

Name _____

(For Head of Household or all Adults in household)

Relationship To Head of Household (All Family Members)	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member	
Length of Time on Street, in an Emergency Shelter, or Safe Haven			
Continuously Homeless for at Least One Year (Adults/HoH)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	Number of Times the Client has been Homeless in the Past Three Years (Adults/HoH)	<input type="checkbox"/> 0 (not homeless – Prevention only) <input type="checkbox"/> 1 (homeless only this time) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If 4 or more) Total Number of Months Homeless in the Past 3 Years (Adults/HoH 4+ ONLY)	_____ (0-12) _____ (More than 12 months) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	Total Number of months continuously homeless immediately prior to entry (Adults/HoH)	_____ (Numeric Field)
Status Documented (Adults/HoH)	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Client Location (HoH Only)	<input type="checkbox"/> WA-508: Clark County, WA
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Note for Program Staff:

Client Location must be entered for the Head of Household Only.

Relationship to the Head of Household must be entered for all family members.