

HMIS ESG Program Intake Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

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] PROJECT START DATE [All Clients] Wonth Day Year SOCIAL SECURITY NUMBER [All Clients] QUALITY OF SOCIAL SECURITY Full SSN reported Approximate or partial SSN reported CURRENT NAME [All Clients] Last Data not collected CURRENT NAME [All Clients] Last Data not collected Suffix QUALITY OF CURRENT NAME O Full name reported O Client doesn't kind on the collected of the collected of the collected on the collected of the collected on the collected												ne:	Nar	าсу	Ager	Δ			
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O Approximate or partial SSN reported CURRENT NAME [All Clients] Last First Middle Suffix QUALITY OF CURRENT NAME	know	doesn't knc	Client c	0															
CURRENT NAME [All Clients] Last		refused	Client r	0											ed	reporte	SSN	Full	0
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Middle Suffix QUALITY OF CURRENT NAME										T	T	1							Last
Suffix QUALITY OF CURRENT NAME	0									+	1	1							First
QUALITY OF CURRENT NAME	0																	le	Midd
	0	Suffix O																	
○ Full name reported ○ Client doesn't k			1 1				1 1			_1	1		ME	TNA	REN	CUR	Y OF	ALIT	QU
	know	doesn't kn	○ Full name reported ○ Client doesn't																
 Partial, street name, or code name reported Client refused 		refused	Client	0									0						

	DATE OF BIRTH [All Clients]									
	Age:									
Month	Month Day Year									

QU	QUALITY OF DATE OF BIRTH						
0	Full DOB reported	0	Client doesn't know				
		0	Client refused				
0	Approximate or partial DOB reported	0	Data not collected				

GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	0	Data not collected
0	Transgender		
0	Questioning		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client refused
0	Native Hawaiian or Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	Non-High ania/ Non-Latin(a)(a)(a)		Client does not know
0	Non-Hispanic/ Non-Latin(a)(o)(x)	0	Client refused
		0	Data Not Collected
0	Hispanic/Latin(a)(o)(x)		Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused

CI	_A	R	IT	Y
HUN	1AN	SER	VIC	ES

		0	Data not collected
IF "YI	S" TO VETERAN STATUS		
Year	entered military service (year)		
Year	separated from military service (year)		
Theat	er of Operations: World War II		
0	No	0	Client doesn't know
		0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Korean War	1	
0	No	0	Client doesn't know
		0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Vietnam War	I	,
0	No	0	Client doesn't know
	Vec	0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Persian Gulf War (Desert Storm)		
0	No	0	Client doesn't know
	Vac	0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Afghanistan (Operation Enduring Freedom)		
0	No	0	Client doesn't know
	\(\frac{1}{2}\)	0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Iraq (Operation Iraqi Freedom)	•	
0	No	0	Client doesn't know
		0	Client refused
0	Yes	0	Data not collected
Theat	er of Operations: Iraq (Operation New Dawn)	•	•

						A	HUMAN SERVI	
0	No					0	Client doesn't know	
0	Yes					0	Client refused	
0	163					0	Data not collected	
	ter of Operations: Other peace-ke ma, Somalia, Bosnia, Kosovo)	eping	operation	ons c	r military interv	ventio	ns (such as Lebanon	
0	No				0	Client doesn't know		
	.,					0	Client refused	
0	Yes					0	Data not collected	
ran	ch of the Military						•	
0	Army			0	Coast Guard			
0	Air Force					0	Client doesn't know	
0	Navy					0	Client refused	
0	Marines					0	Data not collected	
iscl	harge Status							
0	Honorable			0	Dishonorable			
0	General under honorable condition	iS		0	Uncharacterized			
0	Other then benerable conditions (C)TU)				0	Client doesn't know	
0	Other than honorable conditions (C	<i></i>				0	Client refused	
0	Bad Conduct					0	Data not collected	
REI o	LATIONSHIP TO HEAD OF HOUS	EHOL	_D [All Cl	ient F	louseholds]			
	COII							
0	Head of household's child			0	Head of housel	nold - d	other relation to membe	
0	Head of household's spouse or par	rtner		0	Other: nonrel	ation m	nember	
							0	
	EN CLIENT WAS ENGAGED [Stre	et Ou	treach Or ,	nly or	Night by Night Ei	nerger	ncy Shelter]	
ate	of Engagement:		/	/				
181 7	PERMANENT HOUSING [Permane	ent Hc	ousing Pi	rojeci	s, for Heads of	<u>Hous</u> e	eholds]	
IN	1	1	Ĭ.					
o IN I	No	0	Yes					



Housing Move-In Date:	/ /	
		ĺ

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

	PE OF RESIDENCE [Head of Hous	CHOIC	a ana Adansj				
0	Place not meant for habitation (each abandoned building, bus/train/subwaanywhere outside)	•	· ·	0			ing in a family member's ent or house
0	Emergency shelter, including hotel of emergency shelter voucher, or RHY Home shelter		0	Rental I subsidy	•	nt, with GPD TIP housing	
0	Safe Haven			0	Rental I subsidy	-	nt, with VASH housing
0	Foster care home or foster care gro	up ho	me	0	Permanent housing (other than RRH) for formerly homeless persons		
0	Hospital or other residential nonpsy facility	ychiat	ric medical	0	Rental I	•	nt, with RRH or equivalent
0	Jail, prison or juvenile detention faci	0	Rental by client, with HCV voucher (tenant or project based)				
0	Long-term care facility or nursing ho	0	Rental by client in a public housing unit				
0	Psychiatric hospital or other psychia	0	Rental by client, no ongoing housing subsidy				
0	Substance abuse treatment facility or detox center					by clie g subsi	ent, with other ongoing dy
0	Residential project or halfway house criteria	with I	no homeless	0	Owned subsidy	•	nt, with ongoing housing
0	Hotel or motel paid for without emerg	gency	shelter	0	Owned subsidy	-	nt, no on-going housing
0	Transitional housing for homeless pe homeless youth)	rsons	s (including	0	Client doesn't know		
0	Host Home (non-crisis)		0	Client re	efused		
Staying or living in a friend's room, apartment, or house					Data no	ot colle	cted
LEN	NGTH OF STAY IN PRIOR LIVING	SITU	JATION				
0	One night or less	0	One month or less than 90 d		e, but	0	Client doesn't know

	T				T		HUMAN SERVI
0	Two to six nigh	nts		0	90 days or more, but less than one year		Client refused
0	One week or m month	ore, but le	ess than one	0	One year or longer	0	Data not collected
LE	NGTH OF STA	Y LESS	THAN 7 NIC	3HT	S [TH, PH]		
(No	0	Yes				
	NGTH OF STA' stitutional Housing			AYS			
	THE NIGHT BE		DID YOU S	TAY	- STREETS, IN EMERGEN	CY SI	HELTER, SAFE HAVE
0	Yes			0	No		
ιpp	roximate Date H	omeless	ness Starte	d			
lun	ber of <i>times</i> the	e client h	as been on	the s	treets, ES, or Safe Haven in	the la	st 3 years
	one Time	e client h	as been on	the s	treets, ES, or Safe Haven in	the la	st 3 years Client doesn't know
0		e client h	as been on	the s	treets, ES, or Safe Haven in		
0	One Time	e client h	as been on	the s	treets, ES, or Safe Haven in	0	Client doesn't know
0	One Time Two Times		as been on	the s	treets, ES, or Safe Haven in	0	Client doesn't know Client refused
0 0	One Time Two Times Three Times Four or More Times	mes			treets, ES, or Safe Haven in eets, ES, or Safe Haven in th	0 0	Client doesn't know Client refused Data not collected
o o o	One Time Two Times Three Times Four or More Times I Number of More One month (this	mes <i>nths</i> hon	neless on th	e str	eets, ES, or Safe Haven in th	0 0	Client doesn't know Client refused Data not collected
o o o	One Time Two Times Three Times Four or More Times I Number of More One month (this	mes nths hon s time is the specify nu	neless on th	e str	eets, ES, or Safe Haven in th	o o o	Client doesn't know Client refused Data not collected 3 years
0 0 0	One Time Two Times Three Times Four or More Times I Number of More One month (this	mes nths hon s time is the specify nu	neless on th	e str	eets, ES, or Safe Haven in th	o o	Client doesn't know Client refused Data not collected 3 years Client doesn't know
0 0 0	One Time Two Times Three Times Four or More Times I Number of More One month (this 212 months (some than 12 more)	mes nths hon s time is the specify nue onths	neless on th ne first month mber of mon	e str	eets, ES, or Safe Haven in th	o o	Client doesn't know Client refused Data not collected 3 years Client doesn't know Client refused
o o o o o o o	One Time Two Times Three Times Four or More Times I Number of More One month (this	mes nths hon s time is the specify nue onths	neless on th ne first month mber of mon	e str	eets, ES, or Safe Haven in th	o o	Client doesn't know Client refused Data not collected 3 years Client doesn't know Client refused
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0 0 0 0 0	One Time Two Times Three Times Four or More Times I Number of More One month (this 212 months (s More than 12 months) No	mes nths hon s time is the specify nue onths	neless on th ne first month mber of mon	e str	eets, ES, or Safe Haven in th	0	Client doesn't know Client refused Data not collected 3 years Client doesn't know Client refused Data not collected Client doesn't know
0 0 0 0 0 0 0 0	One Time Two Times Three Times Four or More Times I Number of More One month (this 212 months (s More than 12 months) No	mes nths hon s time is the specify nue onths	neless on the ne first month mber of mon	e str	eets, ES, or Safe Haven in th	O	Client doesn't know Client refused Data not collected 3 years Client doesn't know Client refused Data not collected Client doesn't know Client refused

					HUMAN SERV
0	Voe			0	Client refused
0	Yes			0	Data not collected
IF	"YES" TO PHYSICAL DISABILITY – SPECIFY			•	
	o No			0	Client doesn't know
	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		.,	0	Client refused
Sui			Yes	0	Data not collected
DE	VELOPMENTAL DISABILITY [All Clients]				
0	No			0	Client doesn't know
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0	Client refused
0	Yes			0	Data not collected
СН	RONIC HEALTH CONDITION [All Clients]				
0	No			0	Client doesn't know
				0	Client refused
0	Yes			0	Data not collected
IF	"YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
		0	No	0	Client doesn't know
	pected to be of long-continued and indefinite duration and ostantially impairs ability to live independently?		Yes	0	Client refused
<u> </u>	setamany impane asiny to into independently.	0	168	0	Data not collected
ЫIV	/-AIDS [All Clients]				
0	No No			0	Client doesn't know
				0	Client refused
0	Yes			0	Data not collected
N/I =	INTAL HEALTH DISOPDED [All Cliente]				
O	No No			0	Client doesn't know
				0	Client refused
0	Yes			0	Data not collected

Client doesn't know

No

0

0

IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY

					CLARIT
Exp	pected to be of long-continued and indefinite duration and			0	Client refused
sub	stantially impairs ability to live independently?	0	Yes	0	Data not collected
SUI	BSTANCE USE DISORDER [All Clients]				
0	No	0	Both alco	ohol a	and drug use disorders
		0	Client do	esn't	know
0	Alcohol use disorder	0	Client ref	fused	
0	Drug use disorder	0	Data not	colle	cted
	ALCOHOL USE DISORDER" "DRUG USE DISORDER" C ORDERS" – SPECIFY	R "B	OTH ALC	ОНО	L AND DRUG USE
		0	No	0	Client doesn't know
•	ected to be of long-continued and indefinite duration and			0	Client refused
SUD	stantially impairs ability to live independently?	0	Yes	0	Data not collected
0	No			0	Client doesn't know Client refused
0	Yes			<u> </u>	
IF "	YES" TO DOMESTIC VIOLENCE			0	Data not collected
WH	IEN EXPERIENCE OCCURRED				
0	Within the past three months	0	One yea	ar ago	or more
0	Three to six months ago (excluding six months exactly)	0	Client de	oesn'	t know
J	Thee to six months ago (excluding six months exactly)	0	Client re	efused	I
0	Six months to one year ago (excluding one year exactly)	0	Data no	t colle	ected
		0	No	0	Client doesn't know
Are	you currently fleeing?	0	Yes	0	Client refused
				0	Data not collected
	OME FROM ANY SOURCE [Head of Household and A	Adult	s]	1 .	Client doesn't know
0	No			0	Client doesn't know
0	Yes			0	Data not collected
			0	i Data Hut Collected	

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

Amount

Income Source

Income Source

Data not collected

Amount

CI	LΑ	R		ΓΥ
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0	Earned Income	0	Temporary Assistance for Needy Families (TANF)
0	Unemployment Insurance	0	General Assistance (GA)
0	Supplemental Security Income (SSI)	0	Retirement income from Social Security
0	Social Security Disability Insurance (SSDI)	\circ	Pension or retirement income from a former job
0	VA Service-Connected Disability Compensation	0	Child support
0	VA Non-Service-Connected Disability Pension	0	Alimony and other spousal Support
0	Private Disability Insurance	0	Other income source
0	Worker's Compensation		(specify):
Tota	Il Monthly Income for Individual:		

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

0	No			0	Client doesn't know
	o Yes			0	Client refused
O				0	Data not collected
IF "Y	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY				
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Chi	ld Ca	re Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
0	Other (specify):	0	Other TAN	IF-fur	nded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No	C	Client doesn't know		
	N.			Client refused	
0	Yes		С	Data not collected	
IF "	YES" TO HEALTH INSURANCE - HEALTH INSURANCE C	OVEF	RAGE DETAIL	S	
0	MEDICAID	0	Employer Pr	ovided Health Insurance	
0	MEDICARE	0	Health Insurance Obtained Through COBRA		
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance		
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults		
0	Other (specify):	0	Indian Healt	h Services Program	



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

0	Heterosexual	0	Other		
0	Gay	If Other please specify:			
0	Lesbian	0	Client doesn't know		
0	Bisexual	0	Client refused		
0	Questioning/Unsure	0	Data not collected		

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

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

	[
0	Not at all	0	At least every day				
0	Once a month	0	Client doesn't know				
0	Several times a month	0	Client refused				
0	Several times a week	0	Data not collected				

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE [Head of Household]

			CLARITY HUMAN SERVICES	
)	Not currently enrolled in any school or educational course	0	Client doesn't know	
,	Currently enrolled but NOT attending regularly		Client refused	

0	educational course	0	Client doesn't know
0	Currently enrolled but NOT attending regularly (when school or the course is in session)	0	Client refused
0	Currently enrolled and attending regularly (when school or the course is in session)	0	Data not collected
IF <u>1</u>	NOT CURRENTLY ENROLLED, SPECIFY MOST RE	CEN	T EDUCATIONAL STATUS:
0	K12: Graduated from high school	0	Higher education: Dropped out
0	K12: Obtained GED	0	Higher education: Obtained a credential/degree
0	K12: Dropped out	0	Client doesn't know
0	K12: Suspended	0	Client refused
0	K12: Expelled	0	Data not collected
0	Higher education: Pursuing a credential but not currently attending		
IF	CURRENTLY ENROLLED, SPECIFY CURRENT ED	UCA	TIONAL STATUS:
0	Pursuing a high school diploma or GED	0	Pursuing other post-secondary credential
0	Pursuing Associate's Degree	0	Client doesn't know
0	Pursuing Bachelor's Degree	0	Client refused

Data not collected

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

Pursuing Graduate Degree

Contact Type							
Email							
Phone (#1)							
Phone (#2)							
Active Contact	0	Yes		0	No		
Private	0	Yes		0	No		
Contact Date							
Note							



Signature of applicant stating all information is true and correct
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Date