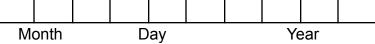


CLARITY HMIS: HUD-CoC STATUS ASSESSMENT FORM

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 STATUS DATE [All Clients]



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

0	No	0	Yes
IF "Y	ES" TO PERMANENT HOUSING		
Hous	ing Move-In Date: (See Note*)		*If client moved into permanent housing, make sure to update on the enrollment screen .

PHYSICAL DISABILITY [All Clients]

• No			0	Client doesn't know	
		No. 2			
0	Yes		0	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
o No		0	Client doesn't know		
	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	U U U U U U U U U U U U U U U U U U U		0	Client refused
Sui			Yes	0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	N .		Client refused
	Yes	0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	• No			0	Client doesn't know
• Yes					
			0	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
-		0	No		Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	Client refused			
substantially impairs ability to live independently?		0	Yes	0	Data not collected



HIV-AIDS [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

0	• No			0	Client doesn't know			
· Yes					No			
			0	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?oNoOYes-		0	Client doesn't know					
		Vee	0	Client refused				
		0	Data not collected					

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorder				
(Alcohol use disorder		Client doe	Client doesn't know			
0			Client refused				
0	Drug use disorder	0	Data not collected				
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY							
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		0	No	0	Client doesn't know		
			Vee	0	Client refused		
Suba		0	Yes	0	Data not collected		

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

0	No	0	Client doesn't know				
0	Yes	0	Client refused				
0		0	Data not	Data not collected			
IF "	IF "YES" TO DOMESTIC VIOLENCE						
WH	WHEN EXPERIENCE OCCURRED						
0	Within the past three months	0	One year ago or more				
			Client doesn'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 collected				
		0	No	0	Client doesn't know		
Are	Are you currently fleeing?		Yes	0	Client refused		
		0	162	0	Data not collected		



			laun	<u>.</u>			
0	No				0	Client doesn'	t know
0	Vac				0	Client refuse	d
0	Yes				0	Data not colle	ected
IF "	YES" TO INCOME FROM ANY SOURCE - INDI	CATE ALI	SO	JRCES TH	AT A	PPLY	
	Income Source	Amount		Incom	ie So	urce	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)		\cap	Pension or Retirement Income from a Former Job			
0	VA Service-Connected Disability Compensation		0	Child Sup	port		
0	VA Non-Service-Connected Disability Pension		0	Alimony a Support	ind O	ther Spousal	
0	Private Disability Insurance		0	Other inco	ome s	source	
0	Worker's Compensation			(specify):			
Tota	I Monthly Income for Individual:						

INCOME FROM ANY SOURCE [Head of Household and Adults]

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

• No			0	Client doesn't know	
				0	Client refused
0	Yes				Data not collected
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services		
\cap	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	Client refused		
0	• Yes			0	Data not collected	
IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance Obtained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults			
0	Other (specify):	0	Indian Health Services Program			



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

[He	ad	of I	Ηοι	iseł	hol	d]	

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

Signature of applicant stating all information is true and correct Date