Cl	ie	nt	II	D
CI	ie	nt	П	D

Project Name: _____

Staff Name: _____

For Person in HMIS Projects: Outreach				
Identification – All fields requ	ired unless otherwise noted			
First Name:	Middle Na	Middle Name:		
Last Name:	Suffix:			
Social Security Number (SSN)	Birth Date (DOB)	Date of Engagement		
 Mailing Address and Contact I	/ nformation (Includes, not limited to, se	rvice organizations, access centers, emergency		
shelter, transitional housing, client re	• • •			
Address:				
City, State, Zip Code:				
Main Phone:				
Message Phone:				
Assessment Type	During Program Enrollment	Annual Assessment		
Wellness Assessment				
Health Insurance				
□Yes (Enter Source) □No	□Client doesn't know □Client	prefers not to answer		
Health Insurance Source (Check a				
Private Pay Health Insurance	□Medicare			
	□Health Net (N	•		
□Health Net (Medi-Cal)-Children		f San Joaquin (Medi-Cal)-Adults		
□Health Plan of San Joaquin (Me	-	n's Health Insurance (Medi-Cal)		
□Veteran's Health Administration		vided Health Insurance		
Health Insurance obtained thro	-	Insurance for Adults (Medi-Cal)		
□Indian Health Services Program				
	d in the U.S. Military?) 18 and over			
	sn't know Client prefers not to	answer		
Barriers (For During Program E	nrollment Only)	1		
	Barrier Present	Condition Is Indefinite		
□Alcohol Use Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know		
	□Client prefers not to answer	□Client prefers not to answer		
□Chronic Health Condition	□Yes □No □Doesn't now	□Yes □No □Doesn't know		
	□Client prefers not to answer	□Client prefers not to answer		
Developmental Disability	□Yes □No □Doesn't know			
	□Client prefers not to answer			
□Drug Use Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know		
□Client prefers not to answer □Client prefers not to answer				
	□Yes □No □Doesn't know □Client prefers not to answer			
□Mental Health Disorder	□Yes □No □Doesn't know	□Yes □No □Doesn't know		
Develop Disphility	□Client prefers not to answer □Yes □No □Doesn't know	□Client prefers not to answer □Yes □No □Doesn't know		
□Physical Disability				
	□Client prefers not to answer	□Client prefers not to answer		

HMIS Annual/Update Form

Yes (Answer questions below) No Client doesn't know Client prefers not to answer When Experience Occurred?	Domestic Violence Survivor (For During Program Enrollment Only)				
When Experience Occurred? Within the past 3 months 3 months to 6 months ago (excluding 6 mos exactly) G months to one year ago (excluding 1 year exactly) One year ago or more Client doesn't know Client prefers not to answer Yes No Client doesn't know Standard Client prefers not to answer Financial Assessment Does client have any source of income? (If Yes, check all that apply) Yes No Client doesn't know Income Source Monthly Amount Earned Income (employment wages/cash) \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ WA Non-Service-Connected Disability Pension \$ Querieral Assistance \$ General Assistance \$ Actil Support \$ Other Income \$ Other Income <t< td=""><td>Domestic Violence Experience?</td><td></td></t<>	Domestic Violence Experience?				
Within the past 3 months 3 months to 6 months ago (excluding 6 mos exactly) G months to one year ago (excluding 1 year exactly) One year ago or more Client doesn't know Client prefers not to answer Financial Assessment Client doesn't know Does client have any source of income? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Income Source Monthly Amount Earned Income (employment wages/cash) \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Income (SDI) \$ VA Non-Service-Connected Disability \$ Querker's Compensation \$ Pension or Retirement Income from a job \$ Child Support \$ Active Connected Disability \$ Other Income \$ Does Client Ave any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Does client hav	□Yes (Answer questions below) □No □Clie	ent doesn't know Client prefers not to answer			
Genonths to one year ago (excluding 1 year exactly) One year ago or more Client doesn't know Client prefers not to answer Pyes No Client doesn't know Does client have any source of income? (If Yes, check all that apply) Yes No Client obesn't know Client prefers not to answer Income Source Monthly Amount Earned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSI) \$ Va Non-Service-Connected Disability \$ Va Non-Service-Connected Disability Pension \$ General Assistance \$ General Assistance \$ Alimony \$ Other Income \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client prefers not to answer Coaby Asservice-Connected Disability S \$ Benefits \$ Other Income \$ Dother Income \$	When Experience Occurred?				
Client doesn't know Client prefers not to answer Yes No Client doesn't know Client prefers not to answer Financial Assessment Does client have any source of income? (If Yes, check all that apply) Pression Yes No Client doesn't know Client prefers not to answer Income Source Monthly Amount Earned Income (employment wages/cash) \$ Ouemployment Insurance \$ Social Security Income (SSI) \$ Private Disability Income (SSI) \$ Social Security Disability Income (SSI) \$ VA Service-Connected Disability Pension \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ Pension or Retirement Income from a job \$ Child Support \$ Alimony \$ Other Income \$ Does Client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client operation \$ Does Client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Child Support \$ </td <td>□Within the past 3 months</td> <td>\Box3 months to 6 months ago (excluding 6 mos exactly)</td>	□Within the past 3 months	\Box 3 months to 6 months ago (excluding 6 mos exactly)			
Pyes No Client doesn't know Client prefers not to answer Financial Assessment Does client have any source of income? (If Yes, check all that apply) Pyes No Client doesn't know Client prefers not to answer Income Source Monthly Amount Earned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ Partante Disability Income (SSI) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Pyes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$	□6 months to one year ago (excluding 1 year exactl	- · · · · · · · · · · · · · · · · · · ·			
Financial Assessment Does client have any source of income? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Income Source Monthly Amount Earned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ Retirement (Social Security) \$ Child Support \$ Child Support \$ Child Support \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Gradows String CalFresh) SNAP \$ CalWorks	□Client doesn't know	□Client prefers not to answer			
Dees client have any source of income? (If Yes, check all that apply) Yes No Client doesn't know Income Source Monthly Amount Earned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits? Monthly Amount Special Supplemental Nutrition Program for \$ Workns, Infants, and Children \$ Special Supplemental Nutrition Program for \$ Workns, Infants, and Children \$ CalWorks Transportation (TANF) \$	□Yes □No □Client doesn't know [□Client prefers not to answer			
Yes No Client doesn't know Client prefers not to answer Income Source Monthly Amount Barned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability Pension \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Child Support \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Ores \$ Non-Cash Benefits Monthly Amount Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Works Transportation (TANF) \$ CalWorks Transportation (TANF) \$ Cother CalWorks-Funded Services (TANF) \$	Financial Assessment				
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Income Source Monthly Amount Earned Income (employment wages/cash) \$ Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Nom-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF (Child Care Services \$ CalWorks Child Care/TANF, Child Care Services \$					
Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ Pension or Retirement Income from a job \$ General Assistance \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Fransportation (TANF) \$ Cother CalWorks-Funded Services (TANF) \$	Income Source	Monthly Amount			
Unemployment Insurance \$ Supplemental Security Income (SSI) \$ Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ Pension or Retirement Income from a job \$ General Assistance \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Fransportation (TANF) \$ Cother CalWorks-Funded Services (TANF) \$	□Earned Income (employment wages/cash)	•			
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Social Security Disability Income (SSDI) \$ Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	Supplemental Security Income (SSI)				
Private Disability Insurance \$ Worker's Compensation \$ VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	Social Security Disability Income (SSDI)				
VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□Private Disability Insurance				
VA Service-Connected Disability \$ VA Non-Service-Connected Disability Pension \$ Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□Worker's Compensation				
Pension or Retirement Income from a job \$ TANF (CalWorks) \$ General Assistance \$ Retirement (Social Security) \$ Child Support \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Olient doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□VA Service-Connected Disability				
TANF (CalWorks)\$General Assistance\$Retirement (Social Security)\$Child Support\$Alimony\$Other Income\$Does client have any Non-Cash Benefits? (If Yes, check all that apply)YesNoClient doesn't knowClient prefers not to answerNon-Cash BenefitsMonthly AmountSpecial Supplemental Nutrition Program for Woman, Infants, and Children\$Food Stamps (CalFresh) SNAP\$CalWorks Child Care/TANF Child Care Services\$CalWorks Transportation (TANF)\$Other CalWorks-Funded Services (TANF)\$	□VA Non-Service-Connected Disability Pension	\$			
TANF (CalWorks)\$General Assistance\$Retirement (Social Security)\$Child Support\$Alimony\$Other Income\$Does client have any Non-Cash Benefits? (If Yes, check all that apply)YesNoClient doesn't knowClient prefers not to answerNon-Cash BenefitsMonthly AmountSpecial Supplemental Nutrition Program for Woman, Infants, and Children\$Food Stamps (CalFresh) SNAP\$CalWorks Child Care/TANF Child Care Services\$CalWorks Transportation (TANF)\$Other CalWorks-Funded Services (TANF)\$	□Pension or Retirement Income from a job	\$			
Retirement (Social Security) \$ Child Support \$ Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□TANF (CalWorks)				
Child Support \$ Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□General Assistance	\$			
Alimony \$ Other Income \$ Does client have any Non-Cash Benefits? (If Ves, check all that apply) Client doesn't know Yes No Client doesn't know Other Income Monthly Amount Special Supplemental Nutrition Program for Monthly Amount Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	Retirement (Social Security)	\$			
Other Income \$ Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□Child Support	\$			
Does client have any Non-Cash Benefits? (If Yes, check all that apply) Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for Woman, Infants, and Children Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□Alimony	\$			
Yes No Client doesn't know Client prefers not to answer Non-Cash Benefits Monthly Amount Special Supplemental Nutrition Program for \$ Woman, Infants, and Children \$ Food Stamps (CalFresh) SNAP \$ CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	□Other Income	\$			
Non-Cash BenefitsMonthly AmountSpecial Supplemental Nutrition Program for Woman, Infants, and Children\$Food Stamps (CalFresh) SNAP\$CalWorks Child Care/TANF Child Care Services\$CalWorks Transportation (TANF)\$Other CalWorks-Funded Services (TANF)\$	Does client have any Non-Cash Benefits? (If Yes, check all that apply)				
Special Supplemental Nutrition Program for Woman, Infants, and Children Food Stamps (CalFresh) SNAP CalWorks Child Care/TANF Child Care Services CalWorks Transportation (TANF) Other CalWorks-Funded Services (TANF)					
Woman, Infants, and Children \$ □Food Stamps (CalFresh) SNAP \$ □CalWorks Child Care/TANF Child Care Services \$ □CalWorks Transportation (TANF) \$ □Other CalWorks-Funded Services (TANF) \$	Non-Cash Benefits	Monthly Amount			
□ Food Stamps (CalFresh) SNAP \$ □ CalWorks Child Care/TANF Child Care Services \$ □ CalWorks Transportation (TANF) \$ □ Other CalWorks-Funded Services (TANF) \$	□Special Supplemental Nutrition Program for				
CalWorks Child Care/TANF Child Care Services \$ CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	Woman, Infants, and Children				
CalWorks Transportation (TANF) \$ Other CalWorks-Funded Services (TANF) \$	Food Stamps (CalFresh) SNAP				
□Other CalWorks-Funded Services (TANF) \$	□ CalWorks Child Care/TANF Child Care Services				
	□CalWorks Transportation (TANF)				
□Other Sources \$	Other CalWorks-Funded Services (TANF)				
	□Other Sources	\$			

Current Living Situation: Outreach Contact

Record the client's current li	iving situation	information below
Necolu the cheft 3 current i	iving situation	intornation below

Record the client's curre	nt living situation informa	ition below		
1. Living Situation				
Literally Homeless	Institutional Situation	Temporary Housing	Permanent Housing	
\Box Place not meant for	□ Foster Care Home or	□Transitional Housing for	□ Rental by client, with no ongoing	
habitation	Foster Care Group Home	homeless persons (including	housing subsidy	
Car/Truck/Van	□ Hospital or other	homeless youth)	□ Rental by client, with other ongoing	
	residential non-	□ Residential project or	housing subsidy	
□ Other □Emergency Shelter,	psychiatric medical	halfway house with now	Subsidy Type:	
including hotel voucher	facility □Jail, prison, or juvenile	homeless criteria	□ GPD TP housing subsidy □ VASH housing subsidy	
or Host Home Shelter	detention facility	without emergency shelter	\Box RRH or equivalent subsidy	
□Safe Haven	□Long-Term Care	voucher	□HCV voucher (tenant or	
	facility or nursing home	Host Home (non-crisis)	project based) (not dedicated)	
	□ Psychiatric hospital or	\Box Staying or living in a family	Public Housing Unit Dental by glight, with other	
*If selection made,	other psychiatric facility	member's room apartment,	Rental by client, with other ongoing housing subsidy	
continue to Contact	□Substance abuse	or house	Emergency Housing Voucher	
Service	treatment facility or	□Staying or living in a	□Family Unification Program	
	detox center	friend's room, apartment, or	Voucher (FUP)	
		house	□ Foster Youth to	
	*If selection made,		independence Initiative (FYI)	
	continue to question 2	*If selection made, continue	Permanent Supportive	
		to question 2	Housing	
			Other permanent housing	
			dedicated for formerly	
			homeless persons	
			Owned by client, with ongoing	
			housing subsidy □Owned by client, no ongoing subsidy	
			*If selection made, continue to	
			question 2	
□Other				
□Client doesn't know				
□Client prefers not to ar	nswer			
		ing situation within 14 days?	,	
		· · · ·	now Client prefers not to answer	
3. Has a subsequent resi		·		
		□Client prefers not to answer		
4 .Does client or family have resources or support networks to obtain other permanent housing?				
		Client prefers not to answer	-	
		st in a permanent housing un		
□Yes □No □Client doesn't know □Client prefers not to answer				
6. Has the client moved 2 or more times in the last 60 days?				
		☐Client prefers not to answer		
Record Contact				
Contact Services (Please list the service provided):				
		/		