

1. Check where you have been staying.

Same city / area as program	Where?
Outside of city / area but within Minnesota	
A state in the U.S. other than Minnesota	
A Country other than the United States	

2. Check how the household was referred to the program.
Check only ONE.

Chemical Dependency Treatment Program
Church
Community Action Agency
Correctional Facility / Program
County Social Service Agency
Drop-in Center
Emergency Shelter
Law Enforcement
Mental Health Treatment Program
Other Community Organization
Other Hospital / Clinic
Other Program Participant
Other Transitional Program
Psychiatric Hospital
Public Housing Waiting List
Self
Soup Kitchen
Unknown
Other - Specify:

3. Check where the household last stayed.
Check only ONE.

Battered Women Shelter / Safe Home
Emergency Shelter
Foster Home
Jail / Prison
Medical Hospital
MI / CD / MR Treatment Program / Halfway House
Mobile / Travel Home
Motel or Boarding House
Other Transitional Housing Program
Outside / on the Streets
Owned own home - contract for deed
Owned own home - mortgage
Psychiatric hospital
Rental - private market
Section or other publicly subsidized housing
State hospital
Stayed with family or friends
Vehicle not intended for housing
Other - Specify:

4. Check the 3 MAIN reasons why the household is seeking assistance.

Asked or Told to leave home
Chemical dependency problems
Condemnation of previous housing
Could not locate affordable housing
Disaster (fire, flood, etc.)
Evicted - non-payment of rent
Evicted - other than non-payment of rent
Fleeing domestic abuse
Friction (non-abusive)
Leaving correctional facility
Leaving State hospital
Leaving unsafe neighborhood
Leaving VA Medical Center
Legal restraining order
Lost benefits
Lost job
Mental health problems
MFIP Sanctions
Mortgage foreclosure
Overcrowding
Physical illness
Previous housing unsafe or unhealthy
Relocating to area for new job
Relocating to area to be near family / friends
Rent increased and could not afford to pay
Stranded in area
Utilities shut-off
Other - specify:

5. Check which sources of income the household has when they enter your program and the amount for the past month.

Income Source	Amt at Entrance	Income Source	Amt at Entrance	Income Source	Amt at Entrance
Alimony	\$	Loans from family/friends	\$	Social Security (retirement)	\$
Blood/plasma sales	\$	MN Family Investment Program (MFIP)	\$	Social Security Disability Income (SSDI)	\$
Child Support	\$	MN Supplemental Assistance (MSA)	\$	Student grant / scholarship	\$
Day labor	\$	Part-time Employment	\$	Supplemental Security Income (SSI)	\$
Disability insurance	\$	Pension	\$	Temporary/seasonal work	\$
Food Stamps	\$	Private charity	\$	Tribal funds	\$
Full-time employment	\$	Recycling	\$	Veterans benefits	\$
General Assistance	\$	Re-employment Insurance	\$	Workers Compensation	\$
Illegal source(s)	\$	Sheltered workshop	\$	No Income	\$