

June 27, 2024

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
 Clackamas County

**Approval of a personal services contract with Central City Concern for Law Enforcement Assisted Division program (LEAD), outreach, navigation and placement, and supportive housing case management services. Total contract value is \$1,754,459.45 for one year. This contract is funded through \$1,551,034.45 of Metro Supportive Housing Services Measure funds and \$203,425.00 of budgeted County General funds.**

<b>Previous Board Action/Review</b>	Briefed at issues 6/25/2024		
<b>Performance Clackamas</b>	1. This programming aligns with H3S’s Strategic Business Plan goal to increase self-sufficiency for our clients. 2. This funding aligns with the County’s Performance Clackamas goal to ensure safe, healthy, and secure communities.		
<b>Counsel Review</b>	Yes	<b>Procurement Review</b>	Yes
<b>Contact Person</b>	Vahid Brown, HCDD Deputy Director	<b>Contact Phone</b>	(971) 334-9870

**EXECUTIVE SUMMARY:** The Housing & Community Development Division (HCDD) of the Health, Housing and Human Services Department (H3S) of Clackamas County requests approval of Contract #11722 with Central City Concern for Clackamas County’s Law Enforcement Division Program (LEAD), navigation and placement, and supportive housing case management services.

Central City Concern has improved community health and safety by diverting hundreds of individuals struggling with substance use disorder from the criminal justice system to case management services. LEAD strives to connect systems and initiatives to advance a comprehensive, coordinated response to the crisis of substance abuse across the County. Central City Concern has over forty years of expertise in delivering services to individuals who suffer from addiction, homelessness, and involvement with the criminal justice system.

This contract is funded through \$1,551,034.45 of Supportive Housing Services funds and \$203,425.00 in budgeted county general funds to serve all Clackamas County residents, including those in our rural areas.

**RECOMMENDATION:** Staff recommends the Board approve Contract #11722 with Central City Concern to continue the LEAD program for Clackamas County residents experiencing homelessness or at imminent risk of homelessness.

Respectfully submitted,

*Rodney A. Cook*  
 Rodney A. Cook  
 Health, Housing & Human Services

For Filing Use Only



**CLACKAMAS COUNTY**  
**PERSONAL SERVICES CONTRACT**  
**Contract # 11722**

This Personal Services Contract (this “Contract”) is entered into between Central City Concern (“Contractor”), and Clackamas County, a political subdivision of the State of Oregon (“County”) on behalf of its Department of Health, Housing, and Human Services, Housing and Community Development Division.

**ARTICLE I.**

**1. Effective Date and Duration.** This Contract shall become effective upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on June 30, 2025. The Contract may be extended, upon execution of one or more written amendments by both parties, for up to five (5) one-year terms.

Prior to consideration of any additional optional renewal, the County will provide Contractor with an allocation amount of funds County has determined are available for the one-year renewal term. Upon receipt of the allocation amount, the Contractor will submit a proposed annual budget to the County based on that amount. The County may either agree to the proposed annual budget and exercise the renewal, negotiate with Contractor to use a different proposed annual budget, or reject the proposed annual budget and decline to renew the Contract.

**2. Scope of Work.** Contractor shall provide the following supportive services (“Work”), further described in **Exhibit A**.

**3. Consideration.** The County agrees to pay Contractor, from available and authorized funds, a sum not to exceed One Million Seven Hundred and Fifty Four Thousand Four Hundred and Fifty-Nine Dollars and Forty-five Cents (**\$1,754,459.45**), for accomplishing the Work required by this Contract. Consideration rates are on reimbursement basis in accordance with the budget set forth in **Exhibit B**. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Exhibit B.

Budget line items within categories may be changed with written agreement by both parties. County may approve, in writing, adjustments to budget line item amounts provided the maximum Contract amount is not exceeded.

County may, in its sole discretion, advance Contractor an amount not to exceed one sixth (1/6) of the total Contract amount (the “Advanced Funds”). Contractor may only use the Advanced Funds for purposes of paying Contractor’s eligible expenses incurred between the effective date of the Contract and when Contractor’s first monthly invoice is submitted and paid. Advanced Funds may continue to be used to pay Contractor’s eligible expenses incurred from July through March on a rolling thirty-day (30) basis to ensure Contractor may perform the Work prior to County paying Contractor’s monthly invoices. However, Contractor shall continue to invoice County during the July through March time period for eligible expenses incurred on a monthly basis, in accordance with the terms and conditions of the Contract, with the Advanced Funds being used to cover eligible expenses prior to when County reviews, approves, and pays Contractor’s monthly invoices.

Contractor shall separately account for use of the Advanced Funds on a monthly basis. The parties intend that as of April of each contract year, the Contractor shall have enough Advanced Funds remaining to cover a substantial portion of the costs for remaining Work. As such, starting in April of each contract year, in lieu of an invoice, Contractor shall submit a monthly reconciliation statement of expenses incurred against the Advanced Funds. The reconciliation statement shall include the same information and supporting documentation as an invoice submitted pursuant to Article I, Section 4 of the Contract. The reconciliation statement shall document, to County’s satisfaction, how the Advanced Funds were spent

down on a monthly basis, including reimbursing Contractor for Work performed for each remaining month of the contract year (April through June).

For the month of the contract year when advanced funds are fully spent down, which is anticipated to be May or June, Contractor shall submit a final reconciliation statement that details the use of the remaining Advanced Funds, if any. If the Advanced Funds do not fully cover eligible Work performed by Contractor, Contractor shall submit an invoice for the remaining amounts owed. The invoice amount shall be reduced by the remaining Advanced Funds.

If there are any Advanced Funds remaining after the final reconciliation statement is submitted and no further amounts are owed to Contractor for Work performed, or if the Contract is terminated prior to expiration of its term for any reason, the remaining Advanced Funds must be returned to County within ten (10) business days of the termination date of the Contract.

Prior to County advancing the Contractor the Advanced Funds, Contractor must submit an advance request, in a form acceptable to the County, that details the amount of the Advanced Funds requested, the specific purposes for which the Advanced Funds will be used, and such other information as the County may require.

If the Advanced Funds is approved by the County, County will issue payment of the Advanced Funds within 30 days of approval.

Advanced funds do not increase the maximum compensation amount set forth above. Contractor shall not submit invoices for, and County will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above.

The Advanced Funds are not intended to be used to expand the Work beyond the eligible expenses incurred for the thirty-day period.

Contractor's use of Advanced Funds for any purpose not expressly permitted by this Contract, or failure to return Advanced Funds in accordance with the provisions above, constitutes a misuse and is a breach of the Contract. Upon such breach, and in addition to any other right or remedy provided at law, in equity, or in this Contract, County may require Contractor to immediately repay all or a portion of the Advanced Funds, terminate the Contract, and/or reduce any pending invoice for Work performed by the amount of misused Advanced Funds.

- 4. Invoices and Payments.** Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The invoices shall include the total amount billed to date by Contractor prior to the current invoice. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made in accordance with ORS 293.462 to Contractor following the County's review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not be obligated to pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.

Invoices shall reference the above Contract Number and be submitted to: HCDD-AP@Clackamas.us

- 5. Travel and Other Expense.** Authorized:  Yes  No

If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and

found at: <https://www.clackamas.us/finance/terms.html>. Travel expense reimbursement is not in excess of the not to exceed consideration.

**6. Contract Documents.** This Contract consists of the following documents, which are listed in descending order of precedence and are attached and incorporated by reference, this Contract, Exhibit A, Exhibit B, Exhibit C, Exhibit D and Exhibit E.

**7. Contractor and County Contacts.**

Contractor Administrator: Juliana De Pietro Phone: (971) 706-1896 Email: <a href="mailto:contracts@ccconcern.org">contracts@ccconcern.org</a>	County Administrator: Vahid Brown Phone: (971) 334-9870 Email: <a href="mailto:Vbrown@clackamas.us">Vbrown@clackamas.us</a>
---	---

Payment information will be reported to the Internal Revenue Service (“IRS”) under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records will subject Contractor payments to backup withholding.

**ARTICLE II.**

**1. MONITORING/ACCESS TO RECORDS.**

- a. **Access to Records.** Contractor shall maintain books, records, documents, and other evidence, in accordance with generally accepted accounting procedures and practices, sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor, which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. Contractor shall maintain such books and records for a minimum of six (6) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
- b. **Performance Monitoring.** Contractor shall comply with County’s then-current performance monitoring practices for purposes of ensuring Contractor is performing the Work in accordance with the terms and conditions of the Contract. Each party shall bear their own costs and expenses incurred as a result of County’s monitoring of Contractor’s performance under the Contract. County’s performance monitoring practices may include, but are not limited to, the following:
  - i. **Site Reviews.** County may schedule on-site visits to review Contractor compliance with the Contract. Site visits are usually scheduled with provider, but County may, in its sole discretion, conduct a site visit without prior notice to Contractor.
  - ii. **Performance evaluations.** County may, in its sole discretion, require additional performance evaluations in addition to those already set forth in this Contract. The additional performance evaluations may be performed through a variety of quality assurance and evaluation processes. i.e. HMIS, benchmarks, etc. Contractor must comply and cooperate with any County performance evaluation requirements to ensure County may fully evaluate Contractor’s performance under this Contract.
  - iii. **Fiscal Compliance.** County may, in its sole discretion, conduct fiscal compliance reviews to ensure that financial records, systems and procedures conform to Generally Accepted Accounting Principles and are in compliance with all County and State of Oregon audit and accounting requirements.
  - iv. **File Compliance.** County may request periodic review of client files to ensure all required documentation is completed, services are being provided as contracted and client funds are being used in accordance with the County’s flex fund policy.

2. **AVAILABILITY OF FUTURE FUNDS.** Any continuation or extension of this Contract after the end of the fiscal period in which it is written is contingent on a new appropriation for each succeeding fiscal period sufficient to continue to make payments under this Contract, as determined by the County in its sole administrative discretion.
3. **CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time.
5. **COUNTERPARTS.** This Contract may be executed in several counterparts (electronic or otherwise), each of which shall be an original, all of which shall constitute the same instrument.
6. **GOVERNING LAW.** This Contract, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Contractor, by execution of this Contract, hereby consents to the personal jurisdiction of the courts referenced in this section.
7. **INDEMNITY, RESPONSIBILITY FOR DAMAGES.**

- a. **Indemnification and Defense of County.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify and defend the County, and its officers, elected officials, agents, and employees, from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Contract.

However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of County, purport to act as legal representative of County, or settle any claim on behalf of County, without the approval of the Clackamas County Counsel's Office. County may assume its own defense and settlement at its election and expense.

- b. **Indemnification and Defense of Metro.** The Contractor agrees to indemnify, defend, save and hold harmless Metro Regional Government ("Metro"), and its officers, elected officials, agents and employees from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon Contractor's acts or omissions in performing under this Agreement. However, neither Contractor nor any attorney engaged by Contractor shall defend the claim in the name of Metro, nor purport to act as legal representative of Metro, without first receiving from the Metro attorney's office authority to act as legal counsel for Metro, nor shall Contractor settle any claim on behalf of Metro without the

approval of the Metro attorney’s office. Metro may, at its election and expense, assume its own defense and settlement.

- 8. INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent Contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor’s performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; and (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits.
- 9. INSURANCE.** Contractor shall secure at its own expense and keep in effect during the term of the performance under this Contract the insurance required and minimum coverage indicated below. The insurance requirement outlined below do not in any way limit the amount of scope of liability of Contractor under this Contract. Contractor shall provide proof of said insurance and name the County as an additional insured on all required liability policies. Proof of insurance and notice of any material change should be submitted to the following address: Clackamas County, Housing and Community Development Division, 2051 Kaen Road, Oregon City, OR 97045 or emailed to the County Contract Analyst.

Required - Workers Compensation: Contractor shall comply with the statutory workers’ compensation requirements in ORS 656.017, unless exempt under ORS 656.027 or 656.126.
<input checked="" type="checkbox"/> Required – Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per claim, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
<input checked="" type="checkbox"/> Required – Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per accident for Bodily Injury and Property Damage.
<input checked="" type="checkbox"/> Required – Abuse & Molestation endorsement with limits not less than \$1,000,000 per occurrence if not included in the Commercial General Liability policy.
<input type="checkbox"/> Cyber Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for network security (including data breach), privacy, interruption of business, media liability, and errors and omissions.

The policy(s) shall be primary insurance as respects to the County. Any insurance or self-insurance maintained by the County shall be excess and shall not contribute to it. Any obligation that County agree to a waiver of subrogation is hereby stricken.

- 10. LIMITATION OF LIABILITIES.** This Contract is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent. Except for liability arising under or related to Article II, Section 13 or Section 20 neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms.
- 11. NOTICES.** Except as otherwise provided in this Contract, any required notices between the parties shall be given in writing by personal delivery, email, or mailing the same, to the Contract Administrators identified in Article 1, Section 6. If notice is sent to County, a copy shall also be sent to: Clackamas

County, Housing and Community Development Division, 2051 Kaen Road, Oregon City, OR 97045. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing, and immediately upon personal delivery, or within 2 hours after the email is sent during County's normal business hours (Monday – Thursday, 7:00 a.m. to 6:00 p.m.) (as recorded on the device from which the sender sent the email), unless the sender receives an automated message or other indication that the email has not been delivered.

- 12. OWNERSHIP OF WORK PRODUCT.** All work product of Contractor that results from this Contract (the "Work Product") is the exclusive property of County. County and Contractor intend that such Work Product be deemed "work made for hire" of which County shall be deemed the author. If for any reason the Work Product is not deemed "work made for hire," Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications. Notwithstanding the above, County shall have no rights in any pre-existing Contractor intellectual property provided to County by Contractor in the performance of this Contract except to copy, use and re-use any such Contractor intellectual property for County use only.
- 13. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; (D) Contractor is an independent Contractor as defined in ORS 670.600; and (E) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 14. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Sections 1, 6, 7, 10, 12, 13, 14, 15, 17, 20, 21, 25, 27, 29, and 35, and all other rights and obligations which by their context are intended to survive. However, such expiration shall not extinguish or prejudice the County's right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.
- 15. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 16. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County, which shall be granted or denied in the County's sole discretion. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Sections 1, 7, 8, 13, 16 and 27 as if the subcontractor were the Contractor. County's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 17. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.

**18. TAX COMPLIANCE CERTIFICATION.** The Contractor shall comply with all federal, state and local laws, regulation, executive orders and ordinances applicable to this Contract. Contractor represents and warrants that it has complied, and will continue to comply throughout the duration of this Contract and any extensions, with all tax laws of this state or any political subdivision of this state, including but not limited to ORS 305.620 and ORS chapters 316, 317, and 318. Any violation of this section shall constitute a material breach of this Contract and shall entitle County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract or applicable law.

**19. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) by mutual agreement of the parties or by the County (i) for convenience upon thirty (30) days written notice to Contractor, or (ii) at any time the County fails to receive funding, appropriations, or other expenditure authority as solely determined by the County; or (B) if Contractor breaches any Contract provision or is declared insolvent, County may terminate after thirty (30) days written notice with an opportunity to cure.

Upon receipt of written notice of termination from the County, Contractor shall immediately stop performance of the Work. Upon termination of this Contract, Contractor shall deliver to County all documents, Work Product, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects or other tangible things needed to complete the Work.

**20. REMEDIES.** If terminated by the County due to a breach by the Contractor, then the County shall have any remedy available to it in law or equity. If this Contract is terminated for any other reason, Contractor's sole remedy is payment for the goods and services delivered and accepted by the County, less any setoff to which the County is entitled.

**21. NO THIRD PARTY BENEFICIARIES.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.

**22. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance of this Contract.

**23. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.

**24. FORCE MAJEURE.** Neither County nor Contractor shall be held responsible for delay or default caused by events outside the County or Contractor's reasonable control including, but not limited to, fire, terrorism, riot, acts of God, or war. However, Contractor shall make all reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.

**25. WAIVER.** The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.



- 26. PUBLIC CONTRACTING REQUIREMENTS.** Pursuant to the public contracting requirements contained in Oregon Revised Statutes (“ORS”) Chapter 279B.220 through 279B.235, Contractor shall:
- a. Make payments promptly, as due, to all persons supplying to Contractor labor or materials for the prosecution of the work provided for in the Contract.
  - b. Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of the Contract.
  - c. Not permit any lien or claim to be filed or prosecuted against County on account of any labor or material furnished.
  - d. Pay the Department of Revenue all sums withheld from employees pursuant to ORS 316.167.
  - e. As applicable, the Contractor shall pay employees for work in accordance with ORS 279B.235, which is incorporated herein by this reference. The Contractor shall comply with the prohibitions set forth in ORS 652.220, compliance of which is a material element of this Contract, and failure to comply is a breach entitling County to terminate this Contract for cause.
  - f. If the Work involves lawn and landscape maintenance, Contractor shall salvage, recycle, compost, or mulch yard waste material at an approved site, if feasible and cost effective.

**27. NO ATTORNEY FEES.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Contract, each party shall be responsible for its own attorneys’ fees and expenses.

- 28. REPORTING REQUIREMENTS.** In performance of the Work, Contract shall:
- a. Execute a Homeless Management Information System (“HMIS”) Participation Agreement for purposes of using regionally administered HMIS software through a contract with regional partners and ensuring such use is in accordance with the HMIS provider’s policies and procedures. County anticipates a new HMIS regional structure and contract will be implemented and upon such implementation and transfer, Contractor shall, if determined by County to be necessary, execute a new HMIS Participation Agreement.
  - b. Participate in the HMIS. As used herein, “participation” means:
    - i. Completing all necessary initial HMIS data entry training within one month of Contract execution;
    - ii. Collecting participant demographics and enter data electronically into HMIS into appropriate HMIS providers, which will be determined by HCDD
    - iii. Complying with current HMIS Policy and Procedures and adhere to all HMIS reporting requirements;
    - iv. Ensuring that data entry into HMIS occurs in an accurate and timely manner within three (3) business days of program entry date;
    - v. Correcting data quality, missing information, and null data errors as specified by HACC’s Supportive Housing Services (SHS) Data team within 14 days after the end of each fiscal quarter or as requested;
    - vi. Collecting and entering universal data elements, which include demographic information on all clients at entry, and all required SHS elements required by HUD, Metro, or other applicable federal, state, or local funding sources;
    - vii. Complying with all confidentiality policies and procedures regarding HMIS and the use of participant data;
    - viii. Ensuring only authorized Contractor staff, trained by HCDD, access the HMIS software.
  - c. Work with HCDD to continually improve on performance targets

d. Conduct a post-program exit follow-up assessments at 6 months post-exit and enter the results of that assessment into HMIS.

**29. CONFIDENTIALITY.** Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential, including information that is protected under applicable law, including Personal Information (as “**Personal Information**” is defined in ORS 646A.602(11)).

Contractor agrees to hold any and all information that it is required by law or that the County marks as “Confidential” to be held in confidence (“**Confidential Information**”), using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and will use the Confidential Information for no purpose other than in the performance of this Contract, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County’s request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor’s possession which embody Confidential Information.

Contractor acknowledges that breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor’s employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor’s employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor’s report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines and corrective action (including credit monitoring services) arising from disclosure of such Confidential Information caused by a breach of its data security or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor’s

obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

30. RESERVED

31. RESERVED

32. RESERVED

33. RESERVED.

34. RESERVED

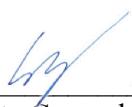
35. **MERGER.** THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

By their signatures below, the parties to this Contract agree to the terms, conditions, and content expressed herein.

**Central City Concern**

**Clackamas County**

DocuSigned by:  
*Andrew B. Mendenhall, M.D.* 6/11/2024  
 Authorized Signature Date  
 Andrew B. Mendenhall, M.D.  
 Name / Title (Printed)  
 131104-16  
 Oregon Business Registry #  
 Non-profit corporation  
 Entity Type / State of Formation

Signature Date  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Approved as to Form:  
 06/11/2024  
 County Counsel Date

## **EXHIBIT A SCOPE OF WORK**

Law Enforcement Assisted Diversion (LEAD) helps individuals identify and work toward goals they set for themselves, and in the process re-establishes trusting and healing relationships between these individuals and social service providers. The goal is to help offer bridge support and healing until a participant is ready to engage in a more traditional model of care.

LEAD staff can provide a unique and needed new approach to supportive care and accompany participants to meetings, appointments, hearings and other events. This approach is vital towards helping create new pathways to success for participants.

### Eligibility

Most LEAD referrals are people experiencing homelessness. Participants must all have one or more disabling conditions, including substance use disorder, a serious mental health disorder, or chronic physical conditions such as dementia, cardio-obstructive pulmonary disease (“COPD”), or chronic pain. Most participants have co-occurring disorders.

- Individuals will be screened based on current situations, case-by-case, addressing their ability to engage, interact, and their level of motivation and need.
- Program will accept referrals for individuals currently engaged in a Clackamas County Specialty Court, or who have confirmed escalated contacts with law enforcement in Clackamas County or probation.
- Program will also accept referrals from Coordinated Housing Access (“CHA”) and partner street outreach programs, as coordinated by COUNTY’s Housing Services Team. CONTRACTOR will also accept self-referrals, referrals from current program participants and referrals from agencies that provide services to participants as capacity allows

### Scope of Work

Contractor will coordinate with system partners to create referral pathways to the LEAD program, using the eligibility criteria described above. Historically, LEAD offered a referral pathway through law enforcement and partners who operate throughout the continuum of criminal justice interventions. Individuals are now allowed to self-refer and current participants may refer members of their communities. Behavioral health and social service providers also have pathways to refer to the program. Contractor will have clear processes in place for receiving referrals, incorporating referrals from CHA and partner street outreach providers.

Participation in the LEAD program is voluntary. Individuals who agree to the program (i.e. program participants) will have an understanding about their responsibility in maintaining program eligibility. Participants will complete the appropriate release of information, consent forms, and other relevant forms to provide for an open flow of communication and successful service delivery between participant and provider.

Contractor will provide appropriate disclosure documents and consents necessary to any individual identified as eligible for LEAD. Once individuals consent to program services, LEAD will transition into either outreach case management (1-2 months with 1-3 goals only identified) or to wraparound case management services and a case manager will be assigned to the client. LEAD will prioritize emergency weather responses during our normal working hours. LEAD will participate in urgent outreach requests during emergency events all while still meeting regular operational needs and tasks.

Contractor will provide proactive and responsive street-based outreach contracts to 200 unique individuals over a 12-month period. A Screening and Outreach Coordinator will provide the bulk of these contacts and

additional support that increases participant engagement in services. Outreach services include delivery of gear and services to meet both immediate and on-going survival needs. See attached Flex Fund Policy (Exhibit F).

Contractor will screen and triage referrals to LEAD and when indicated, will make efforts to engage referred individuals in person. If screening results determine that more intensive services than solely survival outreach are indicated and the individual is not already connected to other case management resources, the Screening and Outreach Coordinator will recommend the referred individual for wraparound case management enrollment with LEAD. If the individual is accepted and wraparound case management capacity exists, the Screening and Outreach Coordinator will provide a LEAD Case Manager II within two weeks. If wraparound case management capacity does not exist, the Screening and Outreach coordinator may provide bridge case management services until capacity exists.

Contractor will provide intensive and wraparound case management (“engagements”) to 80 individuals who may also have received street-based outreach contacts. Contractor’s wraparound case managers will utilize a fully-integrated approach to address participants’ needs, including substance use, mental health, physical health and basic needs. This includes system navigation into services (medical, behavioral health, housing, employment and more) and helping the participant access and follow up with social services and justice system requirements. Contractor’s case managers and screening and outreach coordinator will provide outreach-based case management services. Each Case Manager will support the Housing Navigation Case Manager in collaboration to provide wraparound supports to participants that are transitioning into housing.

Contractor will provide housing navigation, placement, and supportive housing retention services for program participants. Contractor’s Housing Navigation Case Manager II will place and support 30 participant households that remain unsheltered per 12-month period subject to supportive housing voucher and appropriate housing inventory in Clackamas County. Contractor’s Supportive Housing Case Manager (SHCM) will provide support to retain 25 individuals per SHCM in housing by providing ongoing support to participants that are housed until the participant graduates from services.

Contractor will ensure all program staff are adequately trained in Contractor’s approved program practices and will ensure staff are effectively implementing these practices. Contractor will employ motivational enhancement techniques and ensure all program staff are adequately trained and supervised in these techniques.

Contractor will provide clinical and administrative supervision, utilize direct observation, coordinate daily huddles to staff individuals and discuss barriers, and participate in care coordination meetings weekly with the LEAD operational team. Due to the growing service line and complexity of reporting and operations, LEAD will hire a full time Administrative Assistance to assist with reporting requirements and operational needs. Contractor will also participate in program matching/case conferencing, and partner meetings.

Length of enrollment in services will vary depending on individual participant need and will be based upon a bio psychosocial model of street outreach care.

Program services shall include screening, case management planning and referrals to support service needs, including but not limited to substance use, mental health, physical health, employment, housing, vocational rehab, food, basic needs and clothing. Care coordination for all medical and/or behavioral health services shall also be provided by Contractor.

Contractor will employ the following in the provision of services/brokerage:

*Participant-identified and driven.* Once any acute needs of clients have been addressed, the case manager will work with each participant to design a case plan which will clearly identify the individual’s goals while being involved in LEAD. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, child care, or other services.

*Wraparound case management.* LEAD Case Managers will have varying levels of expertise, training, and education in order to assemble a diverse, competent multi-disciplinary team to provide comprehensive screening, planning and service brokerage. Case managers will link enrolled individuals to housing, vocational and educational opportunities and services, treatment, and community services. Participants engaged in problematic drug use require a more holistic approach to case management. Individuals may not only need access to medication supported recovery and other drug treatment options; they may also need access to food, housing, legal advocacy, job training, and other services. Wraparound case management provides increased support in accessing these services and assistance in many aspects of the participant's life.

*Peer outreach and support.* There is substantial evidence that highly marginalized populations can be engaged by peers whom the individuals view as knowledgeable about their situation and as credible witnesses to the value of similar programs. Ongoing peer engagement provides support for behavioral changes. LEAD's Peer Support role will provide peer-based support to individuals enrolled in wraparound case management, housing navigation, and supportive housing case management. Peer may also provide street-based outreach contacts as capacity allows.

*Housing navigation and supportive housing case management*– the LEAD Housing Case Manager II will identify and navigate LEAD participants through housing preparedness, search, and Placement. The LEAD Supportive Housing Case Manager will provide housing short-term stabilization support (6-12 months depending on participant need). Once participants stabilize in housing and other case management goals are met, LEAD will graduate participants from services, per Graduation Protocol, graduation assessment first occurs at 12 months.

*Trauma-informed care perspective.* Addressing and understanding client's underlying psychological trauma by listening to clients and working to integrate their voices into their service delivery plan.

*Culturally-Responsive Services.* Culturally-responsive services are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities.

That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional and individual.

In addition to the above, Contractor agrees to accomplish the above work under the following terms:

- Program may not require participants to be clean and sober or pass urinalysis or breath-testing. Additionally, LEAD program must incorporate harm reduction into their service delivery.
- Program may have rules to ensure a safe environment but these rules must be in plain language and as streamlined as possible. Rules must align with Fair Housing law pertaining to emergency shelters.
  - Contractor will document and certify eligibility of each adult household member as either Population A or Population B:
    - Population A of the Supportive Housing Services program is defined as a household with extremely low income, one or more disabling conditions, and experiencing or at imminent risk of experiencing long-term or frequent episodes of literal homelessness.
    - Population B is defined as a household experiencing homelessness or having a substantial risk of experiencing homelessness.
- All uses of Client Support/Beneficiary Program Expense funding for client services must adhere to the Clackamas County Supportive Housing Services Use of Flex Funding policy (Exhibit F).
- Housing navigation and ongoing case management services funded by Metro must be provided within

the Metro service district boundaries. Street outreach can be provided throughout Clackamas County regardless of the source of funds.

Contractor shall meet or exceed the following performance measures; all program areas included:

<b>Outcome</b>	<b>Deliverable</b>	<b>Data Entry</b>
Optimal Capacity- Street-based outreach contacts	The Screening and Outreach Coordinator will respond to referrals and requests for outreach by providing at least 100 outreach contacts annually. All other non-housing LEAD staff (4.0 Wraparound Case Managers and 1.0 Peer Support) will provide at least 20 outreach contacts annually for a program total of 200 unduplicated contacts.	HMIS
Optimal Capacity – Wraparound and Bridge Case Management	Each Case Manager II will hold an active caseload of a maximum of 20 enrolled participants (“engagements”) at any given time for a total of 80 participants annually. These participants will not be unduplicated from those to whom outreach contacts are provided (see above). The Screening and Outreach Coordinator may provide additional bridge (brief and time limited) case management contacts (20 at any given time) LEAD anticipates a maximum capacity of 100 participants (not unduplicated) enrolled in bridge or wraparound case management annually.	HMIS/Apricot
Effective Services	Work toward a 90 day average length of time between engagement with Housing Navigation Case Manager II and housing move-in date	HMIS
Housing Navigation	1.0 LEAD Housing Navigation Case Manager shall support 10 clients every quarter (30 clients annually) in navigating and being placed in transitional or permanent housing. Permanent housing navigation outcomes will be subject to supportive housing voucher and inventory availability.	
Housing Navigation	At least 80% of LEAD participants enrolled in wraparound case management (“engaged households”) are housed within 120 days of receiving an RLRA voucher, 95% housed within 180 days of receiving an RLRA voucher.	
Ending Homelessness	At least 45% of engaged households exit street outreach to a permanent or transitional (more than 90 day stay) housing option within 180 days of enrollment in wraparound case management (“engagement”), subject to supportive housing voucher and housing inventory availability.	HMIS
Ending Homelessness	At least 95% of households who exit to permanent housing remain in permanent housing as of 6-month follow-up assessment.	HMIS
Supportive Housing Case Management	1.0 LEAD Supportive Housing Case Management FTE will provide supportive housing case management and retention services to 25 unduplicated participants annually.	
Ending Homelessness	At least 95% of households will maintain enrollment in supportive housing case management for at least 12 months, or exit the program while in a permanent housing destination, based on participant-identified need.	HMIS

## EXHIBIT B

<b>Budget 07/01/2024 - 06/30/2025</b>		
<b>Line Item Category</b>	<b>Narrative/Description</b>	<b>Funds Requested</b>
<b>Outreach and Engagement - Supportive Housing Services</b>		
<b>Personnel</b>		
Clinical Supervisor 1 (FTE)		\$90,812.67
Case Manager 1 (4 FTE)		\$211,408.49
Administrative Assistant (1 FTE)		\$55,159.33
Other Salary and Wages		\$0.00
Payroll Taxes and Benefits		\$137,437.78
Personnel Related Costs		\$10,690.67
<b>Personnel Subtotal:</b>		<b>\$505,508.94</b>
<b>Program Operations - Materials and Services</b>		
Office Supplies		\$26,330.00
Furnishings		\$1,500.00
Equipment		\$9,640.00
Insurance/Licenses		\$800.00
Vehicle Expenses		\$78,519.66
Utilities		\$16,309.33
Rent		\$131,098.00
Facilities Management		\$12,892.00
<b>Program Operations - Materials and Services Subtotal:</b>		<b>\$277,089.00</b>
<b>Client Services</b>		
Client Transportation		\$2,081.33
Client Food		\$2,601.67
Program Expense - Client & Rent Related		\$0.00
Program Expense - Health Svcs		\$1,040.66
Support Services		\$46.83
Support Materials		\$26,714.59
<b>Client Services Subtotal:</b>		<b>\$32,485.08</b>
<b>Indirect Administration</b>		
Health Services Management		\$76,128.49
Indirect Administration (19%)		\$154,865.77
One time Building Maintenance		\$53,000.00
<b>Indirect Subtotal:</b>		<b>\$230,994.26</b>
<b>Outreach and Engagement (SHS) Subtotal:</b>		<b>\$1,099,077.28</b>



<b>Outreach and Engagement - County General Fund</b>		
<b>Personnel</b>		
Case Manager 1 (2 FTE)		\$126,625.00
Payroll Taxes and Benefits		\$44,318.75
<b>Personnel Subtotal:</b>		<b>\$170,943.75</b>
<b>Program Operations - Materials and Services</b>		
<b>Program Operations - Materials and Services Subtotal:</b>		<b>\$0.00</b>
<b>Client Services</b>		
<b>Client Services Subtotal:</b>		<b>\$0.00</b>
<b>Indirect Administration</b>		
Indirect Administration (19%)		\$32,479.31
<b>Indirect Subtotal:</b>		<b>\$32,479.31</b>
<b>Outreach and Engagement (CGF) Subtotal:</b>		<b>\$203,423.06</b>
<b>Permanent Supportive Housing Navigation/Placement - SHS Funded</b>		
<b>Personnel</b>		
Housing Navigation Case Manager (1 FTE)		\$56,338.92
Payroll Taxes and Benefits		\$19,718.62
<b>Personnel Subtotal:</b>		<b>\$76,057.54</b>
<b>Program Operations - Materials and Services</b>		
Client Transportation		\$8,325.34
Client Food		\$10,406.66
Program Expense - Client & Rent Related		\$85,286.69
Program Expense - Health Svcs		\$4,162.68
Support Services		\$187.32
Support Materials		\$69,313.80
<b>Program Operations - Materials and Services Subtotal:</b>		<b>\$177,682.49</b>
<b>Client Services</b>		
<b>Client Services Subtotal:</b>		<b>\$0.00</b>
<b>Indirect Administration</b>		
Indirect Administration (19%)		\$48,210.61
<b>Indirect Subtotal:</b>		<b>\$48,210.61</b>
<b>Permanent Supportive Housing Navigation / Placement</b>		<b>\$301,950.63</b>
<b>Supportive Housing Case Manager - SHS Funded</b>		
<b>Personnel</b>		
Supportive Housing Case Manager (1 FTE)		\$56,338.92
Payroll Taxes and Benefits		\$19,718.62
<b>Personnel Subtotal:</b>		<b>\$76,057.54</b>
<b>Program Operations - Materials and Services</b>		
Program Expense - Client & Rent Related		\$50,000.00
<b>Program Operations - Materials and Services Subtotal:</b>		<b>\$50,000.00</b>
<b>Client Services</b>		
<b>Client Services Subtotal:</b>		<b>\$0.00</b>
<b>Indirect Administration</b>		
Indirect Administration (19%)		\$23,950.93
<b>Indirect Subtotal:</b>		<b>\$23,950.93</b>
<b>Supportive Housing Case Management</b>		<b>\$150,008.47</b>
<b>Total Budget:</b>		<b>\$1,754,459.45</b>

## EXHIBIT C HMIS DATA FORMS

### HMIS DATA FORM

ENTRY

PROGRAM:	<input style="width: 95%;" type="text"/>	COVID-19	<input style="width: 95%;" type="text"/>	START DATE:	<input style="width: 95%;" type="text"/>
		(Yes/No)			
FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT START DATE					
CLIENT SEARCH	(1)	(2)	(3)	(4)	(5)
	Head of HH	Other HH Member	Other HH Member	Other HH Member	Other HH Member
HMIS Client ID #:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
NAME(s):	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Social Security:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>U.S. Military Veteran? (Adults only):</b>					
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship to Head of HH*:</b>					
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Date of Birth:</b>					
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Gender:</b>					
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Female (MTF or Male to Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans Male (FTM or Female to Male)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Race: (CHECK ALL THAT APPLY)</b>					
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native HAW or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ethnicity: (Hispanic/Latino)</b>					
Hispanic/Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Hispanic/Non-Latino (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship to Head of Household:</b>					
Self (head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head of household's other relation member (other relation to head of household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: non-relation member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>HMIS ROI</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>	_____	_____	_____	_____	_____
<b>End Date:</b>	_____	_____	_____	_____	_____
<b>Witness:</b>	_____	_____	_____	_____	_____
<b>OHCS Release Granted?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Start Date:</b>	_____	_____	_____	_____	_____
<b>End Date:</b>	_____	_____	_____	_____	_____
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Covered by Health Insurance? (ALL CLIENTS)</b>					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If 'Yes', Source of Health Insurance</b>					
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Insurance for Adults (OHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)	_____	_____	_____	_____	_____
<b>Does the client have a disabling condition? (Required for all household members)</b>					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disability Type: (Required for all household members)</b>					
<b>Alcohol Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>	_____				
<b>Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>	_____				

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
<b>Both Alcohol and Drug Abuse (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>Developmental (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>HIV/AIDS (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>Mental Health Problem (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>Physical (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

<b>Chronic Health Condition (HUD)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
Expected to be of long duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes expected to substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> CR
<b>Notes on Disability:</b>					

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

Prior living situation to Project Start Date: *(HoH & Adults only)*

Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place not meant for habitation (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility or nursing home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless persons (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living in a friend's room, apartment or house (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	_____	_____	_____	_____	_____
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

**Length of Stay in Previous Place: (HoH & Adults only)**

One night or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two nights to six nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 week or more, but less than 1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 month or more, but less than 90 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 days or more, but less than 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year or longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LENGTH OF TIME ON STREET OR IN AN EMERGENCY SHELTER (ES)**

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, approximate date homelessness started

Date: 

___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
-------------	-------------	-------------	-------------	-------------

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence - regardless of where they stayed last night - number of times the client has been in ES or place not meant for habitation in the past three years: (HoH & Adults only)

Never in 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four or more times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If client entering from ES or place not meant for habitation or stayed fewer than 7 days in previous residence, total number of months homeless in ES or place not meant for habitation in the past three years (HoH & Adults only)

1 month (this time is the first month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-12 months (please specify #)	___	___	___	___	___
More than 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Education Level - Last Grade Completed (All Adults and Heads of Household):**

Less than Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12/High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

(1)	(2)	(3)	(4)	(5)
-----	-----	-----	-----	-----

**Domestic Violence Victim/Survivor**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, domestic violence victim/survivor, when experience occurred:**

Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months to 1 year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One year ago or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If yes for domestic violence, are you currently fleeing?**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Income: (HoH & Adults only)**

Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Self-Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

\*See KEY for acceptable responses.

### HMIS DATA FORM

ENTRY

	(1)	(2)	(3)	(4)	(5)
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Non-cash benefit from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF Transportation Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Interview Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date Data Entry Completed

\*See KEY for acceptable responses.



### HMIS DATA FORM

### INTERIM REVIEW

PROGRAM:  INTERIM REVIEW DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF INTERIM REVIEW DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
<b>CLIENT SEARCH</b>					
HMIS Client ID #:					
NAME(s):					
<b>INTERIM REVIEW TYPE:</b>	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update	<input type="checkbox"/> 90-Day Review <input type="checkbox"/> 6-Month Review <input type="checkbox"/> Annual Assessment <input type="checkbox"/> Update

**ROI (Release of Information) TAB**

**Release Granted?**

**HMIS ROI STILL VALID**

OHCS Release Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:	_____	_____	_____	_____	_____
End Date:	_____	_____	_____	_____	_____
<b>Documentation:</b>					
Signed Statement from Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verification from Other Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Covered by Health Insurance?**

**NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY**

Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

**Disability Type:**

**NO CHANGES IN DISABILITY FOR ENTIRE FAMILY**

Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### HMIS DATA FORM

### INTERIM REVIEW

	(1)	(2)	(3)	(4)	(5)
<b>Source of Income:</b>	<input type="checkbox"/> <b>NO CHANGES WITH INCOME STATUS AND AMOUNTS</b>				
Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Self Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

	(1)	(2)	(3)	(4)	(5)
<b>Non-cash benefit</b>	<input type="checkbox"/> <b>NO CHANGES WITH NON-CASH BENEFITS</b>				
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

	(1)	(2)	(3)	(4)	(5)
<b>DV Victim/Survivor</b>	<input type="checkbox"/> <b>NO CHANGES WITH DV STATUS</b>				
Within the past 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 to 6 months ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_ Initials \_\_\_\_\_

### HMIS DATA FORM

EXIT

PROGRAM  PROJECT EXIT DATE:

FORMS ARE DUE TO HMIS PROGRAM AIDE WITHIN 2 DAYS OF PROJECT EXIT DATE

	(1) Head of HH	(2) Other HH Member	(3) Other HH Member	(4) Other HH Member	(5) Other HH Member
HMIS Client ID #:					
NAME(s):					

INCLUDE ALL HOUSEHOLD MEMBERS IN EXIT

Reason for Leaving:	(1)	(2)	(3)	(4)	(5)
Completed Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal activity / violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagreement with rules/persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left for housing opp. Before completing program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs could not be met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-compliance with program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-payment of rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reached maximum time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, Specify:					

**Destination: (All Clients)**

	(1)	(2)	(3)	(4)	(5)
Deceased (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care home or foster care group home (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (non-psychiatric) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail, prison or juvenile dention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care facility/nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent housing (other than RRH) for formerly homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place not meant for habitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with VASH subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, GPD TIP subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

**HMIS DATA FORM**

EXIT

	(1)	(2)	(3)	(4)	(5)
Rental by client, with other housing subsidy (including RRH) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental by client, with RRH or equivalent subsidy (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with family, permanent tenure (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with family, temporary tenure, e.g., room, apartment or house) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with friends, permanent tenure (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying or living with friends, temporary tenure, e.g., room, apartment or house) (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No exit interview completed (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Doesn't Know (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused (HUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Other, Specify:					

<b>Covered by Health Insurance?</b> (ALL CLIENTS)	<input type="checkbox"/> <b>NO CHANGES IN HEALTH INSURANCE FOR ENTIRE FAMILY</b>				
	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>If 'Yes', Source of Health Insurance</b>					
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Ins. (CHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insuran.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Health Insurance through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Health Ins. for Adults (OHP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Indian Health Service Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other (Describe)					

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

### HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
<b>Does the Client have a Disabling Condition? (Required for all household members)</b>					
	<input checked="" type="checkbox"/> <b>NO CHANGES IN DISABLING FOR ENTIRE FAMILY</b>				
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Disability Type: (Required for all household members)**

	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Problem (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Income from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Income: (HoH & Adults only)**

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Alimony or Other Spousal Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Child Support (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Earned Income (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
General Assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Other (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Pension or retirement income from another job (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Private Disability Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Retirement Income from Social Security (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Self Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSDI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
SSI (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
TANF Temporary Assistance for Needy Families (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Unemployment Insurance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Non-Service Connected Disability Pension (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
VA Service Connected Disability Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
Worker's Compensation (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC \$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

### HMIS DATA FORM

EXIT

	(1)	(2)	(3)	(4)	(5)
--	-----	-----	-----	-----	-----

**Non-cash benefit from any source?: (HoH & Adults only)**

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client doesn't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Source of Non-Cash Benefit: (HoH & Adults only)**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other TANF-Funded Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Other Source (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

Case Manager \_\_\_\_\_

Interview Date \_\_\_\_\_

Date Data Entry Completed \_\_\_\_\_

Initials \_\_\_\_\_

Notes:  
 CDK=Client Doesn't Know  
 CR=Client Refused  
 DNC=Data Not Collected

**HMIS DATA FORM**

**EXIT**

**SERVICE TRANSACTIONS TAB**

	<b>ALL HH MEMBERS</b>	<b>EHA</b>	<b>LIRHF \$ Amt Required</b>	<b>HUD</b>	<b>OTHER:</b>
<b>Service List (Check all that Apply)</b>					
AIDS/HIV CONTROL	<input type="checkbox"/>				
CASE/CARE MANAGEMENT	<input type="checkbox"/>				
CHILD CARE PROVIDERS	<input type="checkbox"/>				
COVID-19	<input type="checkbox"/>				
EDUCATION	<input type="checkbox"/>				
EMPLOYMENT	<input type="checkbox"/>				
FOOD	<input type="checkbox"/>				
HEALTH CARE	<input type="checkbox"/>				
HOUSING COUNSELING (landlord/tenant counseling)	<input type="checkbox"/>				
HOUSING/SHELTER	<input type="checkbox"/>				
LANDLORD/TENANT ASSISTANCE	<input type="checkbox"/>				
LEGAL SERVICES	<input type="checkbox"/>				
LIFE SKILLS EDUCATION	<input type="checkbox"/>				
MATERIAL GOODS	<input type="checkbox"/>				
MENTAL HEALTH & SUBSTANCE ABUSE	<input type="checkbox"/>				
MOVING EXPENSE ASSISTANCE	<input type="checkbox"/>				
OUTREACH PROGRAMS	<input type="checkbox"/>				
RENT PAYMENT ASSISTANCE	<input type="checkbox"/>				
RENTAL DEPOSIT ASSISTANCE	<input type="checkbox"/>				
SUBSTANCE ABUSE	<input type="checkbox"/>				
TRANSPORTATION	<input type="checkbox"/>				
UTILITY ASSISTANCE	<input type="checkbox"/>				
UTILITY DEPOSIT ASSISTANCE/UTILITY ASSISTANCE	<input type="checkbox"/>				

HMIS Data Form EXIT (V10 4-21-2020)

## EXHIBIT D Imminent Risk



**Clackamas County**

*Please note, this will be entered into HMIS*

<b>Experiencing or at Imminent Risk of Long-Term Homelessness</b>																										
Name of Head of Household: _____					Date of screening: _____																					
<p>1. <input type="checkbox"/> Household is earning between 0-30% Area Median Income (AMI); <b>AND</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="font-size: small;">2021 Income Limit</th> <th style="font-size: small;">1 person</th> <th style="font-size: small;">2 people</th> <th style="font-size: small;">3 people</th> <th style="font-size: small;">4 people</th> <th style="font-size: small;">5 people</th> <th style="font-size: small;">6 people</th> <th style="font-size: small;">7 people</th> <th style="font-size: small;">8 people</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">30% AMI</td> <td style="font-size: small;">\$20,300</td> <td style="font-size: small;">\$23,200</td> <td style="font-size: small;">\$26,100</td> <td style="font-size: small;">\$29,000</td> <td style="font-size: small;">\$31,350</td> <td style="font-size: small;">\$35,580</td> <td style="font-size: small;">\$40,120</td> <td style="font-size: small;">\$44,660</td> </tr> </tbody> </table>									2021 Income Limit	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	30% AMI	\$20,300	\$23,200	\$26,100	\$29,000	\$31,350	\$35,580	\$40,120	\$44,660
2021 Income Limit	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people																		
30% AMI	\$20,300	\$23,200	\$26,100	\$29,000	\$31,350	\$35,580	\$40,120	\$44,660																		
<p>2. <input type="checkbox"/> Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or an addiction;</p> <p style="font-size: small;"><i>This can be self-certified. The disability does not need to be diagnosed or documented by a third party; <b>AND</b></i></p>																										
<p>3. Head of household is currently (client only needs to meet one of the following criteria):</p> <p>a. <input type="checkbox"/> Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); <b>OR</b></p> <p>b. <input type="checkbox"/> In an institution or publicly funded system of care (e.g. hospital, jail, prison, or foster care); <b>OR</b></p> <p>c. <input type="checkbox"/> In housing <u>and</u> will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); <b>OR</b></p> <p>d. <input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.</p> <p style="font-size: small;"><i>Question 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; <b>AND</b></i></p>																										
<p>4. Head of household meets one or more of the following criteria:</p> <p>a. <input type="checkbox"/> Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; <b>OR</b></p> <p>b. <input type="checkbox"/> Was housed through another Homeless Assistance Housing Program in the last 3 years and is not currently being served in that program; <b>OR</b></p> <p>c. <input type="checkbox"/> Is being served in an intensive case management program (e.g. Assertive Community Treatment)</p>																										

---

Healthy Families. Strong Communities.  
2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 742-5300 • Fax (503) 742-5352  
[www.clackamas.us/community\\_health](http://www.clackamas.us/community_health)

---



**Clackamas County**  
**Experiencing or at Imminent Risk of Long-Term Homelessness**  
Page 2 of 2

Priority Population A  <input type="checkbox"/> The head of household meets <u>all four of the above criteria</u> . The head of household is experiencing or at imminent risk of long-term homelessness.
Priority Population B  <input type="checkbox"/> The head of household <u>did not meet all four of the above criteria</u> . The head of household is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness.

*Completing this screening does not necessarily mean eligibility for a specific program or service.*

**Certification Box**

I certify ( <i>name of head of household</i> ) _____ is in priority Population <input type="checkbox"/> A or <input type="checkbox"/> B (Check one).	
Staff Name: _____	Work Phone: _____
Staff Signature: _____	Date: _____
Staff Agency: _____	
Email: _____	

**Note on Area Median Income (AMI):** The Department of Housing and Urban Development (HUD) sets AMI limits every year. **This form needs to be updated on an annual basis to reflect these changes** (usually the new income limits come out in April). HUD develops AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for each metropolitan area. Clackamas County is part of the **Portland-Vancouver-Hillsboro, OR-WA MSA** metropolitan area. This includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington & Yamhill Counties.

---

Healthy Families. Strong Communities.  
2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 742-5300 • Fax (503) 742-5352  
[www.clackamas.us/community\\_health](http://www.clackamas.us/community_health)

---

## EXHIBIT E

### Use of SHS Client Services flexible funding

Revised: 5/2024

Flexible Funding in the SHS program may be used to pay for supportive services or items that address specific needs of program participants. SHS flexible funding must only be used to assist program participants to obtain and maintain permanent housing. All SHS providers will follow procurement law and use reasonable discretion to make economical purchasing choices. **This list below includes guidelines and policies that should be used to inform program budgeting for use of client services flexible funding, recommended caps for specific expenditures, and some resources to seek first before using client services flexible funding.**

All uses of SHS client services flexible funding must fall within one of the following three categories:

- 1) Outreach – including safety on the streets/survival assistance (refer to your contract’s scope of work for further specific guidelines on outreach-related flexible funding use)
- 2) Obtaining permanent housing – including removal of barriers to obtaining permanent housing, acquiring necessary documents, filing and application fees, moving and furnishings, etc.
- 3) Maintaining permanent housing – including supportive services such as skills training, credit counseling, benefits acquisition, etc.; and eviction prevention costs, such as rent and utility arrears.

**All providers must maintain supportive documentation** that any use of client services flexible funding falls within these three categories. For expenses that fall outside the spending guidelines listed below, please document the justification for the variance in such expenses as they relate to the three eligible categories above; this should include a tracking sheet in each participant file listing the item or service purchased and the total cost, and should include notes in the client’s case file indicating the reason for the purchase as well as supporting documentation from a medical provider, ledgers of unpaid debts to a housing provider, etc. Any questions on eligible use or supporting documentation can be directed to [HousingServices@clackamas.us](mailto:HousingServices@clackamas.us).

Requests directed to Housing Services must explain how the need is connected to obtaining or maintaining housing as well as reasonable efforts made to explore available community resources to satisfy the need.

Housing Services staff will periodically monitor agency client services flex fund utilization to ensure that supportive documentation has been maintained. Failure to maintain supportive documentation will lead to progressive corrective action, which may include contract termination.

#### **Rental Screening Barrier Busting**

- Identification/documentation replacement-*up to \$200/person*
- Rent Arrears, property debt or property damage (up to \$5,000/household)- if needed to remove screening barrier and access rental housing
  - Be sure to consult COVID-related rental arrears legal guidance to determine if

rental arrears accumulated during CY2020 and CY2021 may be used in landlord screening. Housing Rights and Resources maintains up-to-date info on these and other protections: <https://www.clackamas.us/socialservices/housingassistance.html>

- Utility arrears (*up to \$1000/household*)- if needed to remove screening barrier and access rental housing or to set up utilities in rental housing
  - Before making a payment, consult with Clackamas Energy Assistance Program: contacts at <https://www.clackamas.us/socialservices/energy.html>
  - Housing Related Costs
- Rental Application fees-up to *\$150/household*
- Holding deposits-up to *\$400/household*
- Utility deposits-up to *\$500/household*
- Rental/Security deposits – work with RLRA team **first** to problem solve based on client specific needs to ensure compliance with the HACC Move Policy and in cases where the landlord will not accept a promissory note on a new move-in. If a participant needs to move due to health and/or safety and no other resources exist, flex funds can be used to pay for the security deposit. Check with HACC voucher program **first** to confirm if deposit assistance is available prior to using flex funds.
- Traffic fines and fees up to *\$1000*
  - must be tied to removing barriers to housing stability or income development
- Pet deposits- for up to 2 pets-up to *\$800*
- Pet supplies for service animals if necessary to maintain housing, ie flea medicine to keep unit clean or Licensing if required for housing
- Utility payments—*up to \$500*
  - Agencies can use flex funds to support participants to get caught up with their utilities, if they agree to enroll in the Utility Payment Program with Clackamas County Money Management. If they do not agree to enroll, then that would no longer be an option and they would need to pay their past due utilities without program assistance **Exception to this rule:**
    - If it is a one-time issue and otherwise, they are able to manage their utilities moving forward, they would not be required to enroll in the program
    - If they do not qualify to enroll in the program i.e., they do not meet the minimum utility check amount requirement
  - There is a utility allowance built into in the HACC rent calculation document *for heat, water, sewer, garbage and power to the rental unit.* Ensure the participant has an on-going plan to cover utility costs
- Unpaid tenant portion of rent: up to \$500
  - Must be a one-time or short-term prevention strategy
- Moving costs-up to *\$500 in total/household*
  - May include: truck rental, moving company, and/or moving supplies
  - If hiring a moving company, agency must receive 3 quotes before contracting with lowest price (3-5 comparable mover quotes on file as reference)
- Community Warehouse (CW) participation costs, including delivery fee-up to *\$500/household*
- Mattress (when unavailable at Community Warehouse) - up to *\$400*

- For mattresses at a higher cost, please document need (such as medical need that could not be paid for with health insurance)
- The purchase of basic household move-in items is allowed, in the event of extended delay times for accessing the Community Warehouse or if the CW has limited on-hand capacity of supplies or if the participant does not need full access to the CW (only needs a few items that are collectively less expensive than the CW access fee).
- Mediation between landlords and program participants-up to \$300
  - See also free landlord mediation services provided through the County's Resolutions Services: <https://www.clackamas.us/ccrs/eviction-prevention-mediation>
- Temporary short-term housing provision- up to \$150 per night
  - Diversion should be used in all cases to find the most cost efficient, trauma-informed, and suitable option for each participant
  - If Emergency Shelter is the best intervention, attempts must be made first utilize existing Emergency Shelter units or vouchers
  - Hotel/motel costs may be paid out of flex funding if all other options have been exhausted, including diversion, and this is the best option for the individual
    - Costs up to \$150 per night
    - **Must seek re-authorization at least monthly with Housing Services team to continue to pay for this cost**

### Other General Uses

- Basic Hygiene/medical needs-up to \$100/person/year
  - Ex. Menstruation products, toilet paper, first aid kit and/or supplies, toiletries etc.
- Survival assistance-up to \$500/household-
  - Includes costs to support program participants' ability to survive the elements while identifying temporary and/or permanent housing options.
  - Ex. Tent, sleeping bag, hand/foot warmers, socks, shoes, warm weather gear, food/water, sunscreen, backpack etc.
- Assistance applying for benefits-up to \$500/applicant
  - Ex. Fees to attorneys or others to assist with completing an SSI/SSDI application
- Cell phone bill-up to \$200/household
  - Before paying with SHS funds, households must apply for reduced cost phone programs. Example: Oregon Lifeline, <https://www.oregon.gov/puc/pages/oregon-lifeline.aspx>; Oregon Health Plan members can also receive a free phone via their care coordinator (with Care Oregon or HealthShare). Info at: <https://www.healthplansinoregon.com/free-cell-phones-for-members-of-oregon-health-plan/>
- Educational/Life Skills services-up to \$800
  - Ex. Consumer/financial education, health education, prevention programs, literacy, ESL/ELL, GED, tutoring, household management, conflict management, use of public transit, nutrition, meal prep, parental education
  - Ex. buying required books, supplies, and/or instructional material associated with education
- Transportation
  - Bus passes (monthly)-\$100/person
    - If qualified, agency must assist individuals in applying for honored citizen or

other reduced cost bus passes; apply via

<https://trimet.org/fares/honoredcitizen.htm>

- Check with local partners about TriMet partnerships to offset the cost of bus passes (example, Clackamas Service Center and The Father's Heart)
- Gas cards (*up to \$100 monthly*)
  - When transportation is at least 70% associated with participants work, healthcare needs, grocery shopping, accessing services, and other essential functions
  - SHS funding can only pay for gas cards on an as-needed bases. This policy should **not** be read to mean that every participant with a vehicle automatically receives \$100 a month
- Car repair or maintenance, not to exceed 10% of Blue Book value of the vehicle-
  - Case Managers should perform their due diligence to ensure vehicles are registered, drivers are insured, and have a valid driver's license
- Car registration and/or insurance, including SR-22 insurance
- Food (*up to \$150/month/household*)
  - Food paid for by SHS should be supplemental to SNAP benefits and accessing food banks and other free or reduced cost food programs
  - SHS funding can only pay for food on an as-needed bases. This policy should **not** be read to mean that every participant/household automatically receives \$150 a month in food assistance
- Employment assistance and job training- in-person or online- up to *\$100/working-age person*
  - Ex. Training in particular software or computer skills, on-the-job instruction, employment assistance programs, reasonable stipends for job training
- Costs or fees associated with participating in necessary healthcare services- up to *\$100*
  - *Contact Clackamas County Behavioral Health for appointments*
  - Ex. mental or physical health costs, program fees, etc.
- Credit Counseling- up to *\$75*
  - Assistance with resolving personal credit issues
- Engagement services- costs to support engagement with program participants-up to *\$150/household*
- Child Care
  - Cost of establishing childcare or providing childcare vouchers
  - Costs for food, as required by a childcare provider
- Storage unit costs- -up to *\$200/household*
  - *Storage unit costs should only be covered for a short time (generally 3 months max) until a participant can be reunited with their possessions*