



Adult Supplemental Document

PLEASE COMPLETE ONE FORM PER ADULT OTHER THAN HEAD OF HOUSEHOLD WHO COMPLETED THE MAIN APPLICATION.

Adult's Full Name: _____ SSN: _____ - _____ - _____

Main Applicant's Name & Relationship: _____ Date of Birth: ____ / ____ / _____

SECTION ONE: GENERAL QUESTIONS

Are you a veteran?

- Yes No I don't know Refuse to answer

Do you have a disabling condition?

- Yes No Waiting for Diagnosis I don't know Refuse to answer

Have you ever been in Foster Care?

- Yes No I don't know Refuse to answer

Are you Hispanic or Latino?

- Yes No I don't know Refuse to answer

What is your race? (Circle all that apply)

- Alaskan Native/ American Asian/ Black/African American/ Native Hawaiian/ White Don't Refuse to
Indian/ Indigenous Asian American African Pacific Islander know answer

SECTION TWO: CURRENT PLACE YOU ARE LIVING (circle where you spent last night)

Is your history of homelessness that same as the main applicant?

- Yes No Refuse to Answer

If no, please explain current status and housing status history (number of times homeless in past 3 years.):

SECTION THREE: HEALTH and WELLBEING

How would you describe your general health?

- Excellent Very Good Good Fair Poor Don't know Refuse to answer

1. Do you have a physically disabling condition?

- Yes No I don't know Refuse to answer

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SECTION THREE: HEALTH and WELLBEING, CONTINUED

2. Do you have a developmentally disabling condition?

- Yes No I don't know Refuse to answer

3. Do you have a chronic health condition?

- Yes No I don't know Refuse to answer

4. Do you have a mental health condition/disorder?

- Yes No I don't know Refuse to answer

5. Have you been diagnosed with HIV/AIDS?

- Yes No I don't know Refuse to answer

6. Do you currently have an alcohol or substance use disorder?

- Yes No I do not use drugs or alcohol

If you answered yes to one of the 6 health questions, please answer the following:

Is the health condition expected to be of long-continued and indefinite duration and substantially impair your ability to live alone?

- Not applicable Yes No I don't know Refuse to answer

If yes, please identify the health condition(s): _____

Are you currently receiving services/treatment for the health conditions?

- Not applicable Yes No Refuse to answer

If yes, please identify the health condition(s): _____

If you have a disability, please state the approximate date it confirmed? Give approximate date: _____

And, is the disability condition going to be long term?

- Yes No

Do you currently have insurance?

- Yes No I don't know Refuse to answer

If you have insurance, what type is it?

- Medicare Medicaid VA Health Benefits Employer Provided Private Insurance Other, Please describe:

If you do not have insurance what is the reason?

- Applied, decision pending Applied, not eligible I did not apply Insurance type is not applicable I don't know Refused to answer

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SECTION FOUR: EMPLOYMENT: Do you have a job?

- Yes No Refuse to answer

How many hours do you work? (circle one) _____ /day /week /month **Hourly Wage** _____

Is your job:

- Permanent Temporary Seasonal Refuse to answer

If you do not have a job, please check one:

- I'm looking In School Unable to work Not looking I don't know Refuse to answer

SECTION FIVE: EDUCATION: Are you currently in school or working on a degree or certificate?

- Yes No Refuse to answer

Have you received vocational training or an apprenticeship certificate?

- Yes No Refuse to answer

What is the highest level of school you completed?

- No school Nursery school to 4th grade 5th or 6th grade 7th or 8th grade 9th grade 10th grade
 11th grade 12th grade High School Diploma GED College Refuse to answer
 I don't know

If you received a college level degree, please tell us which degree(s) you hold.

- None Associates Bachelor Masters Doctorate Other Refuse to Answer

SECTION SIX: MILITARY EXPERIENCE: Have you served in the military? (if no proceed to Section Seven)

- Yes No Refuse to answer

Do you have a copy of your DD214?

- Yes No Refuse to answer

What year did you enter military service? _____ **What year did you leave military service?** _____

Which branch of the military did you serve?

- Army Air Force Navy Marines Coast Guard Other: Refuse to answer

If you have served in the military, what theater of operation(s) ? (Indicate all that apply)

- WWII Afghanistan (Operation Enduring Freedom)
 Korean Iraq (Operation Iraqi Freedom)
 Viet Nam Iraq (Operation New Dawn)
 Persian Gulf (Operation Desert Storm) Other peace-keeping or military operations

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SECTION SIX: MILITARY EXPERIENCE, CONTINUED

Discharge Status:

- Honorable General Bad Conduct Dishonorable Other: I don't know Refuse to answer

If other, please explain: _____

What was your military Service Era?

- Post September 11th (September 11 2001 to present) Between Korean and Vietnam (February 1955 through July 1969)
 Persian Gulf Era (August 1991 to September 10, 2001) Korean War (June 1950-January 1955)
 Post Vietnam (May 1975 through July 1991) Between WWII and Korean (August 1947 through May 1950)
 Vietnam (August 1964 through April 1975) WWII (September 1940-July 1947)

Total Months of Active Duty: _____

Have you served in a war zone?

- Yes No Refuse to answer

If you have served in a war zone, where did you serve?

- North Africa Europe Vietnam Laos and Cambodia South China Sea Other: _____
 China, Burma, India Korea South Pacific Persian Gulf Don't know Refuse to answer

How many total months did you serve in a war zone? _____

While serving in a war zone, did you receive hostile or friendly fire?

- Yes No I don't know Refuse to answer

SECTION SEVEN: TWO LAST THINGS

Are you pregnant?

- Not applicable Yes No I don't know Refuse to answer

If you are pregnant, when is your due date? ___/___/___

Have you ever been the victim of or experienced domestic violence?

- Yes No Refuse to answer

If you have experienced domestic violence, when did it occur? _____

ALL NONVETERANS

Please Sign the Declaration of Citizenship on page 9 of the Main Application.