Agency Name: _____

CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

Is this Enrollment COVID-19 related? ☐ No   YES ☐

PROJECT START DATE *[All Clients]*

		-		-			

Month   **Day**   **Year** **SOCIAL SECURITY NUMBER** *[All Clients]*

			-		-			

QUALITY OF SOCIAL SECURITY		
o Full SSN reported	o	Client doesn't know
	o	Client refused
o Approximate or partial SSN reported	o	Data not collected

CURRENT NAME *[All Clients]*																	N/A
Last																	
First																	o
Middle																	o
Suffix																	o
QUALITY OF CURRENT NAME																	
o	Full name reported												o		Client doesn't know		
o	Partial, street name, or code name reported												o		Client refused		

		o	Data not collected

DATE OF BIRTH [All Clients]

		-			-				Age:	
Month			**Day**			**Year**				

QUALITY OF DATE OF BIRTH			
o	Full DOB reported	o	Client doesn't know
o	Approximate or partial DOB reported	o	Client refused
		o	Data not collected

GENDER [All Clients]

o	Female	o	Client doesn't know
o	Male	o	Client refused
o	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	o	Data not collected
o	Transgender		
o	Questioning		

RACE (Select all applicable) [All Clients]

o	American Indian, Alaska Native, or Indigenous	o	White
o	Asian or Asian American	o	Client does not know
o	Black, African American, or African	o	Client refused
o	Native Hawaiian or Pacific Islander	o	Data Not Collected

ETHNICITY [All Clients]

o	Non-Hispanic/ Non-Latin(a)(o)(x)	o	Client does not know
		o	Client refused
o	Hispanic/Latin(a)(o)(x)	o	Data Not Collected
		o	Other

VETERAN STATUS [All Adults]

o	No	o	Client doesn't know
o	Yes	o	Client refused

			o	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	

Year separated from military service (year)	

Theater of Operations: World War II

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Korean War

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Vietnam War

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Iraq (Operation New Dawn)

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

Branch of the Military

o	Army	o	Coast Guard	
o	Air Force		o	Client doesn't know
o	Navy		o	Client refused
o	Marines		o	Data not collected

Discharge Status

o	Honorable	o	Dishonorable	
o	General under honorable conditions	o	Uncharacterized	
o	Other than honorable conditions (OTH)		o	Client doesn't know
			o	Client refused
o	Bad Conduct		o	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

o	Self			
o	Head of household's child	o	Head of household - other relation to member	
o	Head of household's spouse or partner	o	Other: non--relation member	

WHEN CLIENT WAS ENGAGED *[Street Outreach Only or Night by Night Emergency Shelter]*

Date of Engagement:	____/____/_____

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

o	No	o	Yes

IF "YES" TO PERMANENT HOUSING

Housing Move-In Date:	___/___/_____

PRIOR LIVING SITUATION
TYPE OF RESIDENCE *[Head of Household and Adults]*

○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	○	Staying or living in a family member's room, apartment or house
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	○	Rental by client, with GPD TIP housing subsidy
○	Safe Haven	○	Rental by client, with VASH housing subsidy
○	Foster care home or foster care group home	○	Permanent housing (other than RRH) for formerly homeless persons
○	Hospital or other residential non--psychiatric medical facility	○	Rental by client, with RRH or equivalent subsidy
○	Jail, prison or juvenile detention facility	○	Rental by client, with HCV voucher (tenant or project based)
○	Long-term care facility or nursing home	○	Rental by client in a public housing unit
○	Psychiatric hospital or other psychiatric facility	○	Rental by client, no ongoing housing subsidy
○	Substance abuse treatment facility or detox center	○	Rental by client, with other ongoing housing subsidy
○	Residential project or halfway house with no homeless criteria	○	Owned by client, with ongoing housing subsidy
○	Hotel or motel paid for without emergency shelter voucher	○	Owned by client, no on-going housing subsidy
○	Transitional housing for homeless persons (including homeless youth)	○	Client doesn't know
○	Host Home (non-crisis)	○	Client refused
○	Staying or living in a friend's room, apartment, or house	○	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

○	One night or less	○	One month or more, but less than 90 days	○	Client doesn't know

○	Two to six nights	○	90 days or more, but less than one year	○	Client refused
○	One week or more, but less than one month	○	One year or longer	○	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

○	No	○	Yes

LENGTH OF STAY LESS THAN 90 DAYS
[Institutional Housing Situations]

○	No	○	Yes

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

○	Yes	○	No
Approximate Date Homelessness Started		____/____/_____	

Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years

○	One Time	○	Client doesn't know
○	Two Times	○	Client refused
○	Three Times	○	Data not collected
○	Four or More Times		

Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years

○	One month (this time is the first month)	○	Client doesn't know
○	2--12 months (specify number of months): _____	○	Client refused
○	More than 12 months	○	Data not collected

DISABLING CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

PHYSICAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know

o	Yes			o	Client refused
				o	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

HIV-AIDS *[All Clients]*

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY

	o	No	o	Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	o	Yes	o	Client refused
			o	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

o	No	o	Both alcohol and drug use disorders
o	Alcohol use disorder	o	Client doesn't know
		o	Client refused
o	Drug use disorder	o	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

o	Within the past three months	o	One year ago or more
o	Three to six months ago (excluding six months exactly)	o	Client doesn't know
		o	Client refused
o	Six months to one year ago (excluding one year exactly)	o	Data not collected
Are you currently fleeing?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount

o	Earned Income		o	Temporary Assistance for Needy Families (TANF)	
o	Unemployment Insurance		o	General Assistance (GA)	
o	Supplemental Security Income (SSI)		o	Retirement income from Social Security	
o	Social Security Disability Insurance (SSDI)		o	Pension or retirement income from a former job	
o	VA Service-Connected Disability Compensation		o	Child support	
o	VA Non-Service-Connected Disability Pension		o	Alimony and other spousal Support	
o	Private Disability Insurance		o	Other income source *(specify):*	
o	Worker's Compensation				
Total Monthly Income for Individual:					

RECEIVING NON-CASH BENEFITS [*Head of Household and Adults*]

o	No		o	Client doesn't know
o	Yes		o	Client refused
			o	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

o	Supplemental Nutrition Assistance Program (SNAP)	o	TANF Child Care Services
o	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	o	TANF Transportation Services
o	Other (specify):	o	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

o	MEDICAID	o	Employer Provided Health Insurance
o	MEDICARE	o	Health Insurance Obtained Through COBRA
o	State Children's Health Insurance (SCHIP)	o	Private Pay Health Insurance
o	Veterans Administration (VA) Medical Services	o	State Health Insurance for Adults
o	Other (specify):	o	Indian Health Services Program

SEXUAL ORIENTATION *[For CoC: YHDP funded programs-Adults and Head of Households]*

o	Heterosexual	o	Other
o	Gay		*If Other please specify:*
o	Lesbian	o	Client doesn't know
o	Bisexual	o	Client refused
o	Questioning/Unsure	o	Data not collected

CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH *[Head of Household]*

o	Strongly disagree	o	Strongly agree
o	Somewhat disagree	o	Client doesn't know
o	Neither agree nor disagree	o	Client refused
o	Somewhat agree	o	Data not collected

CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS *[Head of Household]*

o	Strongly disagree	o	Strongly agree
o	Somewhat disagree	o	Client doesn't know
o	Neither agree nor disagree	o	Client refused
o	Somewhat agree	o	Data not collected

CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES *[Head of Household]*

o	Strongly disagree	o	Strongly agree
o	Somewhat disagree	o	Client doesn't know
o	Neither agree nor disagree	o	Client refused
o	Somewhat agree	o	Data not collected

CLIENT'S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID *[Head of Household]*

o	Not at all	o	At least every day
o	Once a month	o	Client doesn't know
o	Several times a month	o	Client refused
o	Several times a week	o	Data not collected

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE *[Head of Household]*

○	Not currently enrolled in any school or educational course	○	Client doesn't know
○	Currently enrolled but NOT attending regularly (when school or the course is in session)	○	Client refused
○	Currently enrolled and attending regularly (when school or the course is in session)	○	Data not collected
IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS:			
○	K12: Graduated from high school	○	Higher education: Dropped out
○	K12: Obtained GED	○	Higher education: Obtained a credential/degree
○	K12: Dropped out	○	Client doesn't know
○	K12: Suspended	○	Client refused
○	K12: Expelled	○	Data not collected
○	Higher education: Pursuing a credential but not currently attending		
IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS:			
○	Pursuing a high school diploma or GED	○	Pursuing other post-secondary credential
○	Pursuing Associate's Degree	○	Client doesn't know
○	Pursuing Bachelor's Degree	○	Client refused
○	Pursuing Graduate Degree	○	Data not collected

CONTACT INFORMATION *[Optional - can be entered in Contact Tab]*

Contact Type					
Email					
Phone (#1)					
Phone (#2)					
Active Contact	○	**Yes**	○	**No**	
Private	○	**Yes**	○	**No**	
Contact Date					
Note					

_____

Signature of applicant stating all information is true and correct   Date