KELLY SHELTER APPLICATION

(Application not complete without a Risk Assessment)

Head of Households full name: Alias Date Received:

Mailing Address:

Email Address: Phone #: Text OK?_____

UNIVERSAL DATA ELEMENTS		Individual 1	Individual 2	Individual 3	Individual 4	Individual 5
SERVICEPOINT ID NUMBER						
First Name						
Last Name						
Social Security Number						
Are you a US Military Veteran		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Date of Birth		/ /	/ /	/ /	/ /	/ /
GENDER: M=Male F=Female **Transgender**: TGM2F= male2female / TGF2M= female2male **GNC**= Gender non-conforming- does not identifiy as any gender						
Race: Check all that apply ~circle primary~	American Indian or Alaskan Native					
	Asian					
	Black or African American					
	Native Hawaiian or Pacific Islander					
	White					
	Refused / Unknown					
Ethnicity: Are you Hispanic or Latino?		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

HOUSEHOLD TYPE:

- ☐ **SI** Single Individual
- ☐ **CNC** Couple No Children
- ☐ **FSP** Female Single Parent
- ☐ **MSP** Male Single Parent
- ☐ **TPF** Two Parent Family
- ☐ **GPC** Grandparent(s) and Child
- ☐ **FP** Foster Parent(s)
- ☐ **NCC** Non-Custodial Caregiver(s)

What is your relationship to the head of household?	**SELF**				

HISTORY OF HOMELESSNESS

Where are you (and your family if they are with you) spend the night last night? (please be specific, you do not need to disclose your location but please indicate where. Examples: Emergency Shelter, Hospital, Jail, Place not meant for habitation (Camp, Street, Car etc.), With Family or Friends.

_____

Length of stay in the place above (How long in a row, this homeless episode?)

☐ One day or Less ☐ 2 days to one week ☐ More than a week, less than a month

☐ 1-3 months ☐ More than 3 months, less than a year ☐ One year or longer

☐ Doesn't Know ☐Refused

Approximate date this current occurrence of homelessness started?	/ /	/ /	/ /	/ /	/ /
How many times have you been on the streets, in ES, or SH in the past three years including today?	□ 1 □ 2 □ 3 □ 4+	□ 1 □ 2 □ 3 □ 4+	□ 1 □ 2 □ 3 □ 4+	□ 1 □ 2 □ 3 □ 4+	□ 1 □ 2 □ 3 □ 4+
Total number of months experiencing homelessness in the last three years?					
Do you have a service animal or pet? If yes, what kind of animal and how many?	Yes / No : How many?_____ Kinds:_____				
HEALTH INSURANCE					
Do you have health insurance?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Who is your health insurance provider? Circle one	□All Care □OHP □JCC □Other	□All Care □OHP □JCC □Other	□All Care □OHP □JCC □Other	□All Care □OHP □JCC □Other	□All Care □OHP □JCC □Other
What is your insurance ID#?					
DISABILITY STATUS					
Do You Have a Disabling Condition? (Check all that apply below)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Alcohol Abuse					
Drug Abuse					
Both Alchohol and Drug Abuse					
Developmental Disability					
HIV / AIDS					
Mental Health Problem					
Physical / CAN USE TOP BUNK?	/	/	/	/	/
Chronic Health Condition					
NON-CASH BENEFITS					
Do you receive Food Stamps?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Do you receive WIC?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
INCOME					
Do you receive any reliable income each month?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
What is your source of income?					
Is there any other source of income?					
How much income do you have each month?					

By signing this application I understand that the information I provide will be entered into the ServicePoint HMIS database and my records will be updated as I receive services. I ____ GIVE _____ DO NOT GIVE my permission to share this data with local agencies to better provide me care.

Signature: _____ Date: / /