**HMIS Iowa PC VASH Entry – for Adults**  **HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Name:**  (write in name and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_ Full name \_\_\_\_\_Partial, street or code name \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Social Security Number (SSN)**  (write in SSN and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_Full SSN \_\_\_\_\_Approx. or partial SSN \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **U.S. Military Veteran**  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Project Start Date:** \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  **Project Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Number of people in household:**  \_\_\_\_\_1 (single client) \_\_\_\_\_More than 1 (family or household)  **If more than 1: Client’s relationship in the household (e.g. “son”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total number of clients in the household**: \_\_\_\_\_\_\_\_\_\_\_\_  Fill out a separate form for each person (5 page form for each adult, 1 page form for each child) | | | | | | | | | | | | | | | |
| **HUD Relationship to Head of Household**:  \_\_\_\_\_Self (head of household) \_\_\_\_\_Head of Household’s spouse or partner  \_\_\_\_\_Head of Household’s other relation member \_\_\_\_\_Other: Non-relation member  \_\_\_\_\_Head of Household’s Child \_\_\_\_\_Client prefers not to answer  \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Date of Birth (DOB)**  (write in DOB and check 1 data quality option): **\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_Full DOB \_\_\_\_\_Approx. or partial DOB \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Race and Ethnicity** (check as many as applicable):  \_\_\_\_\_American Indian, Alaska Native, or Indigenous \_\_\_\_\_Asian or Asian American \_\_\_\_\_Black, African American, or African \_\_\_\_\_Hispanic/Latina/o \_\_\_\_\_Middle Eastern or North African \_\_\_\_\_Native Hawaiian or Pacific Islander  \_\_\_\_\_White  Additional Detail (if desired): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Sex:**  \_\_\_\_\_\_ Male          \_\_\_\_\_\_ Female          \_\_\_\_\_\_ Client Doesn’t Know          \_\_\_\_\_\_ Client Prefers Not to Answer | | | | | | | | | | | | | | | |
| ­**Gender** (check as many as applicable):  \_\_\_\_\_ Women (Girl if child) \_\_\_\_\_ Man (Boy if child) \_\_\_\_\_ Culturally Specific Identity (e.g. Two Spirit)  \_\_\_\_\_ Transgender \_\_\_\_\_ Non-binary \_\_\_\_\_ Questioning  \_\_\_\_\_ Different Identity \_\_\_\_\_ Client doesn’t know \_\_\_\_\_ Client prefers not to answer  If different identity, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Does client have a disability of long duration** (check 1 and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers not to answer** | | | | | | | | | | | | | | | |
| **Disability Type** | | Has disability | | | | | | **IF YES:** | | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently | | | | | |
| **Alcohol use disorder** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Drug use disorder** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Both alcohol and drug use disorders** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Chronic health condition** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Developmental disability** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **HIV/AIDS** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Mental health disorder** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Physical disability** | | Y N DK PNA | | | | | | Y N DK PNA | | | | | |
| **Covered by health insurance** (check 1 and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| Insurance Type | | | | | Yes | No | | | Insurance Type | | | | | Yes | No |
| MEDICAID | | | | |  |  | | | Employer-provided insurance | | | | |  |  |
| MEDICARE | | | | |  |  | | | Health insurance through COBRA | | | | |  |  |
| State children’s health insurance | | | | |  |  | | | Private pay health insurance | | | | |  |  |
| Veteran’s Health Administration (VHA) | | | | |  |  | | | State health insurance for adults | | | | |  |  |
| Indian Health Services Program | | | | |  |  | | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |
| **Enrollment CoC:** \_\_\_\_\_IA-501 (Iowa Balance of State)  \_\_\_\_\_IA-502 (Des Moines/Polk County) | | | | | | | | | | | | | | | |
| **County Served at Enrollment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **Type of Living Situation on Night Before Entry (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES):**  ***Category 1: Homeless Situation***  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer  \_\_\_\_\_ Place not meant for habitation  \_\_\_\_\_ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home  \_\_\_\_\_Safe Haven  **Length of Stay at Prior Night Living Situation:**  \_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days  \_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year  \_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  **Approximate Date This Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How to determine Approximate Date Homelessness Started**: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. | | | | | | | | | | | | | | | |
| ***Category 2: 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 or other psychiatric facility  \_\_\_\_\_Substance abuse treatment facility or detox center    **Length of Stay at Prior Night Living Situation:**  \_\_\_\_\_One night or less \_\_\_\_\_One month or more, but less than 90 days  \_\_\_\_\_Two to six nights \_\_\_\_\_90 days or more, but less than one year  \_\_\_\_\_One week or more, but less than one month \_\_\_\_\_One year or longer  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N**  **If Yes, Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** | | | | | | | | | | | | | | | |
| ***Category 3: Temporary and Permanent Housing Situation***  \_\_\_\_\_ Hotel or motel paid for without emergency shelter voucher  \_\_\_\_\_ Host Home (non-crisis)  \_\_\_\_\_ Residential project or halfway house with no homeless criteria  \_\_\_\_\_ Staying or living in a family member's room, apartment or house  \_\_\_\_\_ Staying or living in a friend's room, apartment or house  \_\_\_\_\_ Transitional housing for homeless persons (including homeless youth)  \_\_\_\_\_ Owned by client, no ongoing housing subsidy  \_\_\_\_\_ Owned by client, with ongoing housing subsidy  \_\_\_\_\_ Rental by client, with no ongoing housing subsidy  \_\_\_\_\_ Rental by client, with ongoing housing subsidy **(please select subsidy type below)**    **Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)**  \_\_\_\_\_ GPD TIP housing subsidy     \_\_\_\_\_ Housing Stability Voucher     \_\_\_\_\_ Public housing unit  \_\_\_\_\_ RRH or equivalent subsidy  \_\_\_\_\_ VASH housing subsidy            \_\_\_\_\_Permanent Supportive Housing  \_\_\_\_\_ Family Unification Program Voucher (FUP)              \_\_\_\_\_ Foster Youth to Independence Initiative (FYI)  \_\_\_\_\_ Rental by client, with other ongoing housing subsidy  \_\_\_\_\_ HCV voucher (tenant or project based) (not dedicated)  \_\_\_\_\_ Other permanent housing dedicated for formerly homeless persons  \_\_\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Length of Stay at Prior Night Living Situation:**  \_\_\_\_\_ One night or less      \_\_\_\_\_ One month or more, but less than 90 days  \_\_\_\_\_ Two to six nights      \_\_\_\_\_ 90 days or more, but less than one year  \_\_\_\_\_ One week or more, but less than one month      \_\_\_\_\_ One year or longer  \_\_\_\_\_ Client doesn’t know         \_\_\_\_\_ Client prefers not to answer  **If you selected one of the shaded options above, were they on the streets or in ES prior to that? \_\_\_Y \_\_\_N**  **If Yes, Approximate Date this Episode of Homelessness started: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** | | | | | | | | | | | | | | | |
| ***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):  \_\_\_\_\_ Never in 3 years \_\_\_\_\_One Time \_\_\_\_\_Two Times \_\_\_\_\_Three Times  \_\_\_\_\_Four or more times \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client | | | | | | | | | | | | | | | |
| **Total number of months homeless on the street or in Emergency Shelter in past 3 years:**  \_\_\_\_\_1 month (this time is the first month) \_\_\_\_\_2 months \_\_\_\_\_3 months \_\_\_\_\_4 months  \_\_\_\_\_5 months \_\_\_\_\_6 months \_\_\_\_\_7 months \_\_\_\_\_8 months \_\_\_\_\_9 months  \_\_\_\_\_10 months \_\_\_\_\_11 months \_\_\_\_\_12 months \_\_\_\_\_More than 12 months  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Most Recent Event Leading to Homelessness:**The “Most Recent Event” element identifies the most recent event that led to homelessness; the ‘straw that broke the camel’s back’. Pick the event that most closely matches what happened right before someone lost their housing.  \_\_\_\_\_ Received a formal eviction or foreclosure (ex: searchable in Iowa Courts Online)  \_\_\_\_\_ Left housing to avoid an eviction/foreclosure OR was illegally evicted  \_\_\_\_\_ Discharged from a medical institution without housing  \_\_\_\_\_ Discharged from a corrections institution without housing  \_\_\_\_\_ Fleeing a domestic violence situation  \_\_\_\_\_ Fleeing a human trafficking situation  \_\_\_\_\_ Natural disaster / Fire  \_\_\_\_\_ Relocation  \_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.)  \_\_\_\_\_ Divorced / Separated / Family breakup / Death in the family (includes chosen family)    **Primary Cause of the Most Recent Event:** The ‘Primary Cause’ is the ‘why’ behind the most recent event. Since there can be many different causes of an event, select the one the client feels had the most impact on the most recent event, or most resonates with a client.  \_\_\_\_\_ Unemployment  \_\_\_\_\_ Reduced wages or a loss of income (while still maintaining employment or cash benefits)  \_\_\_\_\_ Unable to pay rent/mortgage due to bill increase or a large expense  \_\_\_\_\_ Physical / Mental disability  \_\_\_\_\_ Family / Personal illness (includes chosen family)  \_\_\_\_\_ Domestic Violence  \_\_\_\_\_ Human trafficking  \_\_\_\_\_ Natural disaster / Fire  \_\_\_\_\_ Sexual assault / other crimes (i.e. stalking, arson, etc.)  \_\_\_\_\_ Divorced / Separated / Family breakup / Death of a family member (includes chosen family)  \_\_\_\_\_ Loss of transportation | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **General Health Status:**  \_\_\_\_\_Excellent \_\_\_\_\_Very good \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor \_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Domestic Violence Victim/Survivor**  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **If yes, when DV experience occurred:**  \_\_\_\_\_Within the past three months \_\_\_\_\_Three to six months ago  \_\_\_\_\_From six to twelve months ago \_\_\_\_\_More than a year ago  \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **If yes, are you currently fleeing:**  \_\_\_\_\_No \_\_\_\_\_Yes \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Last Grade Completed:** \_\_\_\_\_ GED  \_\_\_\_\_ Less than Grade 5 \_\_\_\_\_ Some College  \_\_\_\_\_ Grades 5-6 \_\_\_\_\_ Associate’s Degree  \_\_\_\_\_ Grades 7-8 \_\_\_\_\_ Bachelor’s Degree  \_\_\_\_\_ Grades 9-11 \_\_\_\_\_ Vocational Certification  \_\_\_\_\_ Grade 12 / High School Diploma \_\_\_\_\_ Client doesn’t know  \_\_\_\_\_ School does not have grade levels \_\_\_\_\_ Client prefers not to answer | | | | | | | | | | | | | | | |
| **Employed?**  \_\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer  **If, Yes:**  \_\_\_\_\_Part Time \_\_\_\_\_Full Time \_\_\_\_\_Seasonal/Sporadic  **If, No:** \_\_\_\_\_Looking for Work \_\_\_\_\_Unable to Work \_\_\_\_\_Not Looking for Work | | | | | | | | | | | | | | | |
| **Income from any source?**  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Total Monthly CASH income**  (write in total $ amount here and complete grid below): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Receives Income Sources:** | **Yes** | | **Monthly $** | | | | | | | | **No** | | **Not Collected** | | |
| Alimony or other spousal support |  | |  | | | | | | | |  | |  | | |
| Child support |  | |  | | | | | | | |  | |  | | |
| Earned income |  | |  | | | | | | | |  | |  | | |
| General assistance |  | |  | | | | | | | |  | |  | | |
| Pension or retirement income from a job |  | |  | | | | | | | |  | |  | | |
| Private disability insurance |  | |  | | | | | | | |  | |  | | |
| Retirement income from social security |  | |  | | | | | | | |  | |  | | |
| Social Security Disability Insurance (SSDI) |  | |  | | | | | | | |  | |  | | |
| Supplemental Security Income (SSI) |  | |  | | | | | | | |  | |  | | |
| TANF (FIP) |  | |  | | | | | | | |  | |  | | |
| Unemployment Insurance |  | |  | | | | | | | |  | |  | | |
| VA Non-service connected disability pension |  | |  | | | | | | | |  | |  | | |
| VA service-connected disability compensation |  | |  | | | | | | | |  | |  | | |
| Worker’s Compensation |  | |  | | | | | | | |  | |  | | |
| Other (specify): |  | |  | | | | | | | |  | |  | | |
| **Non-cash benefits from any source** (check one and complete grid below):  \_\_\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_Client doesn’t know \_\_\_\_\_Client prefers not to answer | | | | | | | | | | | | | | | |
| **Receives the following Non-cash Benefit Types:** | | | | **Yes** | | | **No** | | | | | **Not Collected** | | | |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) | | | |  | | |  | | | | |  | | | |
| Special Supplemental Nutrition for Women, infants, children (WIC) | | | |  | | |  | | | | |  | | | |
| TANF Child Care services | | | |  | | |  | | | | |  | | | |
| TANF transportation services | | | |  | | |  | | | | |  | | | |
| Other TANF-funded services | | | |  | | |  | | | | |  | | | |
| Other (specify): | | | |  | | |  | | | | |  | | | |
| **ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:**  **Housing Move-in Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| **FOR VETERANS ONLY:**  **VAMC Station Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Year Entered Military Service: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year Separated from Military Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Branch of Military:** \_\_\_\_\_Army \_\_\_\_\_Air Force \_\_\_\_\_Navy \_\_\_\_\_Marines \_\_\_\_\_Coast Guard  \_\_\_\_\_Client Doesn’t Know \_\_\_\_\_Client prefers not to answer \_\_\_\_\_\_ Space Force     |  |  |  |  | | --- | --- | --- | --- | | **Served in following Conflicts:** | **Yes** | **No** | **Not Collected** | | World War II |  |  |  | | Korean War |  |  |  | | Vietnam War |  |  |  | | Persian Gulf War |  |  |  | | Afghanistan |  |  |  | | Iraq Freedom |  |  |  | | Iraq Dawn |  |  |  | | Other Peace-Keeping Operations or Military Interventions |  |  |  |   **Discharge Type:**  \_\_\_\_\_Honorable \_\_\_\_\_Uncharacterized  \_\_\_\_\_General Under Honorable Conditions \_\_\_\_\_Dishonorable  \_\_\_\_\_Under other than Honorable Conditions (OTH) \_\_\_\_\_Client Prefers not to answer  \_\_\_\_\_Bad Conduct \_\_\_\_\_Client Doesn’t Know | | | | | | | | | | | | | | | |
| **HUD-VASH Voucher Tracking:**  **Information Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**  **Voucher Change:**  \_\_\_\_\_Referral package forwarded to PHA \_\_\_\_\_Voucher denied by PHA  \_\_\_\_\_Voucher issued by PHA \_\_\_\_\_Voucher revoked or expired \_\_\_\_\_Voucher in use – veteran moved into housing  \_\_\_\_\_Voucher was ported locally  \_\_\_\_\_Voucher was administratively absorbed by new PHA  \_\_\_\_\_Voucher was converted to Housing Choice Voucher  \_\_\_\_\_Veteran exited – voucher was return  \_\_\_\_\_Veteran exited – family maintained the voucher  \_\_\_\_\_Veteran exited – prior to ever receiving a voucher  \_\_\_\_\_Other (Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | |