Jail, prison or juvenile detention facility	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
	☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment or house
	☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment or house
		☐ Rental by client, with GPD TIP subsidy
		☐ Rental by client, with VASH subsidy
		☐ Permanent housing (other than RRH) for formerly homeless persons
		☐ Rental by client, with RRH or equivalent subsidy
		☐ Rental by client, with HCV voucher (tenant or project based)
		☐ Rental by client in a public housing unit
		☐ Rental by client, no ongoing housing subsidy
		☐ Rental by client, with other ongoing subsidy
		☐ Owned by client, with ongoing housing subsidy
		☐ Owned by client, no ongoing housing subsidy
		☐ Declined to Respond

Length of Stay in Previous Residence
(Select one option. "Previous Residence" is the location marked as "Residence Prior…" above):

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Declined to Respond

Answer this question if residence prior to program entry is:
- a homeless situation OR
- an institutional situation for less than 90 days OR
- a permanent or transitional situation for less than seven days.

Otherwise, skip to next page.

Did you stay on the streets or in shelter the night before? (Select one option)

- ☐ Yes
- ☐ No
- ☐ Declined to Respond

Only complete the remaining questions on this page if you answered "Yes" to "Did you stay on the streets on in shelter the night before?" above. If you answered "No" or "Declined to Respond", skip to the next page.

Number of times homeless in the last three years
(Select one option)

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Declined to Respond

Approximate date current period of homelessness started
(MM/DD/YYYY) _____

Total number of months homeless in the last three years
(Select one option)

- ☐ Less than 12 months
  Number of months: _____
- ☐ 12 or more months