

# VA CRS/GPD Update

Interim Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client** \_\_\_\_\_  
 Name \_\_\_\_\_ Client ID \_\_\_\_\_

## ANSWER FOR ALL CLIENTS (only if changes occurred)

### Health Insurance

**Covered by Health Insurance**     No     Yes     Client doesn't know     Client prefers not to answer

Medicaid	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration (VHA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of health insurance changes.

## ANSWER FOR ADULTS AND HEAD OF HOUSEHOLD (only if changes occurred)

### Monthly Income

**Income from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

**Total Monthly Income**    \$ \_\_\_\_\_

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____

**i** HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each. For any income sources where income is received, the monthly amount must also be recorded.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of income changes.

## Non-Cash Benefits

**Non-Cash Benefits from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	① HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	① <b>Data Entry Tip:</b> Remember to end date old records and create new records each time a source of non-cash benefit changes.
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
Other TANF-funded services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	

## Domestic Violence

① "Domestic violence" is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.
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**Survivor of Domestic Violence?**     No     Yes     Client doesn't know     Client prefers not to answer

<b>If yes, when experience occurred</b>	<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
	<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**If yes, currently fleeing?**     No     Yes     Client doesn't know     Client prefers not to answer

### **ANSWER FOR HEAD OF HOUSEHOLD ONLY**

**Housing Move In Date** *This question to be answered only by Case Management/Housing Retention GPD Funded projects only*

**Housing Move-In Date (CANNOT be prior to Project Start Date):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_