

**CHAMP: Housing Needs Information
Interim Assessment**

Residence Prior to Program Entry

Literally Homeless Situations		Transitional & Permanent Housing Situations	
<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) (HUD)	<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher (HUD)
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy (HUD)
<input type="checkbox"/>	Safe Haven (HUD)	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy (HUD)
<input type="checkbox"/>	Interim Housing	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons (HUD)
Institutional Situations		<input type="checkbox"/>	Rental by client, no ongoing subsidy (HUD)
<input type="checkbox"/>	Foster care home or foster care group home (HUD)	<input type="checkbox"/>	Rental by client, with VASH subsidy (HUD)
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy (HUD)
<input type="checkbox"/>	Jail, prison, or juvenile detention facility (HUD)	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy (including RRH) (HUD)
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria (HUD)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/>	Staying or living in a family member's room, apartment, or house (HUD)
<input type="checkbox"/>	Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/>	Staying or living in a friend's room, apartment, or house (HUD)
Other		<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth) (HUD)
<input type="checkbox"/>	Client doesn't know (HUD)		
<input type="checkbox"/>	Client refused (HUD)		

LENGTH OF STAY IN PREVIOUS PLACE

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

APPROXIMATE DATE HOMELESSNESS STARTED

(e.g., 08/24/2014)

		/			/				
Month			Day			Year			

REGARDLESS OF WHERE THEY STAYED LAST NIGHT – NUMBER OF TIMES THE CLIENT HAS BEEN ON THE STREETS, IN ES, OR SH IN THE PAST THREE YEARS INCLUDING TODAY

<input type="checkbox"/>	One time (HUD)	<input type="checkbox"/>	Four or more times (HUD)
<input type="checkbox"/>	Two times (HUD)	<input type="checkbox"/>	Client doesn't know (HUD)
<input type="checkbox"/>	Three times (HUD)	<input type="checkbox"/>	Client refused (HUD)

Total number of months homeless on the street, in ES or SH in the past three years

<input type="checkbox"/>	One month (this time is the first month) (HUD)	<input type="checkbox"/>	8
		<input type="checkbox"/>	9
<input type="checkbox"/>	2	<input type="checkbox"/>	10
<input type="checkbox"/>	3	<input type="checkbox"/>	11
<input type="checkbox"/>	4	<input type="checkbox"/>	12
<input type="checkbox"/>	5	<input type="checkbox"/>	More than 12 months (HUD)
<input type="checkbox"/>	6	<input type="checkbox"/>	Client doesn't know (HUD)
<input type="checkbox"/>	7	<input type="checkbox"/>	Client refused (HUD)

HOUSING NEEDS INFORMATION

How many people live in your household?	_____	
How many bedrooms are needed?	_____	
Will additional adults (18 years and older) live in the unit? (including caregiver)	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you need assistance completing activities for daily living (ADLs)?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you need a wheelchair accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you have prescribed medical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you have a service or emotional support animal?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you have a pet (other than a service animal)?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

HEALTH INFORMATION

Domestic violence victim/survivor?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)																				
If yes for domestic violence victim/survivor, when experience occurred	<input type="checkbox"/> Within the past three months (HUD) <input type="checkbox"/> Six months to twelve months ago (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> Three to six months ago (HUD) <input type="checkbox"/> More than a year ago (HUD) <input type="checkbox"/> Client Refused (HUD)																				
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)																				
Is the client pregnant?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)																				
If yes, expected due date?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table>				/			/					Month			Day			Year			
		/			/																	
Month			Day			Year																

Does the client have a disabling condition?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
If yes for disabling condition, Disability Type	<input type="checkbox"/> Alcohol Abuse (HUD) <input type="checkbox"/> Chronic Health Condition (HUD) <input type="checkbox"/> Drug Abuse (HUD) <input type="checkbox"/> Mental Health Problem (HUD) <input type="checkbox"/> Physical (HUD)	<input type="checkbox"/> Both Alcohol and Drug Abuse (HUD) <input type="checkbox"/> Developmental (HUD) <input type="checkbox"/> HIV/AIDS (HUD) <input type="checkbox"/> Physical/Medical
If yes for disabling Condition, Disability determination	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
If yes, is disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Note on Disability:		
Above condition is going to be long term? (Retired)	<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)

Start Date of Disability

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Disability

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Does the client have an ADDITIONAL disabling condition?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
If yes for additional disabling condition, Disability Type	<input type="checkbox"/> Alcohol Abuse (HUD) <input type="checkbox"/> Chronic Health Condition (HUD) <input type="checkbox"/> Drug Abuse (HUD) <input type="checkbox"/> Mental Health Problem (HUD) <input type="checkbox"/> Physical (HUD)	<input type="checkbox"/> Both Alcohol and Drug Abuse (HUD) <input type="checkbox"/> Developmental (HUD) <input type="checkbox"/> HIV/AIDS (HUD) <input type="checkbox"/> Physical/Medical
If yes for additional Disabling Condition, Disability determination	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
If yes, is disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Note on Disability:		
Above condition is going to be long term? (Retired)	<input type="checkbox"/> Yes (HUD)	<input type="checkbox"/> No (HUD)

Start Date of Additional Disability

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Additional Disability

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Hospital discharge in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
If yes, hospital type:	<input type="checkbox"/> Medical Hospitalization	<input type="checkbox"/> Psychiatric Hospitalization
Hospital name:	<input type="checkbox"/> CSU (Crisis Stabilization Unit/Helen Ross McNabb) <input type="checkbox"/> East TN Children's Hospital <input type="checkbox"/> Fort Sanders Regional <input type="checkbox"/> North Knoxville Medical Center <input type="checkbox"/> Physicians Regional Medical Center <input type="checkbox"/> St. Mary's/Tennova Behavioral Health <input type="checkbox"/> University of Tennessee Medical Center	<input type="checkbox"/> Out of County Medical Facility <input type="checkbox"/> Out of State Medical Facility <input type="checkbox"/> Parkwest Medical Center <input type="checkbox"/> Peninsula Parkwest Behavioral Health <input type="checkbox"/> Turkey Creek Medical Center <input type="checkbox"/> Other Hospital
Are you able to follow through with all discharge instructions (medicine, appointments, wound care)?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Start Date of Hospitalization

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Hospitalization

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Are you currently going to outpatient mental health care?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Where do you receive outpatient mental health care?	<input type="checkbox"/> Cherokee <input type="checkbox"/> Helen Ross McNabb Center <input type="checkbox"/> Peninsula	<input type="checkbox"/> Private Doctor <input type="checkbox"/> Other
Are you currently going to outpatient medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Where do you receive outpatient physical health care?	<input type="checkbox"/> Cherokee 5 th Ave Clinic <input type="checkbox"/> Cherokee Center City <input type="checkbox"/> Interfaith Health Clinic	<input type="checkbox"/> Walk in Clinic <input type="checkbox"/> Other
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CLIENT DOCUMENTATION

State ID Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Birth Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Social Security Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Do you have a DD-214 Form (Veteran Only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Verification of Immigration (if not citizen by birth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Third Party Homeless Verification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Proof of Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Proof of Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

VETERAN INFORMATION

Year entered military service

(e.g., 08/24/2014)

		/			/				
Month		Day		Year					

Year separated from military service

(e.g., 08/24/2014)

		/			/				
Month			Day			Year			

World War II	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Korean War	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Vietnam War	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Persian Gulf War	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Afghanistan	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Iraq Freedom	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Iraq Dawn	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Other Peace-keeping Operations or Military Interventions	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Data Not Collected (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD)
Branch of the Military	<input type="checkbox"/> Army (HUD) <input type="checkbox"/> Air Force (HUD) <input type="checkbox"/> Navy (HUD) <input type="checkbox"/> Marines (HUD)	<input type="checkbox"/> Coast Guard (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data not collected (HUD)

Discharge Status	<input type="checkbox"/> Honorable (HUD) <input type="checkbox"/> General under honorable conditions (HUD) <input type="checkbox"/> Under other than honorable conditions (OTH) (HUD) <input type="checkbox"/> Bad conduct (HUD) <input type="checkbox"/> Dishonorable (HUD)	<input type="checkbox"/> Uncharacterized (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data not collected (HUD)
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HOUSING HISTORY INFORMATION

Have you applied for KCDC public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Were you approved for KCDC public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
If not approved for KCDC, did you file an appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

Do you currently have a KCDC housing voucher or VASH voucher?	<input type="checkbox"/> HOPWA <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Section 8	<input type="checkbox"/> Shelter + Care <input type="checkbox"/> Other Rental Assistance <input type="checkbox"/> Not Applicable
If you have a voucher, give a reason why it is not being used:	<input type="checkbox"/> I cannot find a place that meets my preferences <input type="checkbox"/> I cannot pay a deposit <input type="checkbox"/> The section 8 voucher is expired <input type="checkbox"/> Landlords will not accept my Section 8 voucher <input type="checkbox"/> Not Applicable	

Are you currently on a housing wait-list with KCDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected																				
If you are on a KCDC housing wait-list, when were you added?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="3">Day</td> <td colspan="4">Year</td> </tr> </table>				/			/					Month			Day			Year			
		/			/																	
Month			Day			Year																

Rental history in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Outstanding utility balance with KUB?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Approximate amount of utility owed?	<input type="text"/>	

Evicted in past 5 years from federally assisted/subsidized housing where your name was on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Evicted in past 5 years from a rental property where your name was on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Evicted from Public Housing Authority due to fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Date of public housing eviction due to fraud:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4">Month</td> <td colspan="2">Day</td> <td colspan="4">Year</td> </tr> </table>			/			/					Month				Day		Year			
		/			/																
Month				Day		Year															

Evicted from Public Housing Authority due to damages?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Date of public housing eviction due to damages:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;">/</td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="4">Month</td> <td colspan="2">Day</td> <td colspan="4">Year</td> </tr> </table>			/			/					Month				Day		Year			
		/			/																
Month				Day		Year															

If you have been evicted from PHA, do you owe money?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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If you do owe money to PHA, do you have a payment plan with them?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Are you on the KCDC no trespassing list?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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LEGAL INFORMATION

Citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent legal resident <input type="checkbox"/> Asylee, refugee, or other eligible immigrant <input type="checkbox"/> Undocumented immigrant	
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Had one or more misdemeanor or felony charges in past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Been convicted of violent crime (including arson)?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Charged with manufacturing, sale, delivery of illegal drugs in last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Convicted on manufacturing/producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Do you have registry restrictions on where you can reside (e.g. proximity to children, school, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
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Currently on parole?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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Do you have housing requirements from probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
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INCOME AND BENEFITS INFORMATION

Income from Any Source	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Not Applicable (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data Not Collected (HUD)
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Total Monthly Income		

Source of PRIMARY Income	<input type="checkbox"/> Alimony <input type="checkbox"/> Alimony or other spousal support (HUD) <input type="checkbox"/> Annuities <input type="checkbox"/> Child Support (HUD) <input type="checkbox"/> Contributions From Other People <input type="checkbox"/> Dividends (Investments) <input type="checkbox"/> Earned Income (HUD) <input type="checkbox"/> General Assistance (HUD) <input type="checkbox"/> Interest (Bank) <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension or retirement income from another job (HUD) <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Rental Income <input type="checkbox"/> Retirement Disability <input type="checkbox"/> Retirement Income from Social Security (HUD) <input type="checkbox"/> Self Employment wages <input type="checkbox"/> SSDI (HUD) <input type="checkbox"/> SSI (HUD) <input type="checkbox"/> State Disability <input type="checkbox"/> TANF (HUD) <input type="checkbox"/> Unemployment Insurance (HUD) <input type="checkbox"/> VA Non-Service Connected Disability Pension (HUD) <input type="checkbox"/> VA Service Connected Disability Compensation (HUD) <input type="checkbox"/> Worker's Compensation (HUD)
If Other, Please Specify	_____	
Receiving Income Source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected

Start Date of Primary Income

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Primary Income

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Source of SECONDARY Income	<input type="checkbox"/> Alimony <input type="checkbox"/> Alimony or other spousal support (HUD) <input type="checkbox"/> Annuities <input type="checkbox"/> Child Support (HUD) <input type="checkbox"/> Contributions From Other People <input type="checkbox"/> Dividends (Investments) <input type="checkbox"/> Earned Income (HUD) <input type="checkbox"/> General Assistance (HUD) <input type="checkbox"/> Interest (Bank) <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension or retirement income from another job (HUD) <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Rental Income <input type="checkbox"/> Retirement Disability <input type="checkbox"/> Retirement Income from Social Security (HUD) <input type="checkbox"/> Self Employment wages <input type="checkbox"/> SSDI (HUD) <input type="checkbox"/> SSI (HUD) <input type="checkbox"/> State Disability <input type="checkbox"/> TANF (HUD) <input type="checkbox"/> Unemployment Insurance (HUD) <input type="checkbox"/> VA Non-Service Connected Disability Pension (HUD) <input type="checkbox"/> VA Service Connected Disability Compensation (HUD) <input type="checkbox"/> Worker's Compensation (HUD)
If Other, Please Specify	_____	
Receiving Income Source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected

Start Date of Secondary Income

(e.g., 08/24/2014)

		/			/				
Month	Day		Year						

End Date of Secondary Income

(e.g., 08/24/2014)

		/			/				
Month	Day		Year						

Non-cash benefit from any source	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Not Applicable (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data Not Collected (HUD)
Amount of Non-Cash Benefit	_____	
Source of Non-Cash Benefit	<input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) (HUD) <input type="checkbox"/> Special Supplemental Nutrition Program for WIC (HUD) <input type="checkbox"/> TANF Child Care Services (HUD)	<input type="checkbox"/> TANF Transportation Services (HUD) <input type="checkbox"/> Other TANF-Funded Services (HUD) <input type="checkbox"/> Other Source (HUD)

If Other, Please Specify	_____	
Receiving Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected

Start Date of Benefit

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Benefit

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Additional Benefit	<input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) (HUD) <input type="checkbox"/> Special Supplemental Nutrition Program for WIC (HUD) <input type="checkbox"/> TANF Child Care Services (HUD)	<input type="checkbox"/> TANF Transportation Services (HUD) <input type="checkbox"/> Other TANF-Funded Services (HUD) <input type="checkbox"/> Other Source (HUD)
If Other, Please Specify	_____	
Receiving Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected

Start Date of Additional Benefit

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

End Date of Additional Benefit

(e.g., 08/24/2014)

		/			/			
Month		Day		Year				

Covered by Health Insurance	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Not Applicable (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data Not Collected (HUD)
Primary Insurance Type	<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other
Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
(HOPWA) If Private Pay Insurance, Specify	_____	
(HOPWA) If No, Reason not covered	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Not Applicable (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data Not Collected (HUD)

Start Date of Primary Insurance

(e.g., 08/24/2014)

		/			/			
Month			Day			Year		

End Date of Primary Insurance

(e.g., 08/24/2014)

		/			/			
Month			Day			Year		

Secondary Insurance?	<input type="checkbox"/> Yes (HUD) <input type="checkbox"/> Client Doesn't Know (HUD) <input type="checkbox"/> Not Applicable (HUD)	<input type="checkbox"/> No (HUD) <input type="checkbox"/> Client Refused (HUD) <input type="checkbox"/> Data Not Collected (HUD)
Secondary Insurance Type	<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other

Covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
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Start Date of Secondary Insurance

(e.g., 08/24/2014)

		/			/				
Month		Day		Year					

End Date of Secondary Insurance

(e.g., 08/24/2014)

		/			/				
Month		Day		Year					

CHAMP PRIORITIZATION

Prioritization Score?	_____
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Date of Prioritization Score:		/			/				
Month		Day		Year					

First Preference for Rapid Re-Housing:	<input type="checkbox"/> Not eligible for RRH <input type="checkbox"/> Downtown - (<i>Beaumont, Broadway, Fort Sanders, Inskip, Lonsdale, Mechanicsville, Middlebrook, UT</i>) <input type="checkbox"/> North - (<i>Fountain City, Halls, Heiskell, Powell</i>) <input type="checkbox"/> South - (<i>Areas south of Tennessee and French Broad River</i>) <input type="checkbox"/> East - (<i>Burlington, Corryton, Martin Luther King Ave, Mascot, Millertown, Washington Pike</i>) <input type="checkbox"/> West - (<i>Ballcamp, Bearden, Cedarbluff, Concord, Hardin Valley, Karns, Lovell, Sutherland</i>)
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Second Preference for Rapid Re-Housing:	<input type="checkbox"/> Not eligible for RRH <input type="checkbox"/> Downtown - (<i>Beaumont, Broadway, Fort Sanders, Inskip, Lonsdale, Mechanicsville, Middlebrook, UT</i>) <input type="checkbox"/> North - (<i>Fountain City, Halls, Heiskell, Powell</i>) <input type="checkbox"/> South - (<i>Areas south of Tennessee and French Broad River</i>) <input type="checkbox"/> East - (<i>Burlington, Corryton, Martin Luther King Ave, Mascot, Millertown, Washington Pike</i>) <input type="checkbox"/> West - (<i>Ballcamp, Bearden, Cedarbluff, Concord, Hardin Valley, Karns, Lovell, Sutherland</i>)
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First Preference for Permanent Supportive Housing:	<input type="checkbox"/> Not eligible for PSH <input type="checkbox"/> Catholic Charities Samaritan Place <input type="checkbox"/> KLF Flenniken Landing <input type="checkbox"/> HRMC Cedar Crossing <input type="checkbox"/> HRMC College <input type="checkbox"/> HRMC Dailey <input type="checkbox"/> HRMC Ginn <input type="checkbox"/> HRMC Maple Grove <input type="checkbox"/> HRMC Morgan Street <input type="checkbox"/> HRMC New Hope <input type="checkbox"/> HRMC Pleasant Tree <input type="checkbox"/> HRMC Willows <input type="checkbox"/> HRMC Washington Oaks <input type="checkbox"/> Positively Living/ Parkridge Harbor <input type="checkbox"/> VMC Minvilla Manor
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Second Preference for Permanent Supportive Housing:	<input type="checkbox"/> Not eligible for PSH <input type="checkbox"/> Catholic Charities Samaritan Place <input type="checkbox"/> KLF Flenniken Landing <input type="checkbox"/> HRMC Cedar Crossing <input type="checkbox"/> HRMC College <input type="checkbox"/> HRMC Dailey <input type="checkbox"/> HRMC Ginn <input type="checkbox"/> HRMC Maple Grove <input type="checkbox"/> HRMC Morgan Street <input type="checkbox"/> HRMC New Hope <input type="checkbox"/> HRMC Pleasant Tree <input type="checkbox"/> HRMC Willows <input type="checkbox"/> HRMC Washington Oaks <input type="checkbox"/> Positively Living/ Parkridge Harbor <input type="checkbox"/> VMC Minvilla Manor
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Additional Comments/Notes (Please Print Legibly):