First: ___________________________ Middle: ___________________________ Unique Identifier: ___________________________

Last: ___________________________ Suffix: ___________________________

Project Name: ___________________________ Project Start Date: ___________________________ / __________ / __________

**Relationship to Head of Household**

- [ ] Self (head of household)
- [ ] Head of household’s child
- [ ] Head of household’s spouse or partner
- [ ] Head of household’s other relation member
- [ ] Head of household’s non-relation member

**Type of Residence: (Where did you stay last night?) (Select ONE)**

**Homeless Situation**

- [ ] Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- [ ] Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- [ ] Safe Haven

**Transitional and Permanent Housing**

- [ ] Residential project or halfway house with no homeless criteria
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Transitional housing for homeless persons (including homeless youth)
- [ ] Host Home (non-crisis)
- [ ] Staying or living in a FRIEND’S room, apartment or house
- [ ] Staying or living in a FAMILY member’s room, apartment or house
- [ ] Rental by client, with GPD TIP housing subsidy
- [ ] Rental by client, with VASH housing subsidy

**Institutional Situation**

- [ ] Foster care home or foster care group home
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Jail, prison or juvenile detention facility
- [ ] Long-term care facility or nursing home
- [ ] Psychiatric hospital of other psychiatric facility
- [ ] Substance abuse treatment facility or detox center

**Unknown**

- [ ] Client doesn’t know
- [ ] Client refused

**Length of Stay in Previous Location:**

- [ ] One night or less
- [ ] Two to six nights
- [ ] One week or more, but less than one month
- [ ] One month or more, but less than 90 days
- [ ] 90 days or more, but less than one year
- [ ] One year or longer
- [ ] Client doesn’t know
- [ ] Client refused

**Approximate date homelessness started:** __ __ / __ __ / __ __ __ __

**Number of times on the street, in ES, or Safe Haven in the past three years:**

- [ ] One time
- [ ] Two times
- [ ] Three times
- [ ] Four or more times
- [ ] Client doesn’t know
- [ ] Client refused

**Total number of months homeless on the street, in emergency shelter or SH in the past three years:** _________

**Disabling Conditions:**

**Does the participant have a disability that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused

**Does the participant have the ability to self-isolate or quarantine without assistance?**

- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused
**FEMA Data Collection:**

**COVID-19 Screening Results for Qualifying Household Member:**
- □ Asymptomatic Low Risk
- □ Asymptomatic High Risk
- □ COVID-19 Exposed
- □ COVID-19 Positive
- □ N/A (Not Qualifying Household Member)

**Alameda County Shelter Location: (select one)**

<table>
<thead>
<tr>
<th>□ Health Shelter C/Comfort Inn</th>
<th>□ Health Shelter R/Radisson Inn</th>
</tr>
</thead>
<tbody>
<tr>
<td>8452 Edes Ave., Oakland, CA, 94621</td>
<td>8400 Edes Ave., Oakland, CA, 94621</td>
</tr>
</tbody>
</table>

**Last or Current Permanent Address:**

| Street Address: ________________________________________________________________ |
| City:__________________________ | State:___________ | Zip Code:____________ |

- □ Full address reported
- □ Incomplete or estimated address reported
- □ Client doesn't know
- □ Client refused
- □ Data not collected

**Client's Phone Number: (____) _____ - __________ Email Address: __________________________**

**Additional FEMA Questions:**

- **Does the client have a cell phone?:**
  - □ Yes
  - □ No
  - □ Client doesn't know
  - □ Client refused
  - □ Data not collected

- **Does the client have an email address?:**
  - □ Yes
  - □ No
  - □ Client doesn't know
  - □ Client refused
  - □ Data not collected

- **Does the client have pets in the household?:**
  - □ Yes
  - □ No
  - □ Client doesn't know
  - □ Client refused
  - □ Data not collected

- **Does the client have service animals in the household?:**
  - □ Yes
  - □ No
  - □ Client doesn't know
  - □ Client refused
  - □ Data not collected

- **Were the client's access/functional needs identified?:**
  - □ Yes
  - □ No
  - □ Client doesn't know
  - □ Client refused
  - □ Data not collected