



Adult Supplemental Document

Directions: Please complete one per Adult (other than head of house hold who completed the main application)

Name: _____ SS#: _____

Main Applicant Name/Relationship: _____ Date of Birth: _____

Gender: _____ Pronoun (Optional, ex. he/him, she/her, they/them, ze/zir, etc.): _____

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)

<input type="checkbox"/> Alaskan Native/ American Indian/ Indigenous	<input type="checkbox"/> Asian/ Asian American	<input type="checkbox"/> Black/ African American/ African	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refuse to answer
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SECTION ONE: 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 TWO: HEALTH and WELL-BEING

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

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 duration and 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, when was it confirmed? Give approximate date: _____

Do you currently have insurance?

- Yes No I don't know Refuse to answer

If you have insurance, what type is it?

- Medicare Medicaid Healthy MT Kids 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

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 go to the Section Seven)

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

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

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?

- Europe
- North Africa
- Viet Nam
- 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 Non Veterans Please Sign the Declaration of Citizenship on the Main Application page 7.