

HUD UDEs for All Other Projects 2020 (VASH)

Please complete one sheet for each person served, whether they are an individual or a family member

Project Start Date: ____/____/____	Project Name: _____
ServicePointClient ID _____	

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____

Name Type: Full Name Reported
 Partial, Street Name, or Code Name Reported
 Client Doesn't Know
 Client Refused
 Data Not Collected

SSN: _____ - _____ - _____ **SSN Type:** Full
 Approximate/Partial
 Client Doesn't Know
 Client Refused
 Data Not Collected

U.S. Military Veteran? (Clients 18 and older): Yes No Client Doesn't Know Client Refused Data Not Collected

DOB (mm/dd/yyyy) ____/____/____ **DOB Type:** Full DOB
 Approximate or Partial DOB
 Client Doesn't Know
 Client Refused
 Data Not Collected

Primary Race: American Indian or Alaska Native White
 Asian Client Doesn't know
 Black/African American Client Refused
 Native Hawaiian or Other Pacific Islander Data Not Collected

Secondary Race: American Indian or Alaska Native White
 Asian Client Doesn't know
 Black/African American Client Refused
 Native Hawaiian or Other Pacific Islander Data Not Collected

Ethnicity: Hispanic/Latino
 Non-Hispanic /Non-Latino
 Client Doesn't Know
 Client Refused
 Data Not Collected

Gender: Female Gender non-conforming {i.e. not exclusively male or female}
 Male Client Doesn't Know
 Trans Male {FTM or Female to Male} Client Refused
 Trans Female {MTF Male to Female} Data Not Collected

Do you have a disabling condition? Yes No Client Doesn't Know Client Refused Data Not Collected

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- Relationship to Head of Household:**
- Self
 - Head of Household's Child
 - Head of Household's Spouse or Partner
 - Head of Household's other relation member
 - Other Non-Relation Member
 - Data Not Collected

Housing Move-in Date: _____/_____/_____

Prior Living Situation:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- 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

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- Host Home (non-crisis)
- Staying or Living in a Friend's Room, Apartment or House
- Staying or Living in a Family Member's Room, Apartment or House
- Rental by Client, with GPD TIP Subsidy
- Rental by Client, with VASH Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

-OTHER-

- Client Doesn't Know
- Client Refused
- Data Not Collected

- Length of stay in prior living situation:**
- | | |
|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> One week or more but less than one month | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> One month or more but less than 90 days | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 90 days or more but less than one year | |

If Literally Homeless, then:

Approximate Date Homelessness Started: _____/_____/_____

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Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Institutional Setting, then:

Did you stay less than 90 days: Yes No

If less than 90 days, on the night before did you stay on the streets, ES, or SH? Yes No

If yes: Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

If Transitional or Permanent Housing Situation:

Did you stay less than 7 nights? Yes No

If less than 7 nights, on the night before did you stay on the streets, ES, or SH? Yes No

If yes: Approximate Date Homelessness Started: _____/_____/_____

Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:

- | | |
|---|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four or More Times | |

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Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> One Month (this time is the first month) | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 11 Months |
| <input type="checkbox"/> 2 Months | <input type="checkbox"/> 7 Months | <input type="checkbox"/> 12 Months |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 8 Months | <input type="checkbox"/> More than 12 Months |
| <input type="checkbox"/> 4 Months | <input type="checkbox"/> 9 Months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 5 Months | <input type="checkbox"/> 10 Months | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> Data Not Collected |

Year Entered Military Service (mm/dd/yyyy): _____

Year Separated from Military Service (mm/dd/yyyy): _____

World War II: Yes No Client Doesn't Know Client Refused Data Not Collected

Korean War: Yes No Client Doesn't Know Client Refused Data Not Collected

Vietnam War: Yes No Client Doesn't Know Client Refused Data Not Collected

Persian Gulf War: Yes No Client Doesn't Know Client Refused Data Not Collected

Afghanistan: Yes No Client Doesn't Know Client Refused Data Not Collected

Iraq Freedom: Yes No Client Doesn't Know Client Refused Data Not Collected

Iraq Dawn: Yes No Client Doesn't Know Client Refused Data Not Collected

Other Peace-keeping Operations or Military Interventions: Yes No Client Doesn't Know Client Refused
Data Not Collected

Branch of the Military: Army Air Force Navy Marines Coast Guard Client Doesn't Know
 Client Refused Data Not Collected

Discharge Status: Honorable General under Honorable Conditions Under Other than Honorable Conditions
 Bad Conduct Dishonorable Uncharacterized Client Doesn't Know
 Client Refused Data Not Collected

Income from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Monthly Income

Receiving Income	Source of Income <i>(Check all that apply)</i>	Income Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	Earned Income	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Service Connected Disability Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Disability Insurance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Compensation	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Income From Social Security	\$

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<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension or Retirement Income from Another Job	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony or Other Spousal Support	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify Source _____	\$
	Total Monthly Income	\$

Non-Cash Benefit from any source? Yes No Client Doesn't Know Client Refused Data Not Collected

Non-Cash Benefits

Receiving Benefit	Source of Non-Cash Benefit <i>(Check all that apply)</i>	Benefit Amount <i>(when applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Child Care services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF Transportation services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other TANF-funded services	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Source – Specify Source _____	\$

Covered by Health Insurance? Yes No Client Doesn't Know Client Refused Data Not Collected

Health Insurance

Covered	Health Insurance Type <i>(Check all that apply)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICAID
<input type="checkbox"/> Yes <input type="checkbox"/> No	MEDICARE
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Children's Health Insurance Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration (VA) Medical Services
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer-Provided Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Insurance obtained through COBRA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pay Health Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	State Health Insurance for Adults
<input type="checkbox"/> Yes <input type="checkbox"/> No	Indian Health Services Program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Specify: _____

Health, Substance Abuse, and Disabilities

Disability Type	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
Physical <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Developmental <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

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Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
HIV/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	Not Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Mental Health Problem <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC
Both Alcohol and Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> DNC

Domestic violence victim/survivor?

- Yes Client Refused
 No Data Not Collected
 Client Doesn't Know

If yes for Domestic violence victim/survivor, when experience occurred:

- Within the past three months More than a year ago
 Three to six months ago Client Doesn't know
 From six to twelve months ago Client Refused

If yes, are you currently fleeing?

- Yes Client Refused
 No Data Not Collected
 Client Doesn't Know

Last Grade Completed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> School Program does not have grade levels | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Some College | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Grade 12/High School Diploma | | <input type="checkbox"/> Data Not Collected |

Employed?

- Yes Client Refused
 No Data Not Collected
 Client Doesn't Know

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If Yes, Type of Employment:

- Full Time
- Part Time
- Seasonal/Sporadic (Including Day Labor)
- Data Not Collected

If No, Why not employed?

- Looking for work
- Unable to work
- Not looking for work
- Data Not Collected

General Health Status:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client Doesn't Know
- Client Refused
- Data Not Collected

Client's Residence/Last Permanent Address:

Start Date (dd/mm/yyyy): _____

Address Type: Mailing Physical P.O. Box

End Date (mm/dd/yyyy): _____

Country of Last Residence:

- Brazil England Mexico USA
- Canada Iraq Pakistan
- China Japan Peru

House Number of Current Address: _____

Client's Apartment Number: _____

Client's Residence Street Name: _____

Client's City: _____

Client's State: _____

Client's Zip Code: _____

Client's Phone Number: _____

County of Residence: _____

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Reason for Leaving this Residence:

- | | | |
|---|---|---|
| <input type="checkbox"/> Evicted | <input type="checkbox"/> Moved to New Residence | <input type="checkbox"/> Unable to Pay Rent |
| <input type="checkbox"/> Building Condemned | <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Utility Shut Off (heat/lights) |
| <input type="checkbox"/> Family/Friend Conflict | <input type="checkbox"/> Release of from institution - Hospital | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Release of from institution – Correctional | <input type="checkbox"/> Other |

Landlord's Name: _____

Landlord's Address: _____

Landlord's City: _____

Landlord's State: _____

Landlord's Phone Number: _____

Housing Destination/Type:

-HOMELESS SITUATIONS-

- Place Not Meant for Habitation
- Emergency Shelter, including hotel/motel paid for w/ES voucher, or RHY-funded host home shelter
- Safe Haven

-INSTITUTIONAL SITUATIONS-

- 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

-TEMPORARY AND PERMANENT HOUSING SITUATIONS-

- Residential Project or Halfway House with no Homeless Criteria
- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Transitional Housing for Homeless Persons (includes homeless youth)
- Host Home (non-crisis)
- Staying or Living in a Friend's Room, Apartment or House
- Staying or Living in a Family Member's Room, Apartment or House
- Rental by Client, with GPD TIP Subsidy
- Rental by Client, with VASH Subsidy
- Permanent Housing (other than RRH) for Formerly Homeless Persons
- Rental by Client, with RRH or Equivalent Subsidy
- Rental by Client, with HCV voucher (tenant or project based)
- Rental by Client in a Public Housing Unit
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client, with Other Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Owned by Client, No Ongoing Housing Subsidy

-OTHER-

- Client Doesn't Know
- Client Refused
- Data Not Collected

HUD UDEs for All Other Projects 2020 (VASH)

VAMC Station Number:

- (402) Togus, ME
- (405) White River Junction, VT
- (436) Montana HCS
- (437) Fargo, ND
- (438) Sioux Falls, SD
- (442) Cheyenne, WY
- (459) Honolulu, HI
- (460) Wilmington, DE
- (463) Anchorage, AK
- (501) New Mexico HCS
- (502) Alexandria, LA
- (503) Altoona, PA
- (504) Amarillo, TX
- (506) Ann Arbor, MI
- (508) Atlanta, GA
- (509) Augusta, GA
- (512) Baltimore HCS, MD
- (515) Battle Creek, MI
- (516) Bay Pines, FL
- (517) Beckley, WV
- (518) Bedford, MA
- (519) Big Spring, TX
- (520) Gulf Coast HCS, MS
- (521) Birmingham, AL
- (523) VA Boston HCS, MA
- (526) Bronx, NY
- (528) Western New York, NY
- (529) Butler, PA
- (630) New York Harbor HCS, NY
- (635) Oklahoma City, OK
- (640) Palo Alto, CA
- (646) Pittsburgh, PA
- (650) Providence, RI
- (654) Reno, NV
- (657) St. Louis, MO
- (660) Salt Lake City, UT
- (664) San Diego, CA
- (668) Spokane, WA
- (673) Tampa, FL
- (676) Tomah, WI
- (687) Walla Walla, WA
- (691) Greater Los Angeles HCS
- (695) Milwaukee, WI
- (757) Columbus, OH
- (528A6) Bath, NY
- (589A4) Columbia, MO
- (589A7) Wichita, KS
- (657A4) Poplar Bluff, MO
- (531) Boise, ID
- (534) Charleston, SC
- (537) Jesse Brown VAMC (Chicago), IL
- (538) Chillicothe, OH
- (539) Cincinnati, OH
- (540) Clarksburg, WV
- (541) Cleveland, OH
- (542) Coatesville, PA
- (544) Columbia, SC
- (546) Miami, FL
- (548) West Palm Beach, FL
- (549) Dallas, TX
- (550) Danville, IL
- (552) Dayton, OH
- (553) Detroit, MI
- (554) Denver, CO
- (556) Captain James A Lovell FHCC
- (557) Dublin, GA
- (558) Durham, NC
- (561) New Jersey HCS, NJ
- (562) Erie, PA
- (564) Fayetteville, AR
- (565) Fayetteville, NC
- (568) Black Hills HCS, SD
- (570) Fresno, CA
- (573) Gainesville, FL
- (575) Grand Junction, CO
- (578) Hines, IL
- (631) VA Central Western Massachusetts HCS
- (636) Nebraska-W Iowa, NE
- (642) Philadelphia, PA
- (648) Portland, OR
- (652) Richmond, VA
- (655) Saginaw, MI
- (658) Salem, VA
- (662) San Francisco, CA
- (666) Sheridan, WY
- (671) San Antonio, TX
- (674) Temple, TX
- (678) Southern Arizona HCS
- (688) Washington, DC
- (692) White City, OR
- (740) VA Texas Valley Coastal Bend HCS
- (459GE) Guam
- (528A7) Syracuse, NY
- (589A5) Kansas City, MO
- (636A6) Central Iowa, IA
- (657A5) Marion, IL
- (580) Houston, TX
- (581) Huntington, WV
- (583) Indianapolis, IN
- (585) Iron Mountain, MI
- (586) Jackson, MS
- (589) Kansas City, MO
- (590) Hampton, VA
- (593) Las Vegas, NV
- (595) Lebanon, PA
- (596) Lexington, KY
- (598) Little Rock, AR
- (600) Long Beach, CA
- (603) Louisville, KY
- (605) Loma Linda, CA
- (607) Madison, WI
- (608) Manchester, NH
- (610) Northern Indiana HCS, IN
- (612) N. California, CA
- (613) Martinsburg, WV
- (614) Memphis, TN
- (618) Minneapolis, MN
- (619) Central Alabama Veterans HCS, AL
- (620) VA Hudson Valley HCS, NY
- (621) Mountain Home, TN
- (623) Muskogee, OK
- (626) Middle Tennessee HCS, TN
- (629) New Orleans, LA
- (632) Northport, NY
- (637) Asheville, NC
- (644) Phoenix, AZ
- (649) Northern Arizona HCS
- (653) Roseburg, OR
- (656) St. Cloud, MN
- (659) Salisbury, NC
- (663) VA Puget Sound, WA
- (667) Shreveport, LA
- (672) San Juan, PR
- (675) Orlando, FL
- (679) Tuscaloosa, AL
- (689) VA Connecticut HCS, CT
- (693) Wilkes-Barre, PA
- (756) El Paso, TX
- (528A5) Canandaigua, NY
- (528A8) Albany, NY
- (589A6) Eastern KS HCS, KS
- (636A8) Iowa City, IA
- Data Not Collected

HUD UDEs for All Other Projects 2020 (VASH)

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 posted locally
- Voucher administratively absorbed by new PHA
- Voucher converted to Housing Choice Voucher
- Veteran exited – voucher returned
- Veteran exited – family maintained the voucher
- Veteran exited prior to ever receiving a voucher
- Other, Specify: _____

Case Management Exit Reason:

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

Connection with SOAR:

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

Maine Required Data Elements Assessment:

Zip Code of Last Permanent Address: _____

Zip data quality for last permanent address: Full or Partial Zip Code Report Client Doesn't know Client Refused

Release of Information Date: _____/_____/_____

Type of Release: None Signed by Client Verbal