

CLARITY HMIS: PROJECT MINIMUM INTAKE FORM

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

PRO.	JEC1	Γ STA	NRT I	DAT	E [A	II Cli	ents]			
		/				/				
Mon	th	•	D	ay	•	,	•	Yea	r	
SOCI	AL S	SECU	RITY	' NU	MBE	R [A	II Clie	ents]		
			-			-				

QUALITY OF SOCIAL SECURITY

0	Full SSN reported	0	Client doesn't know
0	Approximate or partial SSN reported	0	Client prefers not to answer
		0	Data not collected

CURRENT NAME [All Clients]								N/A					
Last													0
First													0
Middle													0
Suffix													0

QUALITY OF CURRENT NAME

○ Full name reported	0	Client doesn't know
Partial, street name, or code name reported	0	Client prefers not to answer
	0	Data not collected

DATE OF BIRTH [All Clients]

		/			/			Age:
I	Month		D	ay		Ye	ar	

QUALITY OF DATE OF BIRTH

0	Full DOB reported	0	Client doesn't know
0	Approximate or partial DOB reported	0	Client prefers not to answer
		0	Data not collected

GENDER [All Clients]

0	Woman (Girl, if child)	0	Questioning
0	Man (Boy, if child)	0	Different Identity (specify):
0	Culturally Specific Identity (e.g., Two-Spirit)	0	Client doesn't know
0	Transgender	0	Client prefers not to answer
0	Non-Binary	0	Data not collected



RACE AND ETHNICITY (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
0	Asian or Asian American	0	White
0	Black, African American, or African	0	Client doesn't know
0	Hispanic/Latina/e/o	0	Client prefers not to answer
0	Middle Eastern or North African	0	Data not collected

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO VETERAN STATUS

Voor entered military convice (veer)	
Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	Client decen't line
○ No	Client doesn't know
○ Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Korean War	
• No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Vietnam War	
o No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Persian Gulf War (Desert	
o No	Client doesn't know
o Yes	 Client prefers not to answer
	Data not collected
Theater of Operations: Afghanistan (Operation E	induring Freedom)
• No	Client doesn't know
o Yes	Client prefers not to answer
•	Data not collected
Theater of Operations: Iraq (Operation Iraqi Free	dom)
o No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Iraq (Operation New Daw	n)
o No	Client doesn't know
o Yes	Client prefers not to answer
	Data not collected
Theater of Operations: Other peace-keeping ope	
Lebanon, Panama, Somalia, Bosnia, Kosovo)	,
○ No	Client doesn't know
Yes	Client prefers not to answer
1 . 55	Data not collected



Br	anch of the Military		
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		
Di	scharge Status		
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer
0	Bad Conduct	0	Data not collected
0	Dishonorable		·

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

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

ENROLLMENT Co	[only if	multiple	CoC's	
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PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher			
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)			
0	Safe Haven		Staying or living in a friend's room, apartment, or house			
0	Foster care home or foster care group home		Staying or living in a family member's room, apartment or house			
0	Hospital or other residential non-psychiatric medical facility		Rental by client, no ongoing housing subsidy			
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy			
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy			
0	Psychiatric hospital or other psychiatric facility		Owned by client, no on-going housing subsidy			
0	Substance abuse treatment facility or detox center	0	Client doesn't know			
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer			
0	Residential project or halfway house with no		Data not collected			
II	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SINC	G SUBSIDY" – SPECIFY:			
0	GPD TIP housing subsidy	0	Emergency Housing Voucher			
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)			
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)			
0	HCV voucher (tenant or project based) (not dedicated)		Permanent Supportive Housing			
0	Public Housing Unit		Other permanent housing dedicated for			
0	Rental by client, with other ongoing housing subsidy	0	formerly homeless persons			



LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

0	Two to six nights	0	one year	33 ti	0	answer	
0	One week or more, but less than one month	0	One year or longer		0	Data not collected	
LE	NGTH OF STAY LESS THAN	17	NIGHTS [TH, PH]				
0	No		o Yes				
LEI	NGTH OF STAY LESS THAN	1 90	DAYS [Institutional Ho	usin	g Situations	s]	
0	No		o Yes			-	
			1 1				
OΝ	THE NIGHT BEFORE - STAY	FD	ON THE STREETS EN	/FR	GENCY SI	HELTER SAFE HAVEN	
	ead of Household and Adults]		OIT III OIITE II, E.				
0	Yes			0	No		
_					, ,		
Αŗ	proximate Date This Episode	ot i	Homelessness Started		//		
Νι	ımber of <i>time</i> s the client has k	oeer	on the streets, ES, or	Saf	e Haven in	the last 3 years	
0	One Time			0	Client doe	esn't know	
0	Two Times			0	Client prefers not to answer		
0	† <u></u>				Data not collected		
0	Four or More Times						
To	tal number of <i>months</i> homele			afe			
0	One month (this time is the firs	onth)	0	Client doesn't know			
0	2-12 months (specify number of	0	Client prefers not to answer				
0					Data not collected		
DIS	SABLING CONDITION [All Cl	ient	s]				
0	No		-	0	Client doe	esn't know	
0	o Yes			0	Client prefers not to answer		
				0	Data not		

Signature of applicant stating all information is true and correct

Date