

## HUD/VASH Addendum

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This form can be used by all HUD/VASH projects. This form will be used as a supplement to every data entry stage in order to ensure full data collection for HUD/VASH projects.

### Section I: Data Collection Point Information

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CLIENT NAME

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CLIENT ID

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DATA COLLECTION POINT (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Project Start
<input type="checkbox"/>	Project Update
<input type="checkbox"/>	Annual Assessment
<input type="checkbox"/>	Project Exit

ASSESSMENT DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

		/			/				
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**Please note, there are 3 sections under this assessment. Take note of each section header to know when you are supposed to complete each set of data elements. The four section types are listed here for reference.**

**SECTION II: Complete ONLY at initial Entry into the program.**

**SECTION III: Complete at Entry and Exit ONLY - not for interim updates.**

**SECTION IV: Complete at Exit ONLY.**

## Section II: Complete ONLY at Project Entry

### VETERAN INFORMATION - [ALL VETERANS] – [ALL PROJECTS]

Only ONE record of Veteran Information should exist. If another record is already present, verify the accuracy of the record. If anything is inaccurate, correct the existing record. DO NOT make a second record.

#### Year Entered Military Service (Month / Day / Year)

		/			/				
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#### Year Separated From Military Service (Month / Day / Year)

		/			/				
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#### Theatre of Operations

Client Doesn't Know = CDK

Client Refused = CR

Data Not Collected = DNC

Theatre of Operations	No	Yes	CDK	CR	DNC
World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian Gulf War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afghanistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Dawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Peace-Keeping Operations or Military Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Branch of the Military

<input type="checkbox"/>	Army	<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Marines
<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Client Refused		Data Not Collected

#### Discharge Status

<input type="checkbox"/>	Honorable	<input type="checkbox"/>	General under honorable conditions
<input type="checkbox"/>	Under other than honorable conditions (OTH)	<input type="checkbox"/>	Bad Conduct
<input type="checkbox"/>	Dishonorable	<input type="checkbox"/>	Uncharacterized
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

**VAMC STATION NUMBER – [HEADS OF HOUSEHOLD] – [ALL SSVF AND ALL HUD/VASH PROJECTS ONLY]**

Enter the VA Medical Center (VAMC) Station Number that corresponds to the grantee's service location. This may be filled in on behalf of the client – it does not require client input.

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**CLIENT'S LAST PERMANENT ADDRESS – [HEADS OF HOUSEHOLD] – [ALL SSVF AND ALL HUD/VASH PROJECTS]**

Record the head of household's last permanent address. For Prevention clients this will be their current address. This should be an address that is a permanent housing situation, not a reference to a shelter or other homeless situation. Normally this will include the client renting an apartment/house or living at another person's apartment/house.

Street Address	
City	
State	
Zip	

**Address Data Quality**

<input type="checkbox"/>	Full Address Reported	<input type="checkbox"/>	Incomplete or estimated address reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

**Section III: Complete at Project ENTRY and Project EXIT****LAST GRADE COMPLETED - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL SSVF AND ALL HUD/VASH PROJECTS ONLY]**

Enter the last grade the client completed.

<input type="checkbox"/>	Less than grade 5	<input type="checkbox"/>	Grades 5 – 6
<input type="checkbox"/>	Grades 7 – 8	<input type="checkbox"/>	Grades 9 – 11
<input type="checkbox"/>	Grade 12 / High School Diploma	<input type="checkbox"/>	School Program does not have grade levels
<input type="checkbox"/>	GED	<input type="checkbox"/>	Some College
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>	Vocational Certification
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

**EMPLOYED? - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [ALL SSVF AND HUD/VASH-OTH PROJECTS ONLY]**

Is the client currently employed?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

**IF YES, TYPE OF EMPLOYMENT**

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Seasonal/Sporadic (including day labor)	<input type="checkbox"/>	Data not collected

**IF NO, WHY NOT EMPLOYED**

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Not looking for work	<input type="checkbox"/>	Data not collected

**GENERAL HEALTH STATUS - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [HUD/VASH-OTH PROJECTS ONLY]**

Ask the youth to identify their dental health status.

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good
<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected

**Section IV: Complete ONLY at Project Exit**

**VOUCHER CHANGE - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [HUD/VASH-OTH PROJECTS ONLY]**

<input type="checkbox"/>	Referral package forwarded to PHA	<input type="checkbox"/>	Voucher denied by PHA
<input type="checkbox"/>	Voucher issued by PHA	<input type="checkbox"/>	Voucher revoked or expired
<input type="checkbox"/>	Voucher in use – veteran moved into housing	<input type="checkbox"/>	Voucher was ported locally
<input type="checkbox"/>	Voucher was administratively absorbed by new PHA	<input type="checkbox"/>	Voucher was converted to Housing Choice Voucher
<input type="checkbox"/>	Veteran exited – voucher was returned	<input type="checkbox"/>	Veteran exited – family maintained the voucher
<input type="checkbox"/>	Veteran exited – prior to ever receiving a voucher	<input type="checkbox"/>	Other: Specify _____

**CASE MANAGEMENT EXIT REASON - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [HUD/VASH-OTH PROJECTS ONLY]**

<input type="checkbox"/>	Accomplished goals and/or obtained services and no longer needs CM	<input type="checkbox"/>	Transferred to another HUD-VASH program site
<input type="checkbox"/>	Found/chose other housing	<input type="checkbox"/>	Did not comply with HUD-VASH CM
<input type="checkbox"/>	Eviction and/or other housing related issues	<input type="checkbox"/>	Unhappy with HUD-VASH housing
<input type="checkbox"/>	No longer financially eligible for HUD-VASH voucher	<input type="checkbox"/>	No longer interested in participating in this program
<input type="checkbox"/>	Veteran cannot be located	<input type="checkbox"/>	Veteran too ill to participate at this time
<input type="checkbox"/>	Veteran is incarcerated	<input type="checkbox"/>	Veteran is deceased
<input type="checkbox"/>	Other: Specify _____		