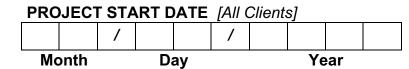


N/A

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.



TRANSLATION ASSISTANCE NEEDED? [Head of Household]

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

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Insert language option	0	Insert language option
0	Different Preferred Language (specify):	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected

SOCIAL SECURITY NUMBER [All Clients]

_	-		

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]

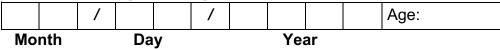
Last													0
First													0
Middle													0
Suffix													0

QUALITY OF CURRENT NAME

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



DATE OF BIRTH [All Clients]



QUALITY OF DATE OF BIRTH

○ Full DOB reported	0	Client doesn't know
 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

Ye	Year entered military service (year)						
Ye	Year separated from military service (year)						
Theater of Operations: World War II							
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
Th	neater of Operations: Korean War						
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
Th	neater of Operations: Vietnam War						
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
Th	neater of Operations: Persian Gulf War (Desert Storm)						
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				
Th	neater of Operations: Afghanistan (Operation Enduring	Freed	lom)				
0	No	0	Client doesn't know				
0	Yes	0	Client prefers not to answer				
		0	Data not collected				



Th	Theater of Operations: Iraq (Operation Iraqi Freedom)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
Th	eater of Operations: Iraq (Operation New Dawn)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
	Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	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]

_		, d				
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 CoC [only if multiple CoC's]

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

Date of Engagement:	

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

	-		
0	No	0	Yes
IF	"YES" TO PERMANENT HOUSING		
Но	ousing Move-In Date:		<u> </u>



PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

	TTE OF RESIDENCE [Head of Household and Addits]									
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	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							
0	Hospital or other residential non-psychiatric 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 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 homeless criteria	0	Data not collected							
IF	"RENTAL BY CLIENT, WITH ONGOING HOU	SIN	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)	0	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

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

• **No**

• Yes

LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

• No

• Yes



ON THE NIGHT BEFORE - STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

0	Yes	0	No
Ap	pproximate Date This Episode of Homelessness Started	-	<u> </u>
Νι	umber of <i>times</i> the client has been on the streets, ES, or	e Haven in the last 3 years	
0	One Time	0	Client doesn't know
0	Two Times	0	Client prefers not to answer
0	Three Times	0	Data not collected
0	Four or More Times		
Тс	tal number of <i>months</i> homeless on the streets, ES, or Sa	afe I	Haven in the last 3 years
0	One month (this time is the first month)	0	Client doesn't know
0	2-12 months (specify number of months):	0	Client prefers not to answer
0	More than 12 months	0	Data not collected

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]

• No	No					
• Yes	○ Yes					
	0	Data not collected				
IF "YES" TO PHYSICAL DISABILITY - SPECIE	۶Y					
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know		
duration and substantially impairs ability to live	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]

• No	> No				
• Yes	• Yes				
	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 o Yes				Client prefers not to answer	
independently?	0	Data not collected			

HIV-AIDS [All Clients]

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



MENTAL HEALTH DISORDER [All Clients]

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

SUBSTANCE USE DISORDER [All Clients]

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	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE						
DI	DISORDERS" – SPECIFY						
Ex	spected to be of long-continued and indefinite	0	Client doesn't know				
duration and substantially impairs ability to live o Yes			0	Client prefers not to answer			
independently?				0	Data not collected		

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No			0	Client doesn't know		
0	Yes				Client prefers not to answer		
				0	Data not collected		
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC					WHEN EXPERIENCE OCCURRED		
0	Within the past three months			0	Client doesn't know		
0	Three to six months ago (excluding six months exactly)				Client prefers not to answer		
0	Six months to one year ago (excluding one year exactly)				Data not collected		
0	One year ago or more						
• No			No	0	Client doesn't know		
Are you currently fleeing?			Yes	0	Client prefers not to answer		
					Data not collected		

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	• No)	Client doesn't know			
0	Yes)	Client prefers not to answer			
		C)	Data not collected			
IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY						
Inc	come Source	Amount	Income Source		Amount		
0	Earned Income		0	Temporary Assistance for Needy			
	Linemployment incurrence			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		0	Pension or retirement income from a			
Ŭ	(SSDI)		Ŭ	former job			
_	VA Service-Connected Disability			Child averaget			
0	Compensation		0	Child support			
_	VA Non-Service-Connected Disability	,	_				
0	Pension		0	Alimony and other spousal support			
0	Private disability insurance		0	Other income source (specify):			
0	Worker's Compensation						
То	Total Monthly Income for Individual:						



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

No	0	Client doesn't know		
	•			
Yes	0	Client prefers not to answer		
	0	Data not collected		
YES" TO NON-CASH BENEFITS – INDICATE ALL SOUF	RCES	CES THAT APPLY		
Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
Other (specify):	0	Other TANF-funded services		
	Yes YES" TO NON-CASH BENEFITS – INDICATE ALL SOUF Supplemental Nutrition Assistance Program (SNAP) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes o YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES Supplemental Nutrition Assistance Program (SNAP) o Special Supplemental Nutrition Program for Women, o Infants, and Children (WIC)		

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 INS			JRANCE 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			

SEXUAL ORIENTATION [For CoC: YHDP and PSH funded programs – Adults and Head of Household]

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

YOUTH EDUCATION STATUS [For CoC: YHDP funded programs – Head of Household]

0	Not currently enrolled in any school or educational course			0	Client doesn't know	
0	Currently enrolled but NOT attending regularly			0	Client prefers not to answer	
	(when school or the course is in session)			Ŭ		
0	Currently enrolled and attending regularly		0	Data not collected		
0	(when school or the course is in session)			0	Data not collected	
IF	"NOT CURRENTLY ENROLLED" - MOST REC	EN.	T EDUCATIC)NA	L STATUS	
0	K12: Graduated from high school	0	Higher education: Pursuing a credential but not			
0			currently attending			
0	K12: Obtained GED	0	Higher education: Dropped out			
0	K12: Dropped out	0	Higher education: Obtaining a credential/degree			
0	K12: Suspended	0	Client doesr	n't k		
0	K12: Expelled	0	Client prefe	rs n	rs not to answer	
	• Data not co		Data not col			
IF	IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS					
0	Pursuing a high school diploma or GED	0	Pursuing other		post-secondary credential	
0	Pursuing Associate's Degree	0	Client doesn't know			
0	Pursuing Bachelor's Degree	0	Client prefers not to answer			
0	Pursuing Graduate Degree o Data not co		ollected			