

Contact Information

11. What is the best way to contact you?	
12. Do you use any other names or have any aliases?	
13. What Minnesota Continuum of Care corresponds to where you live?	Choose one: <input type="checkbox"/> Central <input type="checkbox"/> Hennepin County <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Ramsey County <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest <input type="checkbox"/> St. Louis County <input type="checkbox"/> Suburban Metro Area (SMAC) <input type="checkbox"/> West Central <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

Housing, Income, and Service Needs

14. Where did you stay last night?	Choose one: <input type="checkbox"/> Unsheltered, outdoors, or a place not meant for habitation <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional housing <input type="checkbox"/> Exiting a hospital or institution <input type="checkbox"/> Currently housed <input type="checkbox"/> Other: _____
15. What housing or service programs are you working with now?	
16. How many people are in your household, including all adults and children?	
17. Do you qualify for any special kinds of housing?	Check all that apply: <input type="checkbox"/> Long-term homeless <input type="checkbox"/> Chronic homeless <input type="checkbox"/> Mental health <input type="checkbox"/> Sober housing <input type="checkbox"/> Other: _____
18. What is your typical monthly income from all sources? (If none, enter Ø.)	
19. What services or housing options best describe what you need?	Check all that apply: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Transitional housing <input type="checkbox"/> Rapid re-housing <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Supportive services <input type="checkbox"/> Financial assistance <input type="checkbox"/> Employment assistance <input type="checkbox"/> Mental health services <input type="checkbox"/> Sober housing <input type="checkbox"/> Other: _____

Thank you for participating in the Registry.

If you have any questions about the Registry, please contact LinkVet at 1-888-546-5838.

When complete, please fax this entire packet (pages 1 – 5) to LinkVet at 1-218-346-2338. The person faxing this form should write their name and phone number below. No fax cover page is required.

Transmitted by: _____ Phone number: _____