

Intake Date: _____ ServicePoint Client ID for Head of Household: _____

COVER and SIGNATURE PAGE

SUN Service System Contract: _____

Referral Homeless Family System of Care (HFSC) – includes Family Shelters and Mobile Housing Team (MHT)
Source: SUN Community School
 Walk-in/Other

Household Type:

Household Size: _____

- Single Individual
 Female Single Parent
 Male Single Parent
 Two Parent
 Foster Parent(s)
 Grandparent(s) w/ children
 Couple with No Children
 Non-custodial Caregiver
 Other: _____

Which of the following MSI life domains has this family chosen to work on? (Check one or more)

- Education
 Family, Friends and Community
 Housing
 Income
 Safe and Healthy Children
 Wellness and Health

I certify that the information on this intake form is true and accurate to the best of my knowledge.

Client Signature _____ Date _____

Case Worker/Agency Staff Signature _____ Date _____

HEAD OF HOUSEHOLD (HoH) Data (Page 1 of 3)

Name: _____		DOB: _____		Rel. to HoH: <u>SELF</u>	
Phone Number(s): _____			Email: _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused					
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know		Primary Language: _____		Zip Code of last permanent address: _____	
Inclusive Identity* (check all that apply):		Ethnicity:			
<input type="checkbox"/> African		<input type="checkbox"/> Native Am/Alaska Native		<input type="checkbox"/> Non-Hispanic/Non-Latino	
<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Slavic		<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Latino/Hispanic		<input type="checkbox"/> White		<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Middle Eastern		<input type="checkbox"/> Declined to Answer			
* When entering data in ServicePoint, you will need to enter these responses under BOTH the Inclusive Identity as well as Federal race/ethnicity categories areas.					
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> White			
<input type="checkbox"/> Asian		<input type="checkbox"/> Client Doesn't Know			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Client Refused			
<input type="checkbox"/> Native American/Other Pacific Islander		<input type="checkbox"/> Data not collected			
Highest Grade Completed: _____		Current School Status: <input type="checkbox"/> Comm. College <input type="checkbox"/> GED <input type="checkbox"/> University <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Other: _____			
Disability Type:		<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Other: _____			
Health Insurance:		<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay <input type="checkbox"/> Other: _____			
Non-Cash Benefits: (Select all that apply)		<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP) <input type="checkbox"/> WIC <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other (Describe): _____			
Level of Family Income (%HHS Guidelines):		<input type="checkbox"/> Up to 50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> 101-125% <input type="checkbox"/> 126-150% <input type="checkbox"/> 151-200% <input type="checkbox"/> 201% and over			

HEAD OF HOUSEHOLD (HoH) Data (Page 2 of 3)

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

None Client Refused Client Doesn't Know

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

Employment Status: Full-Time Part-Time Job Training Irregular
Not Employed – Not Seeking Not Employed – Seeking Retired

DV Survivor? Yes No Client Refused Client Doesn't Know

Residence Prior to Program Entry: (Select only ONE)

HOMELESS SITUATION	INSTITUTIONAL SITUATION	TRANSITIONAL AND PERMANENT HOUSING SITUATION
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<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"/> Transitional housing for homeless persons (including homeless youth) <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 <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected

HEAD OF HOUSEHOLD (HoH) Data (Page 3 of 3)

If response to Residence Prior to Program Entry is under <u>HOMELESS</u> , complete this section.	If response to Residence Prior to Program Entry is under <u>INSTITUTIONAL</u> , complete this section.	If response to Residence Prior to Program Entry is under <u>TRANSITIONAL AND PERMANENT HOUSING</u> , complete this section.
<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>
<p>Approximate date homeless: _____</p>	<p>→If the response above is less than 90 days (the options in bold), then continue:</p>	<p>→If the response above is less than 7 days (the options in bold), then continue:</p>
<p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>→If response to the question above is Yes, then continue:</p>	<p>→If response to the question above is Yes, then continue:</p>	<p>→If response to the question above is Yes, then continue:</p>
<p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>	<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>	<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>

For each additional adult in the household, please make copies of these pages.

OTHER ADULT (18+ yrs of age) Data (Page 1 of 3)

Name: _____		DOB: _____	
Phone Number(s): _____		Email: _____	
Relationship to Head of Household (HoH):			
<input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's other relation member (other relation to HoH) <input type="checkbox"/> Other: Non-relation member			
Gender:			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused			
Veteran?		Primary Language:	Zip Code of last permanent address:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know		_____	_____
Inclusive Identity* (check all that apply):			Ethnicity:
<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Middle Eastern		<input type="checkbox"/> Native Am/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> White <input type="checkbox"/> Declined to Answer	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
* When entering data in ServicePoint, you will need to enter these responses under BOTH the Inclusive Identity as well as Federal race/ethnicity categories sections.			
Highest Grade Completed:		Current School Status:	
_____		<input type="checkbox"/> Comm. College <input type="checkbox"/> GED <input type="checkbox"/> University <input type="checkbox"/> Not Enrolled <input type="checkbox"/> Other: _____	
Disability Type:			
<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Other: _____			
Health Insurance:			
<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay <input type="checkbox"/> Other: _____			
Non-Cash Benefits:			
<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Supplemental Nutrition Assistance (SNAP) <input type="checkbox"/> WIC <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other (Describe): _____			

OTHER ADULT (18+ yrs of age) Data (Page 2 of 3)

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

- None Client Refused Client Doesn't Know

Monthly Amount

\$ _____ Alimony or Other Spousal Support

\$ _____ Child Support

\$ _____ Earned Income (wages, salary, etc)

\$ _____ General Assistance

\$ _____ Pension or retirement income

\$ _____ Private Disability Insurance

\$ _____ Retirement Income from Social Security

\$ _____ Social Security Disability Insurance (SSDI)

Monthly Amount

\$ _____ Supplemental Security Income (SSI)

\$ _____ TANF

\$ _____ Unemployment Insurance

\$ _____ VA Non-Service Connected Disability Pension

\$ _____ VA Service Connected Disability Compensation

\$ _____ Worker's Compensation

\$ _____ Other:

- Employment Status:** Full-Time Part-Time Job Training Irregular
Not Employed – Not Seeking Not Employed – Seeking Retired

- DV Survivor?** Yes No Client Refused Client Doesn't Know

Residence Prior to Program Entry: (Select only ONE)

HOMELESS SITUATION

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Residential project or halfway house with no homeless criteria
 - Hotel or motel paid for without emergency shelter voucher
 - Transitional housing for homeless persons (including homeless youth)
 - Host Home (non-crisis)
 - Staying or living in a friend's room, apartment or house
 - 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
- Client Doesn't Know Client Refused Data not collected

OTHER ADULT (18+ yrs of age) Data (Page 3 of 3)

If response to Residence Prior to Program Entry is under <u>HOMELESS</u> , complete this section.	If response to Residence Prior to Program Entry is under <u>INSTITUTIONAL</u> , complete this section.	If response to Residence Prior to Program Entry is under <u>TRANSITIONAL AND PERMANENT HOUSING</u> , complete this section.
<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>	<p>Length of Stay in Previous Place (the location marked under Residence Prior):</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 <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 refused</p>
<p>Approximate date homeless: _____</p>	<p>→If the response above is less than 90 days (the options in bold), then continue:</p>	<p>→If the response above is less than 7 days (the options in bold), then continue:</p>
<p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>→If response to the question above is Yes, then continue:</p>	<p>On the night before their residence prior situation, did client stay on the streets, emergency shelter or safe haven? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>→If response to the question above is Yes, then continue:</p>
<p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>	<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>	<p>Approximate date homeless situation began: ____/____/____</p> <p>Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years including today:</p> <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 refused</p> <p>Total number of months homeless on the street, in emergency shelter or safe haven in the past three years (any day or part of a month is counted as one month): Months: _____ <input type="checkbox"/>Client doesn't know <input type="checkbox"/>Client refused</p>

CHILD (under 18 years of age) Data (Page 1 of 1)

Name: _____			DOB: _____			Primary Language: _____											
Relationship to Head of Household (HoH):			<input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's other relation member (other relation to HoH) <input type="checkbox"/> Other: Non-relation member														
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused																	
Inclusive Identity* (check all that apply):			<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Middle Eastern			<input type="checkbox"/> Native Am/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> White <input type="checkbox"/> Declined to Answer			Ethnicity:								
<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused																	
* When entering data in ServicePoint, you will need to enter these responses under BOTH the Inclusive Identity as well as Federal race/ethnicity categories sections.																	
Disability Type:			<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Other: _____														
Health Insurance:			<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay <input type="checkbox"/> Other: _____														
Highest Grade Completed: _____			School Name (if applicable): _____														
Current School Status:																	
<input type="checkbox"/> Pre-School <input type="checkbox"/> Full-time K-12 <input type="checkbox"/> Part-time K-12 <input type="checkbox"/> Alternative School			<input type="checkbox"/> Home School <input type="checkbox"/> GED <input type="checkbox"/> Comm. College <input type="checkbox"/> Vocational School			<input type="checkbox"/> University <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Suspended			<input type="checkbox"/> Withdrawn <input type="checkbox"/> Not Yet Enrolled/Not Applicable/Graduated <input type="checkbox"/> Other: _____								
Income (Fill in all that apply according to funding eligibility requirements):			<input type="checkbox"/> None/Not Applicable			<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">Monthly Amount</th> <th style="width:25%;">Income Source/Type</th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Monthly Amount	Income Source/Type	\$ _____	_____	_____	\$ _____	_____	_____
	Monthly Amount	Income Source/Type															
\$ _____	_____	_____															
\$ _____	_____	_____															
* When entering data in ServicePoint, enter this information under the Head of Household (in addition to any income for Head of Household and other minors)																	

For each additional child in the household, please make copies of this page.

CHILD (under 18 years of age) Data (Page 1 of 1)

Name: _____				DOB: _____		Primary Language: _____	
Relationship to Head of Household (HoH):				<input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's other relation member (other relation to HoH) <input type="checkbox"/> Other: Non-relation member			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (Male to Female) <input type="checkbox"/> Trans Male (Female to Male) <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused							
Inclusive Identity* (check all that apply):			Ethnicity:				
<input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Middle Eastern			<input type="checkbox"/> Native Am/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic <input type="checkbox"/> White <input type="checkbox"/> Declined to Answer			<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
* When entering data in ServicePoint, you will need to enter these responses under BOTH the Inclusive Identity as well as Federal race/ethnicity categories sections.							
Disability Type:							
<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Developmental <input type="checkbox"/> Other: _____							
Health Insurance:							
<input type="checkbox"/> None <input type="checkbox"/> Client Refused <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Medicaid (OHP) <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Employer Provided <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Private Pay <input type="checkbox"/> Other: _____							
Highest Grade Completed: _____				School Name (if applicable): _____			
Current School Status:							
<input type="checkbox"/> Pre-School <input type="checkbox"/> Home School <input type="checkbox"/> University <input type="checkbox"/> Withdrawn <input type="checkbox"/> Full-time K-12 <input type="checkbox"/> GED <input type="checkbox"/> Dropped Out <input type="checkbox"/> Not Yet Enrolled/Not Applicable/Graduated <input type="checkbox"/> Part-time K-12 <input type="checkbox"/> Comm. College <input type="checkbox"/> Expelled <input type="checkbox"/> Alternative School <input type="checkbox"/> Vocational School <input type="checkbox"/> Suspended <input type="checkbox"/> Other: _____							
Income							
(Fill in all that apply according to funding eligibility requirements):							
<input type="checkbox"/> None/Not Applicable		Monthly Amount		Income Source/Type			
		\$ _____		_____			
		\$ _____		_____			
* When entering data in ServicePoint, enter this information under the Head of Household (in addition to any income for Head of Household and other minors)							