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| **Health Insurance** |
| No  Client doesn’t know  Yes (identify source below)  Client |
| **Source** |
| Medicaid  Medicare  State Children’s Health Insurance (KCHIP)  VA Medical Services  Employer-Provided Health Insurance  Health Insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disability** | | | | | | |
| **Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**  No  Yes (indicate type(s) below)  Client doesn’t know  Client refused | | | | | | |
|  | | | | | | |
|  | **Physical** | **Mental Health** | **Chronic Health Condition** | **Alcohol**  **Drugs**  **Both** | **Developmental** | **HIV/AIDS** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

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| **Income** | |
| No/None at all  Yes (identify source and amounts)  Client doesn’t know  Client refused | |
| **Source** | **Amount:** |
| Earned income (i.e., employment income) | $ . 00 |
| Unemployment Insurance | $ . 00 |
| Supplemental Security Income (SSI) | $ . 00 |
| Social Security Disability Income (SSDI) | $ . 00 |
| Retirement Income from Social Security | $ . 00 |
| VA Service-Connected Disability Compensation | $ . 00 |
| VA Non-Service-Connected Disability Pension | $ . 00 |
| Worker’s Compensation | $ . 00 |
| Temporary Assistance for Needy Families (TANF) | $ . 00 |
| General Assistance (GA) | $ . 00 |
| Private disability Insurance | $ . 00 |
| Pension or retirement income from a former job | $ . 00 |
| Child Support | $ . 00 |
| Alimony or other spousal support | $ . 00 |
| Other source: | $ . 00 |
| **Total Monthly Income:** | **$** |

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| **Non-Cash Benefits** |
| No/None at all  Yes (Identify source below)  Client doesn’t know  Client refused |
| **Source** |
| Supplemental Nutrition Assistance Program (SNAP)  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)  TANF Child Care services  TANF transportation services  Other TANF-funded services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SOAR Connection** |
| **Connection with SOAR**  No  Yes  Client doesn’t know  Client refused |

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| **Employed?** |
| No  Yes  Client doesn’t know  Client refused |
| **If yes,Type of Employment** |
| Full-Time  Seasonal/sporadic (including day labor)  Part-Time  Data not collected |
| **In No, Why not Employed** |
| Looking for work  Not looking for work  Unable to work  Data not collected |