Agency Name: _	
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CLARITY HMIS: HUD-CoC STATUS ASSESSMENT FORM

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

	Please complete a separate form for each household member.											
CLIE	CLIENT NAME OR IDENTIFIER:											
	F	PROJECT S	STATUS	DATE	[All Clients]	ı	1 1					
Month Day Year												
IN P	ERMA	NENT HOU	ISING [/	Permane	ent Housing F	Projects, fo	or Heads	s of Ho	useho	lds1		
0												
IF "\		O PERMAN	VENT H	OUSING	<u> </u>							
					<u>-</u>	*If client	moved i	nto ne	rmane	nt hoi	ısina	, make sure to update on
Hou	sing M	ove-In Date	e : (See	Note*)		the enro l				111 1100	<i>10111</i> 9,	, make dure to apaate on
		PHYSICAL	DISABI	LITY [A	Il Clients]							T
0	No										0	Client doesn't know
0	Yes										0	Client refused
											0	Data not collected
IF "Y	ES" TO	O PHYSICA	L DISA	BILITY	- SPECIFY				1			T
Expe	cted to	be of long-	continue	ed and i	ndefinite dura	tion and		0	No		0	Client doesn't know
					ependently?			0	Yes		0	Client refused
											0	Data not collected
DEV	/ELOPI	MENTAL D	ISABILI	I TY [A][Clients]							
0	No										0	Client doesn't know
	Voc										0	Client refused
0	Yes										0	Data not collected
OUE	20110		ONDIT	ON 5411	01:1-1							
		HEALTH C	ОИДПП	ON [All	Cilentsj							Client doesn't know
0	No										0	Client doesn't know Client refused
0	Yes									F	0	Data not collected
IF "	YFS" T	O CHRON	IC HFA	I TH CC	NDITION – S	SPECIFY						Data flot collected
								0	No		0	Client doesn't know
					indefinite dur	ation and					0	Client refused
subs	stantial	ıy ımpaırs a	Dility to	live inde	ependently?			0	Yes	ľ	0	Data not collected
									•			•



HIV-AIDS [All Clients]

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

MENTAL HEALTH PROBLEM [All Clients]

o No					Client doesn't know
	Voo	0	Client refused		
0	· Yes				Data not collected
IF "Y	ES" TO MENTAL HEALTH CONDITION - SPECIFY				
_		0	Client doesn't know		
	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			0	Client refused
Sub	stantially impairs ability to live independently:	0	165	0	Data not collected

SUBSTANCE ABUSE PROBLEM [All Clients]

0	No	0	Both alcohol and drug abuse				
Alachal abuse		0	Client doesn't know				
0	Alcohol abuse	0	Client refused				
0	Drug abuse	0	Data not collected				
IF "/	ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AN	D DRU	JG ABUSE"	– SP	ECIFY		
F			No	0	Client doesn't know		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			Vaa	0	Client refused		
Suc	antially impairs ability to live independently?	0	Yes	0	Data not collected		

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

0	No	0	Client doesn't know					
	Voc		Client refused					
0	Yes	0	Data not collected					
IF "Y	IF "YES" TO DOMESTIC VIOLENCE							
WHEN EXPERIENCE OCCURRED								
0	Within the past three months	0	One year ago or more					
	There is a six records a second control of the second by the second by		Client doesn't know					
0	Three to six months ago (excluding six months exactly)	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			
	0			0	Data not collected			



INCOME FROM ANY SOURCE [Head of Household and Adults]

	<u>-</u>						
0	No No					 Client doesn't know 	
	Voc				0	Client refused	
0	Yes				0	Data not collecte	ed
F "Y	"YES" TO INCOME FROM ANY SOURCE - INDICATE ALL SOURCES THAT APP						
Income Source Amount				Incom	ne So	urce	Amount
0	Earned Income		0	Temporary Families (1		tance for Needy	
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 Suppo	ort		
0	VA Non-Service-Connected Disability Pension		0	Alimony and Support	d Oth	er Spousal	
0	Private Disability Insurance		0	Other source	е		
0	Worker's Compensation					·	·
Tota	al Monthly Income for Individual:						

RECEIVING NONCASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know	
	V			0	Client refused	
0	· Yes				Data not collected	
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services			
\sim	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services			
0	Other (specify):	0	Other TANF-funded services			

COVERED BY HEALTH INSURANCE [All Clients]

0	No		0	Client doesn't know		
	o Yes			Client refused		
0	Tes		0	Data not collected		
IF "Y	ES" TO HEALTH INSURANCE HEALTH INSURANCE COVERA	ETAILS				
0	MEDICAID			mployer Provided Health Insurance		
0	MEDICARE	Insurance Obtain	ned through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults			
0	Other (specify):					