



a path to a positive future

Lawrence Community The Village The Village Intake Packet

Client: _____

Staff Member: _____

Date: _____

The Village Program Information

Lawrence Community The Village and the City of Lawrence recognize the challenges faced by our existing Emergency Sheltering Options and created The Village. The Village Community in an effort to meet the increasing demand to effectively serve our growing homeless population. The Village serves to begin addressing the urgent needs for adequate emergency sheltering. By implementing this additional resource, LCS aims to provide a more effective and efficient response to the increasing need for The Village.

The Village Units are designed to offer temporary housing solutions that are safe, secure, and dignified for individuals experiencing homelessness. They offer insulation, ventilation, lighting, and electrical outlets, ensuring basic amenities are available to those utilizing them.

In addition to addressing immediate needs, The Village also allows for longer-term planning and coordination with other support services. By providing a stable and secure temporary housing solution in a gated community, individuals can have a more conducive environment to access resources, seek employment, and work towards finding permanent housing solutions.

LCS participates in the Kansas Balance of State Continuum of Care through attendance of committee meetings, participation in the Coordinated Entry System and utilization of BitFocus HMIS database

The Village Environment

- ❖ Curfew is 10:00 pm.
- ❖ Being gone for one night will result in being exited from the program. If you do not plan on sleeping at the Village, you must get a pass approval from a case manager.
- ❖ If a guest is absent overnight without a pass, it will be considered a voluntary discharge to reverse the voluntary discharge, guests will need to meet with their case manager
- ❖ Guests will turn in their unit key and receive a swipe card that allows access to the Village when they leave. This card will have your name and number of your assigned cabin. Guest will sign out card for
- ❖ Upon entering the Village you must turn in your card to receive your cabin key. If you leave the Village without turning in your key, you will not be able to access the Village upon your return and will receive a written warning. Multiple write ups for not following procedure will result in an exit from the Village.
- ❖ Quiet time site wide from 10:00pm-6:00am.
- ❖ You will be given bed linens and towels during your stay but you are responsible for washing the items and returning them when you leave.

- ❖ Shower and launder clothes regularly. You will be expected to shower, to control odor and maintain hygiene.
- ❖ Meal Times are: Breakfast (6:00-8:00 am), Lunch (12:00-1:00 pm), Dinner (6:00-7:00 pm)
- ❖ Be respectful to LCS/Village neighbors and do not loiter on anyone's property. Do not trespass on private property.
- ❖ Submitting to a search when asked is a condition of your stay.
- ❖ All belongings will need to be kept neatly inside your unit and you will maintain a clean and safe environment around your unit and within the Village grounds.
- ❖ Guests are allowed a maximum of two personal items outside of their unit. These items may not be trash or a trash receptacle.
- ❖ Surrender all weapons and alcohol to Staff upon intake. All items will be returned at exit if they were surrendered to staff. **This includes any tools or construction items.**
- ❖ You may not bring in and use: hot plates; space heaters; air conditioners; no appliances other than a mini fridge or animals (unless you have a disability and require a service animal).
- ❖ Please help with keeping the common areas clean and orderly by assisting in chores.
- ❖ When directed, leave the area during fire drills, evacuations, and other safety exercises.
- ❖ There is no smoking allowed in the units (or any structure on the property). Designated smoking areas will be identified and will include safe receptacles for waste.
- ❖ Guests are not to tamper with the smoke detector in any way. Any indication the smoke detector has been tampered with or disabled will result in a discharge from the village!
- ❖ The Village Guests will not be permitted to have personal visitors on site, including minor children. All visitors allowed on-site must be with a community support agency and must be vetted by LCS leadership. Visitors will be required to sign in and out up entry/exit.
- ❖ Guests may not have visitors (including fellow guests) in their units/cabins.
- ❖ Guests are allowed one bicycle or personal transportation device. A bike must be kept in the designated bike rack.

Statement of Client Rights and Client Code of Conduct

The Statement of Client Rights and Client Code of Conduct expectations and boundaries for staying at all Lawrence Community The Village (LCS) facilities. Since The Village is not a home there are expectations you will have to follow while in the The Village program. These expectations help create and maintain a safe environment for everyone.

Your rights while staying at LCS/The Village include:

- The right to feel safe in LCS and associated programs

- The right to progress through the The Village programs at your own level of comfort and understanding
- The right to be considered for accommodation and housing based on fair policies
- The right to receive help finding and staying in suitable housing on a long-term basis
- The right to be treated with respect regardless of your race, status, gender, sexual orientation, age, religion, or beliefs
- The right to be informed of your human, legal, and civil rights, and to speak up when you feel they have been violated
- The right to be informed and included in the decisions made about you and/or your family
- The right to confidentiality
- The right to receive help when applying for income assistance, employment and health services, educational opportunities and other support services
- The right to make a complaint or appeal a decision you do not agree with and receive an answer that makes sense to you

Acts of the following behaviors may lead to the loss of The Village.

1. Violence; including, but not limited to, acts intended to harm or intimidate, instigation, death threats, and verbal abuse.
2. Sexual harassment or any sexualized behavior.
3. Possession, selling, or use of any drugs or alcohol on property, including improperly stored medications.
4. Possession or concealment of weapons
5. Using derogatory/hate speech including: racist, sexist, homophobia, transphobic language, ect.
6. Theft
7. Damage and/or destruction of The Village property.
8. Acts that endanger the health and safety of yourself or others or which substantially interfere with orderly operation of The Village. This includes only smoking in designated smoking areas and tampering with facility safety devices.

LOST OR STOLEN PROPERTY. To the maximum extent permitted by law, LCS/Village guests shall at all times be responsible for, shall assume all risks of loss or theft of their personal effects or movable property, and hereby waive and release and agree to defend, protect, indemnify and hold harmless LCS from and against any and all claims arising out of lost, stolen, or damaged movable property or personal effects while residing in and/or receiving services from LCS.

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____

The Village Client Accountability/Service Termination Process

Process

Step 1: Counseling and verbal warning

A staff member will provide a verbal warning to clients that do not follow The Village rules and expectations. During this conversation a solution to the concerning behaviors will be identified and within 48 hours the staff involved will provide written documentation of this interaction for the client to sign and have a copy for their record.

Step 2: Written warning or Behavioral Contract

Although Lawrence Community The Village hopes that the client will promptly correct any conduct issues identified in Step 1, Lawrence Community The Village recognizes that this may not always occur. The Step 2 written warning or behavioral contract involves more formal documentation of the conduct issues and consequences.

During Step 2, the involved staff, the client's assigned Case Manager or The Village Manager will meet with the client to review any additional incidents or information about the conduct issues as well as any prior relevant corrective action. Involved staff must outline the consequences for the client of his/her/their continued failure to meet performance or conduct expectations.

Within 48 hours of the incident, the involved staff will prepare written documentation of a Step 2 interaction. The client will be asked to sign this document to demonstrate his or her understanding of the issues and the corrective action.

Step 3: Short term exit and/or behavior contract

There may be conduct or safety incidents so problematic and harmful that the most effective action may be the temporary removal of the client from The Village. When immediate action is necessary to ensure the safety of the client or others, the involved staff may temporarily exit the client pending the results of an investigation by the The Village Manager, Case Manager, and/or The Village Director and Deputy Director. The staff that conducts the follow up investigation will determine if and when to lift the short term exit or move forward with a long term exit. The exit

may be lifted earlier than originally specified to the client if the investigation concludes it's appropriate for the client to return early.

Step 4: Recommendation for termination of services (Ban)

The last and most serious step in the progressive discipline procedure is a recommendation to terminate services. Generally, Lawrence Community The Village will try to exercise the progressive nature of this policy by first providing warnings, a behavioral contract or exit from The Village before proceeding to a recommendation to terminate services. However, Lawrence Community The Village reserves the right to combine and skip steps depending on the circumstances of each situation and the nature of the breach. Furthermore, clients may be terminated without prior notice or disciplinary action.

Management's recommendation to discontinue services and issue a long term ban must be approved by the Director of The Village Programs.

Appeal Process:

POLICY

LCS understands that a client may express a concern or make a complaint concerning their involuntary discharge. clients will be given the opportunity to present information that may challenge information staff has used to issue disciplinary action, up to discharge. The purpose of this process is to provide insight into extenuating circumstances that may have contributed to the client's conduct issues while allowing for an equitable solution.

However, if the client does not present this information during any of the step meetings, he/she/they will have five business days following a short term/ long term exit to present such information.

Clients can take the following steps:

- The client should discuss the matter fully with the The Village Manager or Case Manager, who will make a decision on any corrective action required within the boundaries of his/her/their authority. The manager will notify the Director or Deputy Director of the client's concerns and the actions taken.
- If the client is still unsatisfied with the outcome, the clients may submit a request for intervention to the Director or Deputy Director, who will acknowledge receipt within five days. The Director or Deputy Director will take any corrective action required within 10 days and inform the client, in writing, of the resolution.
- Clients have the right to ask assistance of another person to speak on their behalf, or help fill out a grievance form
- Clients' grievances are reported to The Village Manager, Case Manager and reported to the Director or Deputy Director on a monthly basis. The Director reviews all grievances, providing a level of review that does not involve the person about whom the complaint was made or the person who reached the decision.

- Copies of all documents are placed in the client file.

Documentation:

The guest will be provided copies of all termination policy documentation. The guest will be asked to sign copies of this documentation attesting to his or her receipt and understanding of the corrective action outlined in these documents.

Copies of all documents will be placed in the guest's client file.

***Important note:** Nothing in this policy provides any contractual rights regarding guest discipline or counseling, nor should anything in this policy be read or construed as modifying or altering the relationship between Lawrence Community The Village and its guests.*

Acknowledgement of Search & Seizure Policy

The The Village reserves the right to conduct searches to monitor compliance with rules concerning safety of guests, security of the The Village and individual property, drugs and alcohol, and possession of other prohibited items.

- *"Prohibited items" includes illegal drugs, alcoholic beverages, prescription drugs or medications not used or possessed in compliance with a current valid prescription, weapons, any items of an obscene, harassing, demeaning, or violent nature, and any property in the possession or control of a guest who does not have authorization from the owner of such property to possess or control the property.*

- *"Control" means knowing where a particular item is, having placed an item where it is currently located, or having any influence over its continued placement.*

In addition to The Village common areas, The Village may search guests, their cabins/units, lockers, personal vehicles if driven or parked on The Village property, and other personal items such as bags, purses, briefcases, backpacks, lunch boxes, and other containers. In requesting a search, The Village is by no means accusing anyone of theft, some other crime, or any other variety of improper conduct. LCS and The Village reserve the right to conduct searches of the Village units with or without the permission or presence of the guest..

There are no general or specific expectations of privacy at The Village, Inc. In general, guests should assume that what they do while on the The Village premises is not private. All guests and all of the areas listed above are subject to search at any time; if a guest uses a locker or other storage area, including a locking desk drawer or locking cabinet, the The Village will either furnish the lock and keep a copy of the key or combination, or else allow the guest to furnish a

personal lock, but the guest must give the The Village a copy of the key or combination. The areas in question may be searched at any time, with or without the guest being present. As a general rule, with the exception of items relating to personal hygiene or health, no guest should ever bring or store anything that they would not be prepared to show and possibly turn over to The Village officials and/or law enforcement authorities.

All guests of Lawrence Community The Village, Inc. are subject to this policy. However, any given search may be restricted to one or more specific individuals, depending upon the situation. Searches may be done on a random basis or based upon reasonable suspicion.

- *"Reasonable suspicion" means circumstances suggesting to a reasonable person that there is a possibility that one or more individuals may be in possession of a prohibited item as defined above.*

Any search under this policy will be done in a manner protecting guests' privacy, confidentiality, and personal dignity to the greatest extent possible.

No guest will ever be physically forced to submit to a search. However, a guest who refuses to submit to a search request from The Village will face disciplinary action, up to and possibly including immediate termination from services.

Guest Printed Name: _____

Guest Signature _____

Date _____

Staff Printed Name: _____

Staff Signature _____

Date _____

Medication Policy & Procedure Policy

This policy outlines the guidelines for self-administration of prescription medications for clients of The Village. The client has a responsibility to keep all prescription drugs that are prescribed to them in a locked locker. These medications should only be made available to the client to whom they are prescribed. Clients are responsible to administer their own medications. The following procedure is intended to provide a safe and consistent approach to medication storage and distribution to clients.

Procedure: Medications are the property of the client and therefore the administration of the medication is the responsibility of the client.

- Medications will be properly labeled with the client's name, pharmacy, and physician.
- The Village will provide every client with an individual locker, for storage of medications and valuables.
- There will be access to a refrigerator for storage of medications that require refrigeration.
- Medications for a The Village client will be returned to the pharmacy marked "for disposal" when a client has not been on the bed list for 3 days and has not returned for their medications for a period of one week. During this week the medication should be placed in the safe in the DSA office.
 - Medications can also be disposed of by supervisors following the medication disposal policy. Two individuals must be present during the disposal.
- If a client notices errors to the medication staff can assist in returning the medication to the pharmacy.
- Vials of multiple mixed pills will be accepted for storage until the pharmacy can be contacted for proper dispensing and packaging of medications. The mixed pills will be returned to the pharmacy for proper disposal.
 - Medications can also be disposed of by supervisors following the medication disposal policy. Two individuals must be present during the disposal.
- Staff are not responsible for ensuring clients' adherence to the medication regimen. However, good judgment and common sense should be used and the The Village Manager or Assistant The Village Manager notified if a client has not been taking their medication or taking too much or too little of their medication.

Client Guidelines for Self Administration:

- The client will administer the medication according to the time, route and frequency of the prescription.
- Staff and volunteers will not store or dispense medication or monitor how clients access medications.
- The Village will not limit or monitor the clients access to their locked space. Staff will have a record of locker combinations if a client needs a reminder.
- If a client indicates that they need access to refrigerated storage space, The Village will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy. The refrigerator is located in the DSA office.
- Clients may be permitted to keep the following medications on their person while residing in the The Village, providing fellow client safety is not compromised and medications are properly labeled: Nitro-glycerine spray/tablets, Epi-pen, Skin creams, and Inhalers

Staff Guidelines for Self Administration:

- Staff will provide the client with any materials required to self administer medications, and if required, a private place to administer medications.
- Staff will not administer medication to the client.
- Staff are expected to log all medications during intake or as a client gets a new prescription on the Med Log located in the Google drive.
- If a client notifies staff they are low on medication staff must inform the clients Inreach Manager so they can assist the client in getting the prescription filled/ pay for the medications.
- Each client can have up to \$60 of medication coverage each month. If the amount exceeds this price staff must get approval from the Director of The Village Programs to cover the medication cost.
 - Payment authorization for medications at a pharmacy can only be approved by the client's inreach manager or The Village team manager.

Client Signature _____

Client Print Name _____

Date _____

Please list the type of Medications you have and dosage below:

Staff: Please enter this information into the Current client med list found on the drive.

Authorization to Request and/or Release Information

Client Name:

Birth Date:

Social Security #:

This release authorizes Lawrence Community Shelter (LCS) and it's programs to request information from and/or release information to:

Individual/Provider/Agency:

- | | |
|--|---|
| <input type="checkbox"/> Bert Nash CMHC, Lawrence KS | <input type="checkbox"/> DCCCA, Lawrence KS |
| <input type="checkbox"/> Heartland Community Health Center | <input type="checkbox"/> Heartland RADAC, Lawrence KS |
| <input type="checkbox"/> Lawrence KS | <input type="checkbox"/> Kansas Medicaid (Kancare), Topeka KS |
| <input type="checkbox"/> Lawrence-Douglas County Health Department | <input type="checkbox"/> Lawrence-Douglas County Housing Authority, Lawrence KS |
| <input type="checkbox"/> Lawrence KS | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Lawrence Memorial Hospital, Lawrence KS | <input type="checkbox"/> The Willow Domestic Violence Center |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Lawrence, KS |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | |

The Information Requested Is:

- | | |
|--|---|
| <input type="checkbox"/> Documentation for disability | <input type="checkbox"/> Documentation to verify identity |
| <input type="checkbox"/> Documentation for income/employment | <input type="checkbox"/> Information/documentation related to housing |
| <input type="checkbox"/> Educational information | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Documentation for homelessness | |

The Information Released Is:

- | | |
|---|---|
| <input type="checkbox"/> Documentation for homelessness | <input type="checkbox"/> Information/documentation related to housing |
| <input type="checkbox"/> Information for program exit summary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

The Above Information Will Be Shared:

- | | |
|---|--|
| <input type="checkbox"/> Electronically (Email, Phone, and FAX) | <input type="checkbox"/> Virtually (Video Meetings) |
| | <input type="checkbox"/> Physically (Mail and In-Person) |

This information is needed for the following purpose(s):

I understand that I have the right to examine and copy the information to be released. I also understand this authorization expires automatically in one year and that, although I may withdraw this authorization at any time earlier, some information may already have been released. I have been told that information released from my records may not be given to people or agencies other than those named on the form without my permission. I understand that LCS is not authorized to release documents to agencies that did not originate from within LCS, and that these documents must be obtained directly from the source from which they originated.

Client Signature _____ **Date** _____

Witness Signature _____ **Date** _____

If client is unable to sign, state reason:

This information is requested and/or disclosed from records whose confidentiality is protected. The receiving agency is prohibited from making any further disclosure without specific written consent of the person to whom it pertains. A general authorization for the release and/or request of medical or other information is not sufficient for this purpose.

Please send the requested information to:

Name
Lawrence Community Shelter (The Village)
256 North Michigan
Lawrence, KS 66044

Email _____

Phone _____

Authorization to Disclose Client Information

The U.S. Department of Housing and Urban Development (HUD) requires agencies that receive certain types of HUD funding to use a Homeless Management Information System (HMIS) and the Coordinated Entry System (CES). Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS and CES have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the continuum's website (<http://www.kshomeless.com>). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency completing this form with me to collect and enter information into HMIS and CES about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies.

I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs to improve assistance and better their current or future situations.
- Improving the quality of care and services for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people receiving assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that CES is shared to improve access and service alignment by assessing various needs, and then to match those assessed with the most appropriate housing interventions available by:

- Allowing for voluntary participation in a VI-SPDAT assessment for admittance to CES which is a critical component of our community's ability to provide the most effective services and housing available.
- Allowing my information to be shared during case conferencing to assist in finding suitable housing programs, services, and other resources.
- Not requiring disclosure of specific disabilities or diagnosis and that specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

I understand that:

- I have the right to review my HMIS and CES record with an authorized user and receive a copy of this consent form once I have signed it.
- I, or my case manager/outreach worker, can be contacted about the information entered into HMIS and CES.
 - All agencies that use HMIS and CES will treat my information with respect and in a professional and confidential manner.
 - Unauthorized people or organizations cannot gain access to my information without my consent.
 - I agree and understand that my data may be transferred from one HMIS system to another for data collection, reporting, or analytics.
- I acknowledge that auditors or funders who have legal rights to review the work of HMIS and CES may see my information.
- Signing this release form does not guarantee that I will receive the requested services and it does not guarantee that I will be called for a housing program.
- I understand that some information provided may need further verification if I am referred to an agency for services.

**EMERGENCY SOLUTIONS GRANT
SELF CERTIFICATION**

Instructions: This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to the ESG program eligibility.

ESG Applicant Name: _____

Household without dependent children (complete one form for each adult in household) Household with dependent children (complete one form for each adult in household)

Number of persons in the household: _____

This is to certify that the above-named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one:

I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next _____ days.

I certify that I have insufficient financial resources and support networks; e.g., family, friends, faith based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

ESG Staff Signature: _____ Date: _____

Clarity Intake

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Primary Language

Hi

Phone Number

Email

Gender

- Man
- Woman
- Culturally Specific Identity
- Transgender
- Non-Binary
- Questioning
- Different Identity

Race and Ethnicity

- American Indian, Alaskan Native, Indigenous
- Asian or Asian American
- Black, African American, or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

Are you interested in providing input and/or attending meetings to assist in improving homeless services and programs?

- Yes
- No

Veteran Status

- Yes
- No

Year Entered Military Service

Separated

Theater of Operations

- World War II
- Korean War
- Vietnam War

Branch of Military

- Army
- Navy
- Marines

- Persian Gulf War
- Afghanistan
- Iraq (Iraqi Freedom)
- Iraq (New Dawn)
- Other Operations
- Coast Guard
- Space Force

Discharge Status

- Honorable
- General Under Honorable Conditions
- Under Other Than Honorable Conditions
- Bad Conduct
- Dishonorable
- Uncharacterized

Current Living Situation

City

State

Type of Residence

- 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, Host Home shelter
- 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 housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- 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, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy

- Owned by client, with no ongoing subsidy

Length of Stay in this Living Situation

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer

Approximate Date This Episode of Homelessness Started:

Number of Times on the Streets, in Emergency Shelter, or Safe Haven in the Past Three Years

- One time
- Two times
- Three times
- Four or more times

Total Number of Months Homeless

- | | |
|---|---|
| <input type="checkbox"/> One Month (this is first time) | <input type="checkbox"/> Nine Months |
| <input type="checkbox"/> Two Months | <input type="checkbox"/> Ten Months |
| <input type="checkbox"/> Three Months | <input type="checkbox"/> Eleven Months |
| <input type="checkbox"/> Four Months | <input type="checkbox"/> Twelve Months |
| <input type="checkbox"/> Five Months | <input type="checkbox"/> More Than Twelve Months |
| <input type="checkbox"/> Six Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Seven Months | <input type="checkbox"/> Client Prefers Not to Answer |
| <input type="checkbox"/> Eight Months | |

Total Number of Months Homeless on the Streets, in Emergency Shelter, or Safe Haven in the Past Three Years

Prior Living Situation

City

State

Do you have a disabling condition?

- Yes
- No
- If yes, is it expected to be long term and impair your ability to live independently?

Do you have a physical disability?

- Yes
- No
- If yes, is it expected to be long term and impair your ability to live independently?

Do you have a developmental disability?

- Yes
- No
- If yes, is it expected to be long term and impair your ability to live Independently?

Do you have a chronic health condition?

- Yes
- No
- If yes, is it expected to be long term and impair your ability to live independently?

Do you have HIV or AIDS?

- Yes
- No

Do you have a mental health disorder?

- Yes
- No
- If yes, is it expected to be long term and impair your ability to live Independently?

Do you have a substance use disorder?

- No
- Alcohol use disorder

- Drug use disorder
- Both alcohol and drug use disorder
- If yes, is it expected to be long term and impair your ability to live independently?

Are you a survivor of domestic violence?

- Yes
- No

Last Occurrence of Domestic Violence:

Are you currently fleeing?

- Yes
- No

Is it safe to call you?

- Yes
- No

Is it safe to identify as a provider?

- Yes
- No

Is it safe to leave a message?

- Yes
- No

Monthly Income and Sources

Do you have income from any source?

- Yes
- No

If yes, please select the source(s) and list the amount earned.

- Earned Income _____
- Unemployment Insurance _____
- Supplemental Security Income (SSI) _____

- Social Security Disability Insurance (SSDI) _____
- VA Service-Connected Disability Compensation _____
- VA Non-Service Connected Disability Pension _____
- Private Disability Insurance _____
- Worker's Compensation _____
- Temporary Assistance for Needy Families (TANF) _____
- General Assistance (GA) _____
- Retirement Income from Social Security _____
- Pension or Retirement Income from a Former Job _____
- Child Support _____
- Alimony and Other Spousal Support _____
- Other Income Source _____

Do you have any Non-Cash Benefits?

- Yes
- No

If yes, please select the source

- SNAP
- WIC
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Other Non-Cash Benefit

Are you covered by insurance?

- Yes
- No

If yes, please select the source

- Medicaid (Circle one)
 Aetna Sunflower United United Health Care
- Medicare

- SCHIP
- VA medical services
- Employer provided health insurance
- COBRA
- Private Pay Health insurance
- State Health Insurance for Adults
- Indian Health Services program
- Other

Do You have a payday loan?

- Yes
- No

Payday Loan Company

Amount

Please sign and date below

Guest Signature

Date