

## CLARITY HMIS: HUD-CoC PROGRAM INTAKE FORM

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

# **PROGRAM ENTRY DATE** [All Clients]

Month		D	ay	I	Υe	ar	
	-			-			

#### **SOCIAL SECURITY NUMBER** [All Clients]

QU	ALITY OF SOCIAL SECURITY		
0	Full CCM reported	0	Client doesn't know
	Full SSN reported	0	Client refused
0	Approximate or partial SSN reported	0	Data not collected

CURRENT NAME [All Clients]												N/A							
Last	•																		0
First											O								
Middle O									0										
Suffi	Suffix											0							
QUALITY OF CURRENT NAME																			
0	Full name reported O Client doesn't know								w										
O Client								t refu	sed										
	O Partial, street name, or code name reported O Data not collected									t									

### DATE OF BIRTH [All Clients]

Mor	. 4  -		 av		Va	ar		
		-		-			Age:	

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



#### **GENDER** [All Clients]

GE	NDER [All Clients]			
0	Female		0	Client doesn't know
0	Male		0	Client refused
0	Transgender male to female		0	Data not collected
0	Transgender female to male			
0	Doesn't Identify as male, female, or transg	ender		
RA	CE (Select all applicable) [All Clients]			
0	American Indian or Alaskan Native		0	Client does not know
0	Asian		0	Client refused
0	Black/African American		0	Data Not Collected
0	Hawaiian or Other Pacific Islander			
0	White/Caucasian			
ETI	HNICITY [All Clients]			
	N. III		0	Client does not know
0	Non-Hispanic/ Non-Latino		0	Client refused
(	112		0	Data Not Collected
0	Hispanic/Latino		0	Other
VE <sup>-</sup>	TERAN STATUS [All Adults]		0	Client doesn't know
	NO			Client refused
0	Yes		0	
<b>1-</b> (1)	VEC." TO VETERAN OTATIO		0	Data not collected
	YES" TO VETERAN STATUS r entered military service (year)			
	r separated from military service (year)			
1 ea	separated from military service (year)			
The	ater of Operations: World War II			
0	No .		0	Client doesn't know
			0	Client refused
0	Yes		0	Data not collected
The	ater of Operations: Korean War			<u>I</u>
0	No		0	Client doesn't know
_	V		0	Client refused
0	Yes		0	Data not collected
The	ater of Operations: Vietnam War			1
0	No		0	Client doesn't know
	V		0	Client refused
0	Yes		0	Data not collected
				1



The	ater of Operations: Persian Gulf War (Desert Sto	rm)									
0	No			0	Client doesn't know						
0	Yes			0	Client refused						
)	165			0	Data not collected						
The	ater of Operations: Afghanistan (Operation Endu	ıring	Freedom)								
0	No			0	Client doesn't know						
0	Yes			0	Client refused						
	1.00			0	Data not collected						
The	Theater of Operations: Iraq (Operation Iraqi Freedom)										
0	No			0	Client doesn't know						
(	Vac			0	Client refused						
0	Yes			0	Data not collected						
The	ater of Operations: Iraq (Operation New Dawn)										
0	No			0	Client doesn't know						
0	Voc			0	Client refused						
)	Yes			0	Data not collected						
	Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)										
0	No			0	Client doesn't know						
				0	Client refused						
0	Yes			0	Data not collected						
Brai	nch of the Military										
0	Army	0	Coast Guard		<u></u>						
0	Air Force			0	Client doesn't know						
0	Navy			0	Client refused						
0	Marines			0	Data not collected						
Disc	charge Status										
0	Honorable	0	Dishonorable								
0	General under honorable conditions	0	Uncharacterized								
0	Other than honorable conditions (OTH)			0	Client doesn't know						
				0	Client refused						
0	Bad Conduct			0	Data not collected						
RE	RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]										
1											

0	Self		Head of household - other relation to member			
0	Head of household's child		Head of nousehold - other relation to member			
0	Head of household's spouse or partner	0	Other: non-relation member			



#### HOUSING STATUS AT ENTRY [Head of Household and Adults]

one month

	-				-			
0	Homeless	0	Fleeing	dome	estic violence	0	Client doesn't know	
0	At imminent risk of losing housing	0	At-risk o	f hom	nelessness	0	Client refused	
0	Homeless only under other federal statutes	0	Stably h	ouse	d	0	Data not collected	
IN I	PERMANENT HOUSING [RRH PE	ROG	RAMS O	NLY	- All Clients]			
0	No	0	Yes					
IF "	YES" TO PERMANENT HOUSING							
Date	e of Move-In		/_	/_				
LIV	ING SITUATION BY TYPE OF RE	SID	ENCE [	Неас	d of Household a	nd A	dults]	
0	Emergency shelter, including hotel for w/ emergency shelter voucher	or m	otel paid	0	Rental by client,	with \	VASH subsidy	
0	Foster care home or group home			0	Rental by client,	with (	GTD TIP subsidy	
0	Hospital or other residential non- ps medical facility	sychi	atric	0	Rental by client, subsidy	with o	other ongoing housing	
0	Hotel or motel paid for without emenshelter voucher	0	Residential proje		halfway house with no			
0	Jail, prison or juvenile detention fac	ility		0	Safe Haven			
0	Long-term care facility or nursing ho	ome		0	Staying or living apartment or hou		amily member's room,	
0	Owned by client, no on-going housi	ng s	subsidy	0	Staying or living in a friend's room, apartment or house			
0	Owned by client, with ongoing hous	sing	subsidy	0	Substance abuse treatment facility or detox center			
0	Place not meant for habitation			0	Interim Housing			
0	Permanent housing for formerly hor persons (ex. CoC project, HUD legal		ss	0	Transitional housing for homeless persons (including homeless youth)			
		_		0	Client doesn't kn	ow		
0	Psychiatric hospital or other psychia	atric 1	tacility	0	Client refused			
0	Rental by client, no ongoing housing	osidy	0	Data not collected				
LEN	IGTH OF STAY IN PRIOR LIVING	SIT	UATION					
0	One night or less	0	One mo than 90		r more, but less	0	Client doesn't know	
0	Two to six nights	0	90 days than one		ore, but less r	0	Client refused	
0	One week or more, but less than	0	One year	ar or le	onger	0	Data not collected	



O Client refused

O Data not collected

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

0

Yes

·				. , ,		
If type of stay is Interim Housing- Facility /Institution etc]    O No	0	No	0	Yes		
ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVE [Head of Household and Adults]  O Yes ONO  Approximate Date Homelessness Started/  Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years  O One Time O Client doesn't know O Two Times O Data not collected  Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years  O One month (this time is the first month) O Client doesn't know O 2-12 months (specify number of months): O Client doesn't know O More than 12 months  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] O NO O Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients] O NO O Client doesn't know O Client refused O Data not collected				_		
Fund of Household and Adults	0	No	0	Yes		
Approximate Date Homelessness Started			STAY	' - STREETS, IN EMERGE	NCY S	SHELTER, SAFE HAVEN
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years  O One Time	0	Yes	0	No		
O One Time O Two Times O Client doesn't know O Two Times O Data not collected  Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years O One month (this time is the first month) O Client doesn't know O 2-12 months (specify number of months): O Client refused O More than 12 months O Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] O No O Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients] O No O Yes  PHYSICAL DISABILITY [All Clients]	App	roximate Date Homelessness Start	ed	/		
O Two Times O Client refused O Four or More Times O Data not collected  Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years O One month (this time is the first month) O Client doesn't know C 2-12 months (specify number of months): O Client refused O More than 12 months O Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] O No O Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients] O No O Client doesn't know O Client refused O Data not collected  PHYSICAL DISABILITY [All Clients]	Nun	nber of times the client has been or	n the	streets, ES, or Safe Haven i	n the	last 3 years
O Data not collected  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) ○ 2-12 months (specify number of months): ○ Client doesn't know ○ 2-12 months (specify number of months): ○ Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] ○ No ○ Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement ○ Client doesn't know ○ Yes  DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know ○ Yes  PHYSICAL DISABILITY [All Clients]	0	One Time			0	Client doesn't know
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)	0	Two Times	0	Client refused		
O One month (this time is the first month) O Client doesn't know O 2-12 months (specify number of months): O More than 12 months O Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] O No O Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients] O No O Client doesn't know O Client refused O Data not collected	0	Four or More Times	0	Data not collected		
O 2-12 months (specify number of months): O Client refused O More than 12 months O Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES] O No O Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients] O No O Client doesn't know O Client refused O Data not collected	Tota	al Number of Months homeless on	the s	treets, ES, or Safe Haven in	the la	st 3 years
O More than 12 months  O Data not collected  CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES]  O No Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients]  O No O Client doesn't know O Client refused O Pres  PHYSICAL DISABILITY [All Clients]	0	One month (this time is the first mor	nth)		0	Client doesn't know
CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES]  O No Yes  IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement//_  DISABLING CONDITION [All Clients]  O No O Client doesn't know O Client refused O Data not collected	0	2-12 months (specify number of mo	nths):		0	Client refused
○ No         ○ Yes           IF "YES" TO CLIENT HAS BEEN ENGAGED           Date of Engagement        //	0	More than 12 months			0	Data not collected
IF "YES" TO CLIENT HAS BEEN ENGAGED  Date of Engagement  DISABLING CONDITION [All Clients]  No  Yes  O Client doesn't know O Client refused O Data not collected	CLI	ENT HAS BEEN ENGAGED [STF	REET	OUTREACH AND ES]		
DISABLING CONDITION [All Clients]  O No O Client doesn't know O Yes  O Data not collected	0	No	0	Yes		
DISABLING CONDITION [All Clients]  O No O Client doesn't know O Client refused O Data not collected  PHYSICAL DISABILITY [All Clients]	IF "	YES" TO CLIENT HAS BEEN ENGA	GED			
O No O Client doesn't know O Client refused O Data not collected  PHYSICAL DISABILITY [All Clients]	Date	e of Engagement				
O No O Client doesn't know O Client refused O Data not collected  PHYSICAL DISABILITY [All Clients]	DIS	SABLING CONDITION [All Clients]	1			
O Yes O Data not collected  PHYSICAL DISABILITY [All Clients]					С	Client doesn't know
PHYSICAL DISABILITY [All Clients]					С	Client refused
	O	Yes			С	Data not collected
	bн,	YSICAL DISARII ITY [All Clients]				
						Client doesn't know



IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
	0	No	0	Client doesn't know
Currently receiving services for physical disability		Yes	0	Client refused
		165	0	Data not collected
	0	No	0	Client doesn't know
Long-term physical disability		Voc	0	Client refused
		Yes	0	Data not collected
Documentation of the disability and severity on file	0	No	0	Yes

**DEVELOPMENTAL DISABILITY** [All Clients]

0	No			0	Client doesn't know					
0	Yes			0	Client refused					
				0	Data not collected					
IF "	F "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY									
Cur	rently receiving services for developmental disability	0	Client doesn't know							
			Yes	0	Client refused					
				0	Data not collected					
Exp	ected to substantially impair independence	0	No	0	Client doesn't know					
		0	Yes	0	Client refused					
				0	Data not collected					
Dod	cumentation of the disability and severity on file	0	No	0	Yes					

## **CHRONIC HEALTH CONDITION** [All Clients]

0	No			0	Client doesn't know
(	Vos		0	Client refused	
)	O Yes			0	Data not collected
IF "	YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Curi	rently receiving services/treatment for this condition	0	No	0	Client doesn't know
		0	Yes	0	Client refused
				0	Data not collected
Lon	g-term chronic health condition	0	No	0	Client doesn't know
		0	Yes	0	Client refused
				0	Data not collected
Doc	sumentation of the disability and severity on file	0	No	0	Yes

## HIV-AIDS [All Clients]

0	No	0	Client doesn't know
	V	0	Client refused
	Yes	0	Data not collected



IF "YES" TO HIV-AIDS – SPECIFY					
Currently receiving services/treatment for this condition	0	No	0	Client doesn't know	
		Yes	0	Client refused	
		169	0	Data not collected	
	0	No	0	Client doesn't know	
Expected to substantially impair independence		Yes	0	Client refused	
		168	0	Data not collected	
Documentation of the disability and severity on file	0	No	0	Yes	

MENTAL HEALTH PROBLEM [All Clients]

0	O No				Client doesn't know
	O V		0	Client refused	
	O Yes				Data not collected
IF "	YES" TO MENTAL HEALTH PROBLEM – SPECIFY				
	O No			0	Client doesn't know
Cur	Currently receiving services/treatment for this condition		Yes	0	Client refused
			163	0	Data not collected
	Long-term mental health problem  O No O Yes		0	Client doesn't know	
Lon			O Vaa	0	Client refused
O		165	0	Data not collected	
Dog	cumentation of the disability and severity on file	0	No	0	Yes

#### **SUBSTANCE ABUSE PROBLEM** [All Clients]

0	No	0	Both alcohol and drug abuse					
0	Alaskal akusa		Client do	Client doesn't know				
	Alcohol abuse	0	Client ref	Client refused				
0	Drug abuse	0	Data not collected					
IF "	ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOH	HOL A	AND DRUG	3 ABI	JSE" – SPECIFY			
	Currently receiving services/treatment for this condition		No	0	Client doesn't know			
Cur			Yes	0	Client refused			
		0	res	0	Data not collected			
			No	0	Client doesn't know			
Lon	Long-term substance abuse problem	0	Yes	0	Client refused			
			163	0	Data not collected			
Dog	cumentation of the disability and severity on file	0	No	0	Yes			

## **DOMESTIC VIOLENCE** [Head of Household and Adults]

0	No	0	Client doesn't know
	W	0	Client refused
	Yes	0	Data not collected



IF "YES" TO DOMESTIC VIOLENCE						
LA	LAST OCCURRENCE					
0	Within the past three months	0	One year	r ago d	or more	
)	Three to six months ago (excluding six months exactly)		Client doesn't know			
0			Client refused			
0	Six months to one year ago (excluding one year exactly)	0	Data not collected			
Are you currently fleeing?		0	No	0	Client doesn't know	
			Yes	0	Client refused	
			165	0	Data not collected	

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

0	) No				0	Client doesn'	t know	
0	Voc					0	Client refused	d
	Yes					0	Data not colle	ected
IF "	YES" TO INCOME FROM	ANY SOURCE - IND	ICATE AL	L SO	URCES TH	IAT A	PPLY	
Inco	ome Source		Amount	Inc	ome Sour	се		Amount
0	TANF (Temporary Assist	for Needy Families)		0	Earned In	ncome	Э	
0	Unemployment Insurance			0	General Assistance (GA)			
0	Supplemental Security In	come (SSI)		0	Retirement Income from Social Security			
0	Social Security Disability I	ncome (SSDI)		0	Pension or retirement income from former job			
0	VA Service Connected Dis Compensation	sability		0	Child support			
0	VA Non-Service Connect	Disability Pensioned		0	Private disability insurance			
0	Alimony and other spousa	al support		O Other source				
0	Worker's Compensation		Specify Other"					
Total monthly amount:								

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

0	No			0	Client doesn't know
O Vee		0	Client refused		
O	Yes			0	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	SNAP	0	Other TA	NF Be	nefit
0	WIC	0	Section 8	}	
0	TANF Childcare	0	Tempora	ry Rer	ital Assistance
0	TANF Transportation	0	Other (Sp	pecify	):



## **COVERED BY HEALTH INSURANCE** [All Clients]

0	No		0	Client doesn't know	
_	Voc		0	Client refused	
0	Yes		0	Data not collected	
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAIL					
0	MEDICAID	0	Employer Prov	rided	
0	MEDICARE	0	Obtained through COBRA		
0	SCHIP	0	Private Pay He	ealth Insurance	
0	VA Medical	0	State Health In	surance for Adults	
0	Other (specify)	0	Indian Health S	Services Program	

Signature of applicant stating all information is true and correct

Date