

CLIENT PROFILE (Complete for ALL Household Members)		
First Name:	Middle Name:	Last Name:
Nickname:	Social Security:	Date of Birth:
Relationship to HoH: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Non-relation <input type="checkbox"/> Other	US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?

DEMOGRAPHIC INFORMATION (Complete for ALL Household Members)	
Gender (select all that apply): <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (eg, Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity	Race and Ethnicity (select all that apply): <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
If different identity, please specify:	Additional race and ethnicity detail:

CONTACT INFORMATION (Complete for Head of Household)		
Phone number:	Email address:	
Emergency contact name:	Emergency contact number:	Relationship:

County of Last Permanent Address (Complete for Head of Household)
<input type="checkbox"/> Franklin <input type="checkbox"/> Gadsden <input type="checkbox"/> Jefferson <input type="checkbox"/> Leon <input type="checkbox"/> Liberty <input type="checkbox"/> Madison <input type="checkbox"/> Taylor <input type="checkbox"/> Wakulla Other: _____

LIVING SITUATION (Complete for Head of Household & Adults)	
Where did you stay last night:	How long have you stayed there: ___ Years ___ Months ___ Days
When was the last time you were stably housed, including staying with friends or family, for more than 7 days? Enter approximate date: ___/___/___	

DISABILITIES (Complete for ALL household members, including children)		
<input type="checkbox"/> Physical	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Mental Health Disorder
<input type="checkbox"/> Developmental	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Substance Use Disorder

HEALTH INSURANCE (Complete for ALL household members, including children)		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Employer-Provided Health Ins	<input type="checkbox"/> State Health Ins for Adults
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Insurance through COBRA	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> State Children's (CHIP)	<input type="checkbox"/> Private Pay	<input type="checkbox"/> Other
<input type="checkbox"/> VA Medical Services (VHA)		

INCOME (Complete for Head of Household and any adults)					
Source	Monthly Amt	Source	Monthly Amt	Source	Monthly Amt
Alimony	\$	Pension/retirement	\$	TANF	\$
Child Support	\$	Private disability ins.	\$	Unemployment	\$
Earned Income	\$	Retirement from SS	\$	VA Non-service connected	\$
General Assistance	\$	SSDI	\$	VA service-connected	\$
Other	\$	SSI	\$	Worker's compensation	\$

NON-CASH BENEFITS (Complete for Head of Household and any adults)					
Source	Monthly Amt	Source	Monthly Amt	Source	Monthly Amt
SNAP (Food Stamps)	\$	TANF Child Care	\$	Other TANF Source	\$
WIC	\$	TANF Transportation	\$	Other Source	\$