

Alameda County HMIS



CLARITY HMIS: HUD-CoC PROJECT ENROLLMENT FORM

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

CLIENT NAME OR IDENTIFIER: _____

PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

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

<input type="radio"/> Albanian	<input type="radio"/> Hebrew	<input type="radio"/> Punjabi
<input type="radio"/> American Sign Language	<input type="radio"/> Hindi	<input type="radio"/> Romanian
<input type="radio"/> Amharic	<input type="radio"/> Hmong	<input type="radio"/> Russian
<input type="radio"/> Arabic	<input type="radio"/> Hungarian	<input type="radio"/> Serbian
<input type="radio"/> Armenian	<input type="radio"/> Igbo	<input type="radio"/> Sinhalese
<input type="radio"/> Bengali	<input type="radio"/> Indonesian	<input type="radio"/> Slovak
<input type="radio"/> Bosnian	<input type="radio"/> Italian	<input type="radio"/> Somali
<input type="radio"/> Bulgarian	<input type="radio"/> Japanese	<input type="radio"/> Spanish
<input type="radio"/> Burmese	<input type="radio"/> Khmer	<input type="radio"/> Swedish
<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Tagalog
<input type="radio"/> Croatian	<input type="radio"/> Laotian	<input type="radio"/> Tamil
<input type="radio"/> Czech	<input type="radio"/> Lithuanian	<input type="radio"/> Telugu
<input type="radio"/> Dutch	<input type="radio"/> Malayalam	<input type="radio"/> Thai
<input type="radio"/> English	<input type="radio"/> Mam	<input type="radio"/> Turkish
<input type="radio"/> Farsi	<input type="radio"/> Marathi	<input type="radio"/> Ukrainian
<input type="radio"/> French	<input type="radio"/> Navajo	<input type="radio"/> Urdu
<input type="radio"/> German	<input type="radio"/> Nepali	<input type="radio"/> Vietnamese
<input type="radio"/> Greek	<input type="radio"/> Polish	<input type="radio"/> Yiddish
<input type="radio"/> Haitian Creole	<input type="radio"/> Portuguese	<input type="radio"/> Yoruba
<input type="radio"/> Different Preferred Language (<i>specify</i>):	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	

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

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

Date of Engagement:	___/___/_____
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IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Household]*

<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 on-going housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going 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"/> GPD 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 IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situati]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, 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 <i>times</i> 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 <i>months</i> 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

RESOURCE ZONE [CE Only]

<input type="radio"/>	East County (Dublin, Pleasanton, Livermore)	<input type="radio"/>	Mid County East (Hayward, Unincorporated)
<input type="radio"/>	Mid County West (Alameda, San Leandro)	<input type="radio"/>	North County (Berkeley, Emeryville, Albany)
<input type="radio"/>	Oakland	<input type="radio"/>	South County (Fremont, Newark, Union City)

HCS REFERRAL SOURCE [CE Only]

<input type="radio"/>	Street Health	<input type="radio"/>	Access Point
<input type="radio"/>	Other		

HCS REFERRAL SOURCE - OTHER [CE Only]

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

HIV-AIDS *[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

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"/>	Client doesn't know
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

<input type="radio"/>	Both alcohol and drug use disorders			
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 SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED				
<input type="radio"/>	Within the past three months	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<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	
<input type="radio"/>	One year ago or more			
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 (<i>specify</i>):	
<input type="radio"/>	Worker's Compensation				
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 NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Child Care Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Clients]*

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

IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Health Insurance Obtained Through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Indian Health Services Program

CARE Court Referral *[All Client Households]*

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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SUD/SMI *[All Client Households]*

<input type="checkbox"/>	SUD	<input type="checkbox"/>	Unconfirmed Diagnosis
<input type="checkbox"/>	SMI		
<input type="checkbox"/>	Co-Occurring Disorders		

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

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

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

<input type="checkbox"/>	Not currently enrolled in any school or educational course	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Currently enrolled and attending regularly (when school or the course is in session)	<input type="checkbox"/>	Data not collected

IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS			
<input type="checkbox"/>	K12: Graduated from high school	<input type="checkbox"/>	Higher education: Pursuing a credential but not currently attending
<input type="checkbox"/>	K12: Obtained GED	<input type="checkbox"/>	Higher education: Dropped out
<input type="checkbox"/>	K12: Dropped out	<input type="checkbox"/>	Higher education: Obtaining a credential/degree
<input type="checkbox"/>	K12: Suspended	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	K12: Expelled	<input type="checkbox"/>	Client prefers not to answer

	<input type="radio"/>	Data not collected
IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS		
<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>

Signature of applicant stating all information is true and correct

Date