# Agency Name:



## **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.

CL	ENT	NAM	E OR	IDE	NTIFII	ER:										
		PRO.	JECT	STA	TUS	DATE	<i>Γ</i> Α.	II Cli	ent:	s]						
				1				1. 0	-	<b>-</b> j						
		M	onth			l Day				Y	ear					
IN	PERI	/ANE	NT H	IOUS	ING [	Perm	ane	nt H	ous	sing F	Projec	ts, for	r H	leads of	Нои	seholds]
0	No							0	Ye	s						
IF "	YES"	ТО Р	ERMA	ANEN	T HO	JSING	;		1							
Ηοι	ısing	Move	-In Da	ate: (S	See No	ote*)					move <b>nrolln</b>		•		hous	sing, make sure to update
		PHYS	SICAI	L DIS	ABIL	ITY [/	AII C	Clien	ts]							
0	No					<del>_</del>			_						0	Client doesn't know
0	Yes														0	Client refused
0	165														0	Data not collected
IF "	YES"	TO PI	HYSIC	CAL D	ISABI	LITY -	– SI	PECI	FY							
Evn	acted	to be	of lone	a-cont	inued	and in	ndef	inita	dur	ation	and	0	N	lo	0	Client doesn't know
•		tially ir		_						ation	anu	0	Y	'es	0	Client refused
			•												0	Data not collected
		DEVI	ELOP	MEN	TAL I	DISAI	BIL	ITY	[AII	Clier	nts]					
0	No														0	Client doesn't know
0	Yes													_	0	Client refused
O	163														0	Data not collected
	T	CHR	ONIC	HEA	LTH	CONI	ITIC	ON	[All	Cliei	nts]			<del>-</del>		
0	No														0	Client doesn't know
○ Yes						0	Client refused									
	103														0	Data not collected
IF "	YES"	TO C	HRON	IIC HE	ALTH	H CON	IDIT	ION	– S	PEC	IFY					
Evn	actad	to be	of lone	a_cont	inuad	and in	ndaf	inita	dur	ation	and	0	Ν	lo	0	Client doesn't know
				_						auull	anu	0	Y	'es	0	Client refused
	substantially impairs ability to live independently?   O Yes						0	Data not collected								



## HIV-AIDS [All Clients]

0	No	0	Client doesn't know
	/o.		Client refused
O	Yes	0	Data not collected

## MENTAL HEALTH PROBLEM [All Clients]

0	No	0	Client doesn't know					
	Vos			0	Client refused			
0	Yes	0	Data not collected					
IF "YES" 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?					Client refused			
Suc	stantially impairs ability to live independently?		163	0	Data not collected			

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

0	No	0	Both alcohol and drug abuse				
	Alashal ahusa	0	Client doe	Client doesn't know			
0	Alcohol abuse		Client refused				
0	Drug abuse	0	Data not	Data not collected			
IF "A	IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY						
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		0	No	0	Client doesn't know		
		0	Voo	0	Client refused		
Jub	substantially impairs ability to live independently?		Yes	0	Data not collected		

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

0	No	0	Client do	esn't k	now		
	Vac		Client refused				
0	Yes	0	Data not	Data not collected			
IF "Y	ES" TO DOMESTIC VIOLENCE						
WHE	N EXPERIENCE OCCURRED						
0	Within the past three months	0	One year ago 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 co	llecte	d		
		0	No	0	Client doesn't know		
Are y	Are you currently fleeing?		Yes	0	Client refused		
		0	169	0	Data not collected		



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

				-,					
0	No	No					know		
_	Voc	0	Client refused						
0	Yes		0	Data not collec	cted				
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY									
	Income Source	Amount		Incom	ie So	urce	Amount		
0	Earned Income		0	Temporary Needy Fa		istance for s (TANF)			
0	Unemployment Insurance	yment Insurance   General			Assis	tance (GA)			
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or Income fro		rement Former Job			
0	VA Service-Connected Disability Compensation		0	Child Supp	oort				
0	VA Non-Service-Connected Disability Pension		0	Alimony ar Support	nd Ot	her Spousal			
0	Private Disability Insurance		0	Other sour	се				
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			
	Yes	0	Client refused			
0	165	0	Data not collected			
IF "Y	ES" TO NONCASH BENEFITS – INDICATE ALL SOURCE	7				
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services			
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services			
0	Other (specify):	0	Other TAN	NF-fur	nded services	

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

0	No		<ul> <li>Client doesn't know</li> </ul>			
	Yes		<ul><li>Client refused</li></ul>			
0	res		Data not collected			
IF "ነ	YES" TO HEALTH INSURANCE HEALTH INSURANCE CO	RAGE DETAILS				
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance Obtained 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):	0	Indian Health Services Program			



Signature of applicant stating all information is true and correct Date	