Agency Name: _____



CLARITY HMIS: HHS-RHY PROJECT ENROLLMENT FORM

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

CLIENT NAME OR IDENTIFIER:									
	PROJECT START DATE [All Clients]								
	Month Day		/ear						
	,,								
RE	RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]								
0	1.100.0 01.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.0000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110.000.110								
0	 ○ Head of household's child ○ Other: non-relation member 								
0	Head of household's spouse or partner								
EN	ROLLMENT CoC [only if multiple CoC's]								
WH	IEN CLIENT WAS ENGAGED								
	mplete Date of Engagement When Client Has E	Reen	Engaged – Street Outreach Projects, for						
-	ilts & Head of Household]	30011	Engagoa Sacot Saacaan 1 10 Josto, 101						
	ate of Engagement:	/	1						
									
IN	PERMANENT HOUSING [Permanent Hous	ing F							
0	No		o Yes						
	"YES" TO PERMANENT HOUSING								
	ousing Move-In Date: [Complete Housing Move		Date / /						
W	hen Client Moves Into Permanent Housing Unit								
PR	IOR LIVING SITUATION								
TY	PE OF RESIDENCE [Head of Household ar	nd Ad	dults Only]						
	Place not meant for habitation (e.g., a vehicle,		1						
0	an abandoned building, bus/train/subway	0	Hotel or motel paid for without emergency						
	station/airport, or anywhere outside)		shelter voucher						
	Emergency shelter, including hotel or motel								
0	paid for with emergency shelter voucher, or	0	Host Home (non-crisis)						
	Host Home shelter								
0	Safe Haven	0	Staying or living in a friend's room, apartment,						
			or house						
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house						
	Hospital or other residential non-psychiatric								
0	medical facility	0	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	0	Owned by client, no on-going housing subsidy						
0	Substance abuse treatment facility or detox	0	Client doesn't know						
	Center Transitional housing for homology persons								
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer						
	Residential project or halfway house with no								
0	homeless criteria	0	Data not collected						



	F "RENTAL BY CLIENT, WITH	ON	GOING HOU	SIN	G SUBSIDY" –	SPECII	F T :
0	GPD TIP housing subsidy			0	Emergency Ho		
0	VASH Housing subsidy			0			ogram Voucher (FUP)
0	RRH or equivalent subsidy			0			endence Initiative (FYI)
_	HCV voucher (tenant or project	t ha	sed) (not			•	,
0	dedicated)			0	Permanent Su	upportive	e Housing
0	Public Housing Unit			4	Other perman	ent hou	sing dedicated for
0	Rental by client, with other ong subsidy	join	g nousing	0	formerly home		
_E	NGTH OF STAY IN PRIOR L	IVI	NG SITUATI	ON			
0	One night or less	0	One month than 90 day		ore, but less	0	Client doesn't know
0	Two to six nights	0	90 days or i	more	e, but less than	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or	rlon	ger	0	Data not collected
_E	NGTH OF STAY LESS THAN	- 17	NIGHTS ITH	- Н. Р	——— H1		
0	No		- [0	Yes		
	-						
E!	NGTH OF STAY LESS THAN	1 90	DAYS [Inst	titutio	onal Housing Si	ituations	s]
· · · · · · · · · · · · · · · · · · ·							
		/	ON THE C	0	Yes		-
DΝ	THE NIGHT BEFORE – STA' ead of Household and Adults] Yes	YEC	ON THE ST		Yes	ENCY S	-
DN He	THE NIGHT BEFORE – STA' ead of Household and Adults] Yes			ΓRE	Yes ETS, EMERGE	ENCY S	-
ON He	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes oproximate Date This Episode	of I	Homelessne	ΓRE ss S	Yes ETS, EMERGE O Notarted	ENCY S	SHELTER, SAFE HAVE
ON He	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes oproximate Date This Episode umber of times the client has be	of I	Homelessne	ΓRE ss S	Yes ETS, EMERGE O Notatarted ES, or Safe Ha	ENCY S	SHELTER, SAFE HAVE
ON He o Ap	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to	of I	Homelessne	ΓRE ss S	Yes Comparison of the property of the propert	o /// aven in	the last 3 years
ON He o Ar Nu	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes oproximate Date This Episode umber of times the client has be	of I	Homelessne	ΓRE ss S	Yes ONE Itarted Started OCI OCI OCI OCI OCI OCI OCI OC	o /// aven in lient doe	the last 3 years esn't know fers not to answer
ON He O Ap Nu O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has be One Time Two Times	of I	Homelessne	ΓRE ss S	Yes ONE Itarted Started OCI OCI OCI OCI OCI OCI OCI OC	o /// aven in lient doe	the last 3 years
ON He O Ar Nu O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to One Time Two Times Three Times	of l	Homelessne n on the stre	SS Sets,	Yes Contacted Contac	o /// aven in lient doe lient pre ata not o	the last 3 years esn't know fers not to answer collected
ON He O Ar Nu O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to One Time Two Times Three Times Four or More Times	of l	Homelessne n on the stre	SS Sets,	Yes CTS, EMERGE Notarted ES, or Safe Ha CI CI CI Da S, or Safe Hav	o // / aven in lient doe lient pre ata not o	the last 3 years esn't know fers not to answer collected
ON He O Ar Nu O O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to the client has t	of l	Homelessne n on the street on the street	SS Sets,	Yes O Note	ency s o /// aven in lient doe lient pre ata not o ven in th	the last 3 years esn't know fers not to answer collected ne last 3 years
ON He O Ar Nu O O	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Imber of times the client has be One Time Two Times Three Times Four or More Times Pour or More Times One month (this time is the first content of the content of th	of l	Homelessne n on the street on the street	SS Sets,	Yes Started Solution So	o / / aven in lient doe lient pre ata not o	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer
ON He O Ar Nu O O O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to the client has t	of I	on the street	SS Sets,	Yes O No Started ES, or Safe Have O Cl O Date Cl O Da	o // / aven in lient doe lient pre ata not of ven in the lient doe lient pre ata not of	the last 3 years esn't know fers not to answer collected ne last 3 years esn't know fers not to answer collected collected
ON He O Ap Nu O O O	THE NIGHT BEFORE – STAY ead of Household and Adults] Yes proximate Date This Episode umber of times the client has to the client has t	of I	on the street	SS Sets,	Yes O No Started ES, or Safe Have O Cl O Date Cl O Da	o // / aven in lient doe lient pre ata not of ven in the lient doe lient pre ata not of	the last 3 years esn't know fers not to answer collected ne last 3 years esn't know fers not to answer collected collected
DN He	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Immossible The Client has to	of I	on the street onth) onths):	SS Sets,	Yes O No Started ES, or Safe Have O Cl O Date Cl O Da	o // / aven in lient doe lient pre ata not of ven in the lient doe lient pre ata not of	the last 3 years esn't know fers not to answer collected ne last 3 years esn't know fers not to answer collected collected
DN He O Ap Nu O O O O O O O O O O O O O O O O O O	THE NIGHT BEFORE – STAY Pead of Household and Adults] Yes Opproximate Date This Episode Immose the client has to the	of I	on the street onth) onths):	ss S ets,	Yes O No	o // / aven in lient doe lient pre ata not of ven in the lient doe lient pre ata not of	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected collected
DN He O	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Imber of times the client has been decided and times the client has been decided and times the client has been decided and times. Three Times Four or More Times One month (this time is the first content of the client has been decided and the client has bee	of I	on the street onth) onths):	ss Sets,	Yes	o / / aven in lient doe lient pre ata not o types e	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected xcept Street Outreach]
ON He O	THE NIGHT BEFORE – STAY Pead of Household and Adults] Yes Opproximate Date This Episode Immorphise The client has to the Company of times Three Times Three Times Four or More Times One month (this time is the first of the company of the c	of I	on the street onth) onths):	ss Sets, ets, E	Yes ETS, EMERGE O Notarted ES, or Safe Have O CI O CI O CI O Da S, or Safe Have I, All program is I I I	e not ful	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected xcept Street Outreach]
ON He o	THE NIGHT BEFORE – STAY Pead of Household and Adults] Yes Opproximate Date This Episode Immost the client has the client h	of I	on the street onth) onths):	rress Sets,	Yes O Notarted ES, or Safe Hared O C O Date S, or Safe Have O C O Date	e not ful	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected xcept Street Outreach]
ON He O	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Imber of times the client has to the client has	of I	on the street onth) onths):	ss S ets, hold Yeseasc	Yes O No Started ES, or Safe Have O C O C O Date S, or Safe Have O C O Date O	e not ful	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected xcept Street Outreach]
DN He o	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Immorphise The Client has be client h	of I	on the street onth) onths):	ss S ets, Yes easc crim n	Yes O Notarted	e not furstern —	the last 3 years esn't know fers not to answer collected e last 3 years esn't know fers not to answer collected xcept Street Outreach]
ON He O	THE NIGHT BEFORE – STAY Pad of Household and Adults] Yes Opproximate Date This Episode Imber of times the client has to the client has	of I	on the street onth) onths):	ss S ets, hold Yeseasc crim n	Yes O No Started ES, or Safe Have O C O C O Date S, or Safe Have O C O Date O	e not functions should be	the last 3 years esn't know fers not to answer collected ne last 3 years esn't know fers not to answer collected xcept Street Outreach] nded by BCP grant immediate reunification



DISABLING	CONDITION	[All Clients]
------------------	-----------	---------------

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

PHYSICAL DISABILITY [All Clients]

o No	0	Client doesn't know				
○ Yes	○ Yes					
	0	Data not collected				
IF "YES" TO PHYSICAL DISABILITY - SPECIF	Υ					
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know		
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer		
independently?			0	Data not collected		

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

o No			0	Client doesn't know
○ Yes	0	Client prefers not to answer		
			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	- SF	PECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

o No	•	•	0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER - S	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

independently?

0	No			0	Client doesn't know	
0	Alcohol use disorder			0	Client prefers not to answer	
0	Drug use disorder			0	Data not collected	
0	Both alcohol and drug use disorders					
	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY					
Ex	spected to be of long-continued and indefinite	0	No	0	Client doesn't know	
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer	

Data not collected



INC	NCOME FROM ANY SOURCE [Head of Household and Adults]									
0	No		0	Client doesn't know						
0	o Yes		0	Client prefers not to answer						
			0	Data not collected						
IF	"YES" TO INCOME FROM ANY	SOURCE -	IND	ICATE ALL SOURCES THAT APPLY						
In	come Source	Amount	Inc	ome Source	Amount					
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)		0	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 (specify):						
0	Worker's Compensation									
To	tal Monthly Income for Individua	al:								

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

	table in the state of the state							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	S THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services					
0	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
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH IN			RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program



RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION [Adults and Head of Household]

_						
	0	Heterosexual	0	o Other		
	0	Gay	If (If Other please specify:		
Ī	0	Lesbian	0	Client doesn't know		
Ī	0	Bisexual	0	Client prefers not to answer		
Ī	0	Questioning/Unsure	0	Data not collected		

LAST GRADE COMPLETED [Adults and Head of Household, All program types except Street Outreach]

	<u>-</u>		
0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree
0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

SCHOOL STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

EMPLOYMENT STATUS [Adults and Head of Household, All program types except Street Outreach]

Employed							
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
If '	'Yes" for employed – Type of employment						
0	Full-time	0	Seasonal/sporadic (including day labor)				
0	Part-time						
If '	'No" for employed – Why not employed						
0	Looking for work	0	Not looking for work				
0	Unable to work						

GENERAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

DENTAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected



MENTAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

PREGNANCY STATUS [Adults and Head of Household]

o No		0	Client doesn't know
o Yes		0	Client prefers not to answer
		0	Data not collected
If "Yes" fo	r Pregnancy Status		
Due Date			

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

[Adults and Head of Household, All program types except Street Outreach]

0	No	0	Client doesn't know
0	o Yes		Client prefers not to answer
		0	Data not collected
If '	Yes" for Formerly a Ward of Child Welfare/For	ster (Care Agency
0	Less than one year	0	3 to 5 years or more
o 1 to 2 years			
lf '	Less than one year" – Number of months		

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

[Adults and Head of Household, All program types except Street Outreach]

<u></u>	and and meda of medeemera, it program type				
0	No	0	Client doesn't know		
0	○ Yes		Client prefers not to answer		
			Data not collected		
If '	'Yes" for Formerly a Ward of Juvenile Justice	Syste	em		
0	Less than one year		3 to 5 years or more		
0	o 1 to 2 years				
If '	'Less than one year" – Number of months				

FAMILY CRITICAL ISSUES [Adults and Head of Household, All program types except Street Outreach]

	, -			
Unemployment – Family Member	0	No	0	Yes
Mental Health Disorder – Family Member	0	No	0	Yes
Physical Disability – Family Member	0	No	0	Yes
Alcohol or Substance Use Disorder – Family Member	0	No	0	Yes
Insufficient income to support youth – Family Member	0	No	0	Yes
Incarcerated parent of youth	0	No	0	Yes



REFERRAL SOURCE [Adults and Head of Household, All program types except Street Outreach]

0	Self -referral	0	Law Enforcement/Police
0	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
If I	Referral Source is "Outreach Project" – Number of times		
ар	proached by Outreach prior to entering project		

Signature of applicant stating all information is true and correct	Date	