

Agency Name: _____



CLARITY HMIS: KC- Client Profile

The HMIS system requires “Client Consent for Data Collection and Release of Information” from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Please complete a separate form for each household member.

PROJECT START DATE *[All Individuals/Clients]*

--	--	--	--	--	--	--	--	--	--

Month

Day

Year

TRANSLATION ASSISTANCE NEEDED?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/>	American Sign Language (ASL)	<input type="radio"/>	Portuguese
<input type="radio"/>	Amharic	<input type="radio"/>	Punjabi
<input type="radio"/>	Arabic	<input type="radio"/>	Russian
<input type="radio"/>	Cambodian	<input type="radio"/>	Samoan
<input type="radio"/>	Chinese	<input type="radio"/>	Somali
<input type="radio"/>	Farsi	<input type="radio"/>	Spanish
<input type="radio"/>	French	<input type="radio"/>	Tagalog
<input type="radio"/>	Japanese	<input type="radio"/>	Tigrinya
<input type="radio"/>	Korean	<input type="radio"/>	Ukrainian
<input type="radio"/>	Ormo	<input type="radio"/>	Vietnamese
<input type="radio"/>	Different Preferred Language (specify):	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

--	--	--	--	--	--	--	--	--	--

QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>		<input type="radio"/>	Data not collected

CURRENT NAME *[All Individuals/Clients]*

		N/A
Last		○
First		
Middle		
Suffix		

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Individuals/Clients]*

											Age:
Month		Day		Year							

QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

GENDER (Select all applicable) *[All Individuals/Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender	<input type="radio"/>	Different Identity
<input type="radio"/>	Questioning	<i>If Different Identify, please specify:</i>	
<input type="radio"/>	Culturally Specific Identity (e.g Two-Spirit)		

Preferred Pronouns *[All Clients]*

<input type="radio"/>	She/Her/Hers	<input type="radio"/>	He/Him/His
<input type="radio"/>	They/Them/Theirs	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client prefers not to answer	<input type="radio"/>	Data Not Collected
<input type="radio"/>	<i>If Other, please specify:</i>		

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

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client doesn't know

<input type="radio"/> Black, African American, or African	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Data Not Collected
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Other
<input type="radio"/> White	<i>If Other, please specify:</i>

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (<https://bit.ly/2Y0w7aN>), then write in the tribe name in the space provided):

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
<input type="radio"/> U.S. Federally Recognized Tribes			
<input type="radio"/> First Nations Tribes			
<input type="radio"/> Latin American Tribes			
<input type="radio"/> State Recognized Tribes			
<input type="radio"/> Uncategorized Tribes			

IF CLIENT’S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.

Tribal Flag Notes:

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

IF “YES” TO VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
Theater of Operations: Korean War	
<input type="radio"/> No	<input type="radio"/> Client doesn't know

<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Vietnam War			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

CLARITY HMIS: KC- CoC Project Intake Form

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	
<input type="radio"/> Head of household's spouse or partner	<input type="radio"/> Other: non-relation member

ENROLLMENT CoC *[only if multiple CoC's]* _____

ZIP CODE OF LAST PERMANENT ADDRESS *[All Clients]*

--	--	--	--	--

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

Date of Engagement:	___/___/_____
---------------------	---------------

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

IF "YES" TO PERMANENT HOUSING

Housing Move-In Date:	___/___/_____
-----------------------	---------------

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[Head of Household and Adults]*

<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Host Home (non-crisis)
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living in a friend's room, apartment, or house
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with ongoing housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no ongoing housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Client doesn't know

<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" -- SPECIFY:

<input type="radio"/> GDP TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations]

<input type="radio"/> No	<input type="radio"/> Yes
--------------------------	---------------------------

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------

Approximate Date This Episode of Homelessness Started _____/_____/_____

Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	

Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

DISABLING CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer

<input type="radio"/>		<input type="radio"/>	Data not collected
-----------------------	--	-----------------------	--------------------

PHYSICAL DISABILITY *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
			<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
-----------------------	----	-----------------------	-------------------------------------

<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
IF "YES" TO DOMESTIC VIOLENCE		
WHEN EXPERIENCE OCCURRED		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
Are you currently fleeing?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know		
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer		
	<input type="radio"/> Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal Support	

<input type="radio"/> Private Disability Insurance		<input type="radio"/> Other income source	
<input type="radio"/> Worker's Compensation		<i>(specify):</i>	
Total Monthly Income for Individual:			

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other (specify):	<input type="radio"/> Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/> No		<input type="radio"/> Client doesn't know
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS

<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

SEXUAL ORIENTATION [Adults and Head of Households]

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

GENERAL HEALTH STATUS

<input type="radio"/> Excellent	<input type="radio"/> Client doesn't know
<input type="radio"/> Very Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected
<input type="radio"/> Poor	

**EDUCATION INFORMATION [All Clients 18+]
LAST GRADE COMPLETED**

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

Signature of applicant stating all information is true and correct

Date