RENTAL ASSISTANCE: PERMANENT SUPPORTIVE HOUSING ANNUAL ASSESSMENT (ADDITIONAL HOUSEHOLD MEMBERS)	Date:

ADDITIONAL INFORMATION TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER

Use additional pages as needed

Client Name: _____ **SSN:** _____ **DOB:** _____

Gender: _____ **Relationship to Head of Household**: _____

Race: _____ **Ethnicity:** _____

Chronically Disabled: ☐ Yes ☐ No **Diagnosis:** _____

Is the client a Veteran? ☐ Yes ☐ No **Military Branch:** _____

Discharge Status: _____ **Service Era:** _____

Health Insurance: Please select all that apply.

☐ Private	☐ Medicaid	☐ Combined Children's Health
☐ Private – Employer	☐ State Children's Insurance	☐ Indian Health Services
☐ Private – Individual	☐ Military Insurance	☐ Other: _____
☐ Medicare	☐ State Funded	☐ No insurance

Barriers: Please record a status for every barrier.

Barrier:	Barrier Present:	Receiving Services/ Treatment:	Indefinite Condition:	Documentation provided:
Alcohol Abuse	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Chronic Health Condition	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Developmental Disability	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Drug Abuse	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
HIV/AIDS	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Mental Illness	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Physical Disability	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

History of Domestic Violence: ☐ Yes ☐ No **If yes, when:** _____

Source(s) of Income: Please select all that apply.

☐ Earned Income		☐ Veteran's Disability		☐ Child Support	
☐ Unemployment		☐ Veteran's Pension		☐ Other: _____	
☐ SSI		☐ TANF		☐ Death Benefit	
☐ SSDI		☐ Retirement (SSA)		☐ No Income	

Current Gross Monthly Income: $ 0.00

Case Manager Signature: _____ **Date:** _____

Reset Page