

Head of Household Name: _____

Project Status Date: _____

Disability Information: *Answer for all household members (Adults and Children)***Does client have a disability of long duration?**

____ Yes ____ No ____ Client doesn't know ____ Client prefers not to answer ____ Data not collected

Circle below for each disability type: Y=Y N=No DK=Doesn't Know P= Client prefers not to answer NC=Not collected

Disability Type	Disability Determination (Has disability)					IF YES:	Expected to be of long continued and indefinite duration and substantially impairs ability to live independently and of such a nature that such ability could be improved by more suitable housing conditions.
Alcohol use disorder	Y	N	DK	P	NC		Y N DK P NC
Drug use disorder	Y	N	DK	P	NC		Y N DK P NC
Both alcohol and drug use disorder	Y	N	DK	P	NC		Y N DK P NC
Chronic health condition	Y	N	DK	P	NC		Y N DK P NC
Developmental disability	Y	N	DK	P	NC		N/A
Mental health disorder	Y	N	DK	P	NC		Y N DK P NC
Physical disability	Y	N	DK	P	NC		Y N DK P NC
HIV/AIDS	Y	N	DK	P	NC		N/A

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 refused
***If yes, are you currently fleeing:**

____ No ____ Yes ____ Client doesn't know ____ Client prefers not to answer

Monthly Income Information: *Answer for all Adults in household (18 years and older)***Does client have an Income from Any Source?**

____ Yes ____ No ____ Client doesn't know ____ Client prefers not to answer ____ Data not collected

Receives Monthly Income Sources:	Monthly \$	Yes	No	Not Collected
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
Private disability insurance				
Retirement income from social security				
Social Security Disability Income (SSDI)				
Supplemental Security Income (SSI)				
TANF (FIP)				
Unemployment Insurance				
VA Non-service-connected disability pension				
VA service-connected disability compensation				
Worker's Compensation				

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 Information: Answer for all Adults in household (18 years and older)

Does client have Non-Cash Benefits from Any Source?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Receives the following Non-cash Benefit Types:

Yes No Not Collected

Supplemental Nutrition Assistance Program (SNAP) (food stamps)

Special Supplemental Nutrition for Women, infants, children (WIC)

TANF Child Care services

TANF transportation services

Other TANF-funded services

Other (specify):

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

Covered by Health Insurance?

☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Insurance Type

Yes

No

Insurance Type

Yes

No

MEDICAID

Health insurance through COBRA

MEDICARE

Private pay health insurance

State children's health insurance

State health insurance for adults

Veteran's Health Administration (VHA)

Indian Health Services Program

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