

Please Complete ONE Sheet Per Household

| Household Composition:   | Complete a column for each household member   |   |   |   |   |   |
|--|---|---|---|---|---|---|
|  | Individual  | Individual  | Individual  | Individual  | Individual  | Individual  |
|  | 1   | 2   | 3   | 4   | 5   | 6   |
| 1) *Name: First 1 letter of First Name<br>First 3 letters of Last Name   | _ / _ _ _   | _ / _ _ _   | _ / _ _ _   | _ / _ _ _   | _ / _ _ _   | _ / _ _ _   |
| 2) *Age: (Age of each household member)  |   |   |   |   |   |   |
| 3) * Gender: (Circle One - M-male, F-female, O - other/don't know/won't disclose)  | M / F / O   | M / F / O   | M / F / O   | M / F / O   | M / F / O   | M / F / O   |
| 4)* Have you been continuously homeless for a year or more?  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 5)* Have you experienced at least four episodes of homelessness in the past three years?   | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 6) Length of current episode of homelessness (in months):  | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ | <input type="checkbox"/> 0-3 <input type="checkbox"/> 3-6<br><input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12<br><input type="checkbox"/> 12+ |
| 7)* Veteran (18+ Years and US Armed Service or Activated National Guard/Reservist)   | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 8) *Severely Mentally Ill  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 9) *Chronic Substance Abuse  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 10) *Physical or Developmental disability  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 11) *Persons with HIV / AIDS   | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 12) *Victims of Domestic Violence  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 13) Farmworker   | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 14) Released offender (90 days)  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 15) (Only for persons of school age, K-12)<br>Are you attending school?  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  | Yes / No  |
| 16) Race / Ethnicity:  | Hispanic or Latino  |   |   |   |   |   |
|  | American Indian or Alaskan Native   |   |   |   |   |   |
|  | Asian   |   |   |   |   |   |
|  | Black or African American   |   |   |   |   |   |
|  | Native Hawaiian or Pacific Islander   |   |   |   |   |   |
|  | White   |   |   |   |   |   |
|  | Refused / Unknown / Didn't Ask  |   |   |   |   |   |
| <b>Questions for the whole household</b>   |   |   |   |   |   |   |
| 17) If you are NOT staying at an emergency shelter or in a transitional housing program, where will you stay <u>tonight</u> ? (CHECK ONLY ONE)   |   |   |   |   |   |   |
| <input type="checkbox"/> a. Street <input type="checkbox"/> b. Squatting (Abandoned buildings) <input type="checkbox"/> c. Motel / Hotel <input type="checkbox"/> d. Car<br><input type="checkbox"/> e. Hospital <input type="checkbox"/> f. Camping <input type="checkbox"/> g. Staying with Friends / Family <input type="checkbox"/> h. Other: _____  |   |   |   |   |   |   |
| 18) What caused you and/or your family to leave your last living arrangement? (CHECK ALL THAT APPLY)   |   |   |   |   |   |   |
| <input type="checkbox"/> Couldn't afford rent <input type="checkbox"/> Criminal History <input type="checkbox"/> Runaway<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Poor Rental History <input type="checkbox"/> Homeless By Choice<br><input type="checkbox"/> Evicted by landlord <input type="checkbox"/> Credit <input type="checkbox"/> Property Sold<br><input type="checkbox"/> Kicked Out by Family / Friends <input type="checkbox"/> Gambling <input type="checkbox"/> Manufactured Park Closure<br><input type="checkbox"/> Child Abuse <input type="checkbox"/> Pregnancy <input type="checkbox"/> Home Foreclosed on<br><input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental or Emotional Disorder <input type="checkbox"/> Other - Please Specify<br><input type="checkbox"/> Drug/Alcohol at home <input type="checkbox"/> Medical Problem<br><input type="checkbox"/> Drug/Alcohol (self) |   |   |   |   |   |   |
| <b>Questions for the person filling out the form</b>   |   |   |   |   |   |   |
| 19) Where were the people in this household counted? (CHECK ONLY ONE)  |   |   |   |   |   |   |
| <input type="checkbox"/> a. Turned Away from Emergency Housing Services <input type="checkbox"/> b. Hotel/Motel/Camp Vouchers <input type="checkbox"/> c. Emergency Shelter<br><input type="checkbox"/> d. Street Count/Unsheltered <input type="checkbox"/> e. Transitional Housing <input type="checkbox"/> f. Safe Haven  |   |   |   |   |   |   |
| 20) Is this Program Service McKinney-Vento Funded? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |   |   |   |   |
| 21) Please review the attached Housing Inventory Chart information, update as necessary and return with this form.<br><i>Please review the Housing Inventory Chart instructions in the attached cover letter.</i>  |   |   |   |   |   |   |
| 22) CAA or Lead Agency: -Select or Write In- _____   |   |   |   |   |   |   |
| 23) Program ID: -Select or Write In- _____   |   |   |   |   |   |   |
| 24) County: -Select or Write In- _____   |   |   |   |   |   |   |
| 25) City: _____  |   |   |   |   |   |   |
| 26) Person completing this form: _____   |   |   |   |   |   |   |