

# Alameda County HMIS



## CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

### PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

### TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/> Albanian	<input type="radio"/> Hebrew	<input type="radio"/> Punjabi
<input type="radio"/> American Sign Language	<input type="radio"/> Hindi	<input type="radio"/> Romanian
<input type="radio"/> Amharic	<input type="radio"/> Hmong	<input type="radio"/> Russian
<input type="radio"/> Arabic	<input type="radio"/> Hungarian	<input type="radio"/> Serbian
<input type="radio"/> Armenian	<input type="radio"/> Igbo	<input type="radio"/> Sinhalese
<input type="radio"/> Bengali	<input type="radio"/> Indonesian	<input type="radio"/> Slovak
<input type="radio"/> Bosnian	<input type="radio"/> Italian	<input type="radio"/> Somali
<input type="radio"/> Bulgarian	<input type="radio"/> Japanese	<input type="radio"/> Spanish
<input type="radio"/> Burmese	<input type="radio"/> Khmer	<input type="radio"/> Swedish
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Tagalog
<input type="radio"/> CroaCan	<input type="radio"/> LaoCan	<input type="radio"/> Tamil
<input type="radio"/> Czech	<input type="radio"/> Lithuanian	<input type="radio"/> Telugu
<input type="radio"/> Dutch	<input type="radio"/> Malayalam	<input type="radio"/> Thai
<input type="radio"/> English	<input type="radio"/> Mam	<input type="radio"/> Turkish
<input type="radio"/> Farsi	<input type="radio"/> Marathi	<input type="radio"/> Ukrainian
<input type="radio"/> French	<input type="radio"/> Navajo	<input type="radio"/> Urdu
<input type="radio"/> German	<input type="radio"/> Nepali	<input type="radio"/> Vietnamese
<input type="radio"/> Greek	<input type="radio"/> Polish	<input type="radio"/> Yiddish
<input type="radio"/> HaiCan Creole	<input type="radio"/> Portuguese	<input type="radio"/> Yoruba
<input type="radio"/> Different Preferred Language	<input type="radio"/> Client doesn't know	

	(specify):	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

**SOCIAL SECURITY NUMBER** *[All Clients]*

			-			-					
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**QUALITY OF SOCIAL SECURITY**

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**CURRENT NAME** *[All Clients]*

																			<b>N/A</b>
Last																			<input type="radio"/>
First																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

**QUALITY OF CURRENT NAME**

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**DATE OF BIRTH** *[All Clients]*

		/			/					Age:
<b>Month</b>		<b>Day</b>		<b>Year</b>						

**QUALITY OF DATE OF BIRTH**

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**GENDER** *[All Clients]*

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

**SEXUAL ORIENTATION** *[For CoC: YHDP and PSH funded programs – Adults and Head of Household]*

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

**RACE AND ETHNICITY** (Select all applicable) *[All Clients]*

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

**VETERAN STATUS** *[All Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**IF “YES” TO VETERAN STATUS**

<b>Year entered military service (year)</b>	
<b>Year separated from military service (year)</b>	
<b>Theater of Operations: World War II</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Korean War</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Vietnam War</b>	

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>Branch of the Military</b>	
<input type="radio"/> Army	<input type="radio"/> Space Force
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know
<input type="radio"/> Navy	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Marines	<input type="radio"/> Data not collected
<input type="radio"/> Coast Guard	
<b>Discharge Status</b>	
<input type="radio"/> Honorable	<input type="radio"/> Uncharacterized
<input type="radio"/> General under honorable conditions	<input type="radio"/> Client doesn't know
<input type="radio"/> Other than honorable conditions (OTH)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected
<input type="radio"/> Dishonorable	

**What is the City, State, of last permanent housing?**

<input type="radio"/> Alameda	<input type="radio"/> San Leandro
<input type="radio"/> Albany	<input type="radio"/> San Lorenzo
<input type="radio"/> Berkeley	<input type="radio"/> Sunol

<input type="radio"/>	Castro Valley	<input type="radio"/>	Union City
<input type="radio"/>	Dublin	<input type="radio"/>	Other unincorporated Alameda County
<input type="radio"/>	Emeryville	<input type="radio"/>	Other Bay Area County: Contra Costa
<input type="radio"/>	Fremont	<input type="radio"/>	Other Bay Area County: Marin
<input type="radio"/>	Hayward	<input type="radio"/>	Other Bay Area County: San Francisco
<input type="radio"/>	Livermore	<input type="radio"/>	Other Bay Area County: San Mateo
<input type="radio"/>	Newark	<input type="radio"/>	Other Bay Area County: Santa Clara
<input type="radio"/>	Oakland	<input type="radio"/>	Other California County
<input type="radio"/>	Piedmont	<input type="radio"/>	Other State
<input type="radio"/>	Pleasanton	<input type="radio"/>	Other Country

**What is the City, State, of high school last attended?**

<input type="radio"/>	Alameda	<input type="radio"/>	San Leandro
<input type="radio"/>	Albany	<input type="radio"/>	San Lorenzo
<input type="radio"/>	Berkeley	<input type="radio"/>	Sunol
<input type="radio"/>	Castro Valley	<input type="radio"/>	Union City
<input type="radio"/>	Dublin	<input type="radio"/>	Other unincorporated Alameda County
<input type="radio"/>	Emeryville	<input type="radio"/>	Other Bay Area County: Contra Costa
<input type="radio"/>	Fremont	<input type="radio"/>	Other Bay Area County: Marin
<input type="radio"/>	Hayward	<input type="radio"/>	Other Bay Area County: San Francisco
<input type="radio"/>	Livermore	<input type="radio"/>	Other Bay Area County: San Mateo
<input type="radio"/>	Newark	<input type="radio"/>	Other Bay Area County: Santa Clara
<input type="radio"/>	Oakland	<input type="radio"/>	Other California County
<input type="radio"/>	Piedmont	<input type="radio"/>	Other State
<input type="radio"/>	Pleasanton	<input type="radio"/>	Other Country

**What is the City, State, of family residence when born?**

<input type="radio"/>	Alameda	<input type="radio"/>	San Leandro
<input type="radio"/>	Albany	<input type="radio"/>	San Lorenzo
<input type="radio"/>	Berkeley	<input type="radio"/>	Sunol
<input type="radio"/>	Castro Valley	<input type="radio"/>	Union City
<input type="radio"/>	Dublin	<input type="radio"/>	Other unincorporated Alameda County
<input type="radio"/>	Emeryville	<input type="radio"/>	Other Bay Area County: Contra Costa

<input type="radio"/> Fremont	<input type="radio"/> Other Bay Area County: Marin
<input type="radio"/> Hayward	<input type="radio"/> Other Bay Area County: San Francisco
<input type="radio"/> Livermore	<input type="radio"/> Other Bay Area County: San Mateo
<input type="radio"/> Newark	<input type="radio"/> Other Bay Area County: Santa Clara
<input type="radio"/> Oakland	<input type="radio"/> Other California County
<input type="radio"/> Piedmont	<input type="radio"/> Other State
<input type="radio"/> Pleasanton	<input type="radio"/> Other Country

## NOTES

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## RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member
<input type="radio"/> Head of household's spouse or partner	

## ENROLLMENT CoC *[only if multiple CoC's]* \_\_\_\_\_

## WHEN CLIENT WAS ENGAGED *[Street Outreach Only or Night by Night Emergency Shelter]*

Date of Engagement:	____/____/____
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## IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-In Date:	____/____/____

## PRIOR LIVING SITUATION

### TYPE OF RESIDENCE *[Head of Household and Adults]*

<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Host Home (non-crisis)
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living in a friend's room, apartment, or house

<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

### LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

### LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
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### LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

<input type="radio"/>	No	<input type="radio"/>	Yes
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### ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
Approximate Date This Episode of Homelessness Started		____ / ____ / ____	

<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>			
<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		
<b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>			
<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2-12 months (specify number of months): _____	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

**DISABLING CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/>	Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**DEVELOPMENTAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**CHRONIC HEALTH CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/>	Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected



**HIV-AIDS** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<input type="radio"/> Both alcohol and drug use disorders	
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**Have you experienced a past or current relationship that was controlling and/or abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking.** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" When was the last time that you felt unsafe or threatened in a relationship?</b>	
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected
<input type="radio"/> One year ago or more	
<b>Are you currently seeking safety from a relationship that is controlling and/or</b>	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer

abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking.	<input type="radio"/>	Data not collected
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### INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

#### IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source ( <i>specify</i> ):	
<input type="radio"/> Worker's Compensation			

**Total Monthly Income for Individual:**

### RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

#### IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other ( <i>specify</i> ):	<input type="radio"/> Other TANF-funded services

### COVERED BY HEALTH INSURANCE *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

#### IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA

<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**SEXUAL ORIENTATION** *[For CoC: YHDP and PSH funded programs – Adults and Head of Household]*

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

**SEX** *[All Clients]*

<input type="radio"/> Female	<input type="radio"/> Client doesn't know
<input type="radio"/> Male	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**YOUTH EDUCATION STATUS** *[For CoC: YHDP funded programs – Head of Household]*

<input type="radio"/> Not currently enrolled in any school or educational course	<input type="radio"/> Client doesn't know
<input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/> Data not collected

**IF “NOT CURRENTLY ENROLLED” – MOST RECENT EDUCATIONAL STATUS**

<input type="radio"/> K12: Graduated from high school	<input type="radio"/> Higher education: Pursuing a credential but not currently attending
<input type="radio"/> K12: Obtained GED	<input type="radio"/> Higher education: Dropped out
<input type="radio"/> K12: Dropped out	<input type="radio"/> Higher education: Obtaining a credential/degree
<input type="radio"/> K12: Suspended	<input type="radio"/> Client doesn't know
<input type="radio"/> K12: Expelled	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**IF “CURRENTLY ENROLLED” – CURRENT EDUCATIONAL STATUS**

<input type="radio"/> Pursuing a high school diploma or GED	<input type="radio"/> Pursuing other post-secondary credential
<input type="radio"/> Pursuing Associate's Degree	<input type="radio"/> Client doesn't know
<input type="radio"/> Pursuing Bachelor's Degree	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Pursuing Graduate Degree	<input type="radio"/> Data not collected

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**Signature of applicant stating all information is true and correct**

**Date**