CLARITY HMIS: HUD-CoC Congregate NCV Program Intake – Back Data Entry-

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

| CURRENT NAME | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CLIENT UNIQUE IDENTIFIER NUMBER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

DISABLING CONDITION ​*[All Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

PHYSICAL DISABILITY ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

HIV-AIDS ​*[All Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

MENTAL HEALTH DISORDER ​​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH DISORDER– SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

SUBSTANCE USE DISORDER ​*[All Clients]*

| ○ | No | ○ | Both alcohol and drug use disorders | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Drug use disorder | ○ | Data not collected | | |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

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

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO DOMESTIC VIOLENCE | | | | | |
| WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | Within the past three months | ○ | One year ago or more | | |
| ○ | Three to six months ago (excluding six months exactly) | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Data not collected | | |
| Are you currently fleeing? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

# **MONTHLY INCOME & SOURCES**

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

| ○ | No | | | | | ○ | | Client doesn’t know | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | | ○ | | Client refused | |
| ○ | | Data not collected | |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | | | | | |
| Income Source | | | Amount | Income Source | | | | | Amount |
| ○ | Alimony and Other Spousal Support | |  | ○ | Child support | | | |  |
| ○ | Pension or Retirement income from former job | |  | ○ | Earned Income | | | |  |
| ○ | Retirement Income from Social Security | |  | ○ | General Assistance (GA) | | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Private Disability Insurance | | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Unemployment Insurance | | | |  |
| ○ | TANF (Temporary Assist for Needy Families) | |  | ○ | Worker’s Compensation | | | |  |
| ○ | VA Service-Connected Disability Compensation | |  | ○ | Other source | | | |  |
| ○ | VA Non­-Service Connected Disability Pension | |  | Specify Other” | | |  | | |
| Total monthly amount: | |  | | | | | | | |

# 

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Childcare Services | | |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services | | |
| ○ | Other (Specify): | ○ | Other TANF-funded services | | |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Insurance Obtained through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify): | ○ | Indian Health Services Program | | |

CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH ​*[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know | | |
| ○ | Neither agree nor disagree | ○ | Client refused | | |
| ○ | Somewhat agree | ○ | Data not collected | | |

CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS ​*[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know | | |
| ○ | Neither agree nor disagree | ○ | Client refused | | |
| ○ | Somewhat agree | ○ | Data not collected | | |

CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES​ *[Head of Household]*

| ○ | Strongly disagree | ○ | Strongly agree | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Somewhat disagree | ○ | Client doesn’t know | | |
| ○ | Neither agree nor disagree | ○ | Client refused | | |
| ○ | Somewhat agree | ○ | Data not collected | | |

CLIENT’S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID *[Head of Household]*

| ○ | Not at all | ○ | At least every day | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Once a month | ○ | Client doesn’t know | | |
| ○ | Several times a month | ○ | Client refused | | |
| ○ | Several times a week | ○ | Data not collected | | |

EDUCATION INFORMATION *[All Clients 18+]*

CURRENT SCHOOL ENROLLMENT AND ATTENDANCE​ *[Head of Household]*

| ○ | Not currently enrolled in any school or educational course | ○ | Client doesn’t know | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Currently enrolled but NOT attending regularly (when school or the course is in session) | ○ | Client refused | | |
| ○ | Currently enrolled and attending regularly (when school or the course is in session) | ○ | Data not collected | | |
| IF NOT CURRENTLY ENROLLED, SPECIFY MOST RECENT EDUCATIONAL STATUS: | | | | | |
| ○ | K12: Graduated from high school | ○ | Higher education: Dropped out | | |
| ○ | K12: Obtained GED | ○ | Higher education: Obtained a credential/degree | | |
| ○ | K12: Dropped out | ○ | Client doesn’t know | | |
| ○ | K12: Suspended | ○ | Client refused | | |
| ○ | K12: Expelled | ○ | Data not collected | | |
| ○ | Higher education: Pursuing a credential but not currently attending |  | | | |
| IF CURRENTLY ENROLLED, SPECIFY CURRENT EDUCATIONAL STATUS: | | | | | |
| ○ | Pursuing a high school diploma or GED | ○ | Pursuing other post-secondary credential | | |
| ○ | Pursuing Associate’s Degree | ○ | Client doesn’t know | | |
| ○ | Pursuing Bachelor’s Degree | ○ | Client refused | | |
| ○ | Pursuing Graduate Degree | ○ | Data not collected | | |

LAST GRADE COMPLETED

| ○ | Less than Grade 5 | ○ | Associate degree |
| --- | --- | --- | --- |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 / High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client refused |
| ○ | GED | ○ | Data not collected |
| ○ | Some College |  | |

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

| ○ | Not Currently Attending | ○ | Academically Disqualified |
| --- | --- | --- | --- |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client refused |

NAME OF COLLEGE/UNIVERSITY

| ○ | De Anza College | ○ | West Valley College |
| --- | --- | --- | --- |
| ○ | Evergreen Valley College | ○ | Other Bay Area College/University |
| ○ | Foothill College | ○ | Other CA College/University |
| ○ | Gavilan College | ○ | Other College/University |
| ○ | Mission College | ○ | Other Vocational Program |
| ○ | San Jose City College | ○ | Client doesn't know |
| ○ | San Jose State University | ○ | Client refused |
| ○ | Santa Clara University | ○ | Data not collected |
| ○ | Stanford University |  | |

EXPECTED COMPLETION YEAR

|  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

SEXUAL ORIENTATION ​*[For CoC: YHDP funded programs-Adults and Head of Households]*

| ○ | Heterosexual | ○ | Other |
| --- | --- | --- | --- |
| ○ | Gay | *If Other please specify:* | |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual | ○ | Client refused |
| ○ | Questioning/Unsure | ○ | Data not collected |

PRIMARY LANGUAGE *[All Clients, optional]*

| ○ | English | ○ | Mandarin |
| --- | --- | --- | --- |
| ○ | Spanish | ○ | Tagalog |
| ○ | Vietnamese | ○ | Other |
| ○ | Unknown |



Signature of applicant stating all information is true and correct Date