

CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

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

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0	Transgender
0	Questioning

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client refused
0	Native Hawaiian or Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	Non-Highania/ NonLatin(a)(a)(y)	0	Client does not know
O	NonHispanic/ NonLatin(a)(o)(x)	0	Client refused
	Highania/Latin/a)/a)/y)	0	Data Not Collected
O	Hispanic/Latin(a)(o)(x)	0	Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
	Yes	0	Client refused
0	res	0	Data not collected
IF "Y	ES" TO VETERAN STATUS		
Year	entered military service (year)		
Year	separated from military service (year)		
Theat	er of Operations: World War II		
0	No	0	Client doesn't know
	Yes	0	Client refused
0	165	0	Data not collected
Thea	er of Operations: Korean War		
0	No	0	Client doesn't know
0	Yes	0	Client refused
	165	0	Data not collected
Theat	er of Operations: Vietnam War		
0	No	0	Client doesn't know
0	Yes	0	Client refused
	165	0	Data not collected
Theat	er of Operations: Persian Gulf War (Desert Storm)		
0	No	0	Client doesn't know
	Voc	0	Client refused
0	Yes	0	Data not collected



0	No			0	Client doesn't know
	Yes			0	Client refused
0	res			0	Data not collected
hea	ter of Operations: Iraq (Operation Iraqi Freed	dom)			
0	No			0	Client doesn't know
0	Yes			0	Client refused
	163			0	Data not collected
hea	ter of Operations: Iraq (Operation New Dawn	1)			
0	No			0	Client doesn't know
0	Yes			0	Client refused
	163			0	Data not collected
	ter of Operations: Other peacekeeping opera ima, Somalia, Bosnia, Kosovo)	ations or	military interve	ntions	(such as Lebanon,
0	No			0	Client doesn't know
0	Yes			0	Client refused
0	165			0	Data not collected
Bran	ch of the Military		_		
0	Army	0	Coast Guard		
0	Air Force			0	Client doesn't know
0	Navy			0	Client refused
0	Marines			0	Data not collected
isc	harge Status				
0	Honorable	0	Dishonorable		
0	General under honorable conditions	0	Uncharacteriz	ed	
_	Other than benerable conditions (CTII)	•		0	Client doesn't know
0	Other than honorable conditions (OTH)			0	Client refused
0	Bad Conduct			0	Data not collected
REI	_ATIONSHIP TO HEAD OF HOUSEHOLD [All Client	Households]	-	
0	Self		Head of house	-hold -	other relation to memb
0	Head of household's child	O	ricad or rious	Siloiu -	
	Head of household's spouse or partner		Other: non-rel	-4:	ombor



WHEN CLIENT WAS ENGAGED [Street Outreach Only or Night by Night Emergency Shelter]

Date o	f Engagement:		
IN P	ERMANENT HOUSING [Permane	ent Ho	ousing Projects, for Heads of Households]
0	No	0	Yes
F "YE	S" TO PERMANENT HOUSING		
Housir	ng Move-In Date:		1 1

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, canywhere outside)	r o	Staying or living in a family member's room, apartment or house
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter 		Rental by client, with GPD TIP housing subsidy
Safe Haven	0	Rental by client, with VASH housing subsidy
Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
Hospital or other residential non-psychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
Jail, prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
Long-term care facility or nursing home	0	Rental by client in a public housing unit
Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
Substance abuse treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no ongoing housing subsidy
Transitional housing for homeless persons (including homeless youth)	0	Client doesn't know
Host Home (non-crisis)	0	Client refused
Staying or living in a friend's room, apartment, or house	0	Data not collected
LENGTH OF STAY IN PRIOR LIVING SITUATION		



0	One night or les	One night or less			One month or more, but less than 90 days	0	Client doesn't know
0	Two to six night	S		0	90 days or more, but less than one year	0	Client refused
0	One week or month	ore, but	less than	0	One year or longer	0	Data not collected
LEI	NGTH OF STAY	LESS	THAN 7 NI	GHT	S [TH, PH]		
0	No	0	Yes				
[Ins	LENGTH (Y LESS TH	IAN S	90 DAYS		
0	No	0	Yes				
o ppr	Yes	meless	ness Starte	o ed	No / /		
ppr	oximate Date Ho			d		n the la	est 3 years
opr um	oximate Date Ho			d	No// streets, ES, or Safe Haven in	n the la	ast 3 years Client doesn't know
opr um	oximate Date Ho			d			
opr um	oximate Date Hober of times the One Time			d		0	Client doesn't know
opr um	oximate Date Hober of times the One Time Two Times	client h		d		0	Client doesn't know Client refused
opr um	oximate Date Hober of times the One Time Two Times Three Times Four or More Time	client h	as been on	ed the s		0 0	Client doesn't know Client refused Data not collected
opr um	oximate Date Hober of times the One Time Two Times Three Times Four or More Time Number of Mon One month (this	nes ths hon	neless on the	the s	streets, ES, or Safe Haven in	0 0	Client doesn't know Client refused Data not collected t 3 years Client doesn't know
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No

0

Client doesn't know

IF "YES" TO PHYSICAL DISABILITY - SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?



			V	0	Client refused
		0	Yes	0	Data not collected
DE	VELOPMENTAL DISABILITY [All Clients]			_	_
0	No			0	Client doesn't know
0	Yes			0	Client refused
	100			0	Data not collected
СН	RONIC HEALTH CONDITION [All Clients]				
0	No			0	Client doesn't know
0	Yes			0	Client refused
U	165			0	Data not collected
IF "	YES" TO CHRONIC HEALTH CONDITION – SPECIFY	,			_
Evn	pected to be of long-continued and indefinite duration and	0	No	0	Client doesn't know
	stantially impairs ability to live independently?	0	Yes	0	Client refused
				0	Data not collected
HIV	'-AIDS [All Clients]				
0	No			0	Client doesn't know
_	Voc			0	Client refused
0	Yes			0	Data not collected
ME	NTAL HEALTH DISORDER [All Clients]				
0	No			0	Client doesn't know
	Voo			0	Client refused
0	Yes			0	Data not collected
IF "	YES" TO MENTAL HEALTH DISORDER- SPECIFY				
Γvn	sected to be of long continued and indefinite duration and	0	No	0	Client doesn't know
	stantially impairs ability to live independently?	0	Yes	0	Client refused
300	stantially impairs ability to live independently:	O	163	0	Data not collected
SU	BSTANCE USE DISORDER [All Clients]				
0	No	0	Both alco	hol ar	nd drug use disorders
		0	Client doe		
0	Alcohol use disorder	0	Client refu		
0	Drug use disorder	0	Data not		ted
	ALCOHOL USE DISORDER" "DRUG USE DISORDER" (ORDERS" – SPECIFY	OR "E			
		0	No	0	Client doesn't know
-	ected to be of long-continued and indefinite duration and		.,	0	Client refused
Subs	stantially 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			
	Yes	0	Client refused			
0	163			0	Data not collected	
IF "	YES" TO DOMESTIC VIOLENCE					
WH	EN EXPERIENCE OCCURRED					
0	Within the past three months	0	One year ago or more			
	Three to giv menths age (evaluding giv menths evently)	0	Client do	loesn'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	collec	ted	
		0	No	0	Client doesn't know	
Are	Are you currently fleeing?			0	Client refused	
		0	Yes	0	Data not collected	

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No				0	Client doesn't	know
	Yes				0	Client refused	ł
0	165	0	Data not colle	ected			
IF "	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THA					PPLY	
Inco	ome Source	Amount	Inc	ome Source	ce		Amount
0	Earned Income		0	Temporary Needy Far			
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 from a forr		ement income	
0	VA Service-Connected Disability Compensation		0	Child supp	ort		
0	VA Non-Service-Connected Disability Pension		0	Alimony ar Support	nd oth	er spousal	
0	Private Disability Insurance		0	Other inco	me so	ource	
0	Worker's Compensation			(specify):			
Tota	l Monthly Income for Individual:						

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know		
	Voo	0	Client refused		
0	Yes	0	Data not collected		
IF "Y	IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY				



0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
	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		C	Client doesn't know	
	○ Yes		C	Client refused	
O			C	Data not collected	
IF "	IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS				
0	MEDICAID	0	Employer Pi	rovided Health Insurance	
0	MEDICARE	0	Health Insur COBRA	rance Obtained Through	
0	State Children's Health Insurance (SCHIP)	0	Private Pay	Health Insurance	
0	Veterans Administration (VA) Medical Services	0	State Health	n Insurance for Adults	
0	Other (specify):	0	Indian Healt	th Services Program	

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

0	Heterosexual	0	Other
0	Gay	If Oth	ner please specify:
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client refused
0	Questioning/Unsure	0	Data not collected

WELL-BEING

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

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO

PROBLEMS [Head of Household]

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected



CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES

[Head of Household]

0	Strongly disagree	0	Strongly agree
0	Somewhat disagree	0	Client doesn't know
0	Neither agree nor disagree	0	Client refused
0	Somewhat agree	0	Data not collected

CLIENT'S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR

AFRAID [Head of Household]

0	Not at all	0	At least every day
0	Once a month	0	Client doesn't know
0	Several times a month	0	Client refused
0	Several times a week	0	Data not collected

GENERAL HEALTH STATUS

0	Excellent	0	Client doesn't know
0	Very Good	0	Client refused
0	Fair	0	Data not collected
0	Poor	-	

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

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 refused
0	GED	0	Data not collected
0	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client refused

NAME OF COLLEGE/UNIVERSITY

0	De Anza College	0	West Valley College
0	Evergreen Valley College	0	Other Bay Area College/University



0	Foothill College	0	Other CA College/University
0	Gavilan College	0	Other College/University
0	Mission College	0	Other Vocational Program
0	San Jose City College	0	Client doesn't know
0	San Jose State University	0	Client refused
0	Santa Clara University	0	Data not collected
0	Stanford University		

EXPECTED COMPLETION YEAR									

PRIMARY LANGUAGE [All Clients, optional]

0	English	0	Mandarin
0	Spanish	0	Tagalog
0	Vietnamese	0	Other
		0	Unknown

Signature of applicant stating all information is true and correct Date