

Head of Household Name: _____

Project Status Date: ____/____/____

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*Does the client have a disabling condition? ☐ Yes ☐ No

Disability Type	Disability Determination	If Yes, long term?
Alcohol Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Both Alcohol and Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Drug Use Disability	☐ Yes ☐ No	☐ Yes ☐ No
Chronic Health Condition	☐ Yes ☐ No	☐ Yes ☐ No
Developmental Disability	☐ Yes ☐ No	Automatically considered long term
Mental Health Disability	☐ Yes ☐ No	☐ Yes ☐ No
Physical	☐ Yes ☐ No	☐ Yes ☐ No
HIV/AIDS	☐ Yes ☐ No	Automatically considered long term

Survivor of Domestic Violence: *Answer for all Adults in household (18 years and older)*☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer**If yes, last occurrence:**☐ Within the past three months ☐ Three to six months ago ☐ From six to twelve months ago☐ More than a year ago ☐ Client doesn't know ☐ Client prefers not to answer**If yes, are you currently fleeing:**No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer**Monthly Income:** *Answer for HoH and all Adults in household (18 years older)*Income from Any Source: ☐ Yes ☐ No

Total Monthly Income: _____

Source of Income	Receiving Income Source?		Monthly Amount
Alimony or Other Spousal Support	☐ Yes	☐ No	\$
Child Support	☐ Yes	☐ No	\$
Earned Income	☐ Yes	☐ No	\$
General Assistance	☐ Yes	☐ No	\$
Other	☐ Yes	☐ No	\$
Pension or retirement income from another job	☐ Yes	☐ No	\$

Private Disability Insurance	☐ Yes	☐ No	\$
Retirement Income from Social Security	☐ Yes	☐ No	\$
SSDI	☐ Yes	☐ No	\$
SSI	☐ Yes	☐ No	\$
TANF – (VT Reach Up)	☐ Yes	☐ No	\$
Unemployment Insurance	☐ Yes	☐ No	\$
VA Non-Service Connected Disability Pension	☐ Yes	☐ No	\$
VA Service Connected Disability Compensation	☐ Yes	☐ No	\$
Workers Compensation	☐ Yes	☐ No	\$

FOR ESG RRH, PREVENTION AND HOUSING STABILITY PROGRAMS ONLY

What is the total Area Median Income (AMI) percentage for **ALL** the adults in the Household?

- ☐ 30% or less
- ☐ 31% to 51%
- ☐ 51% to 80%
- ☐ 81% or greater

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ☐ Yes ☐ No

Source of Income	Receiving Income Source?	
Supplemental Nutrition Assistance Program (Food Stamps)	☐ Yes	☐ No
Special Supplemental nutrition Program for WIC	☐ Yes	☐ No
TANF Child Services	☐ Yes	☐ No
TANF Transportation Services	☐ Yes	☐ No
Other TANF-Funded Services	☐ Yes	☐ No
Other Source	☐ Yes	☐ No

Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ☐ Yes ☐ No

Source of Income	Receiving Income Source?	
MEDICAID	☐ Yes	☐ No
MEDICARE	☐ Yes	☐ No
State Children's Health Insurance Program	☐ Yes	☐ No
Veteran's Health Administration (VHA)	☐ Yes	☐ No
Employer – Provided Health Insurance	☐ Yes	☐ No
Health Insurance obtained through Cobra	☐ Yes	☐ No
Private Pay Health Insurance	☐ Yes	☐ No
State Health Insurance for Adults	☐ Yes	☐ No
Indian Health Services Program	☐ Yes	☐ No
Other	☐ Yes	☐ No

What MCO is client working with? *Answer for all household members (Adults and Children)*

- ☐ Amerihealth ☐ NH Healthy Families ☐ WellSense
☐ Client Doesn't Know ☐ Client prefers not to answer ☐ Data Not Collected