

Please Complete ONE Sheet Per Household

2011	Household Composition:	Complete a column for each household member					
		Individual	Individual	Individual	Individual	Individual	Individual
		1	2	3	4	5	6
Min. Required	Name: First 1 letter First Name First 3 letters of Last Name	_ / _ _ _	_ / _ _ _	_ / _ _ _	_ / _ _ _	_ / _ _ _	_ / _ _ _
	Please select the Household Type: <input type="checkbox"/> Unaccompanied Pregnant Youth (17 or under) <input type="checkbox"/> Single Adult (18 or older) <input type="checkbox"/> One Parent Family with Children <input type="checkbox"/> Unaccompanied Youth (17 or under) <input type="checkbox"/> Couple without children <input type="checkbox"/> Two Parent Family with Children						
	Have you been continuously homeless for a year or more? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Have you experienced at least four episodes of homelessness in the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Gender: (Circle One - M-male F-female)	M / F	M / F	M / F	M / F	M / F	M / F
Min. Required	Age: (Age of each household member)						
	Race / Ethnicity	Hispanic or Latino					
		American Indian or Alaskan Native					
		Asian					
		Black or African American					
		Native Hawaiian or Pacific Islander					
		White					
		Unknown					
Length of homelessness in months?							
Min. Required	Veteran (18+ Years and US Armed Service or Activated National Guard/Reservist)						
Required for Sheltered Count Minimum	Farmworker						
	Domestic Violence						
	Corrections Release (in last 90 days)						
	Physical Disability						
Min. Required	Developmental Disability						
	Mental or Emotional Disorder						
	Substance Abuse						
	Dual Diagnosis (MH and Sub. Abuse)						
Min. Required	Children's grade level in school (Check the box next to the grade range that applies to each child)	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	<input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12
	Is your child attending school? Circle Yes or No for each child	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Min. Required	For Provider Use Only						
	Service McKinney-Vento Funded? (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No						
	What service is being provided? (CHECK ONLY ONE SERVICE) <input type="checkbox"/> Service was not available (Turn Away*) <input type="checkbox"/> Hotel/Motel/Camp Vouchers <input type="checkbox"/> Permanent Supportive Housing For Homeless <input type="checkbox"/> Unsheltered/Street Count* <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rent/Mortgage Assistance (for prevention of homelessness)						
* If Turned Away/Unsheltered/Street Count where will you stay tonight? (CHECK ONLY ONE) <input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Motel / Hotel <input type="checkbox"/> Camping <input type="checkbox"/> Hospital <input type="checkbox"/> Squatting (Abandoned buildings) <input type="checkbox"/> Staying with Friends / Family <input type="checkbox"/> Other							
What caused you and/or your family to leave your last living arrangement? (CHECK ALL THAT APPLY) <input type="checkbox"/> Child Abuse <input type="checkbox"/> Evicted by landlord <input type="checkbox"/> Property Sold <input type="checkbox"/> Couldn't afford rent <input type="checkbox"/> Gambling <input type="checkbox"/> Runaway <input type="checkbox"/> Credit <input type="checkbox"/> Kicked Out by family / friends <input type="checkbox"/> Unemployed <input type="checkbox"/> Criminal History <input type="checkbox"/> Medical problem <input type="checkbox"/> By Choice <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental or Emotional Disorder <input type="checkbox"/> Manufactured Park Closure <input type="checkbox"/> Drug/Alcohol at home <input type="checkbox"/> Poor Rental History <input type="checkbox"/> Due to Foreclosure <input type="checkbox"/> Drug/Alcohol (self) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other- Please Specify:							
Min. Required	CAA or Lead Agency: -Select or Write In- _____ Program ID -Select or Write In- _____ Program Type -Select or Write In- _____ _____ _____ Person completing this form: _____						