



Alameda County HMIS

CLARITY HMIS: COORDINATED ENTRY 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 (specify): | <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: | ____/____/_____ |
|----------------------------|-----------------|

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 |
|--------------------------|---------------------------|

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

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

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 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 |

RESOURCE ZONE [All Clients]

| | |
|---|---|
| <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 [All Clients]

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

HCS REFERRAL SOURCE - OTHER [All Clients]

| | |
|-----------------------|--|
| <input type="radio"/> | |
|-----------------------|--|

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 |

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="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 (<i>specify</i>): | <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"/> Veteran's Health Administration (VHA) | <input type="radio"/> State Health Insurance for Adults |
| <input type="radio"/> Other (<i>specify</i>): | <input type="radio"/> Indian Health Services Program |

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

| | |
|------------------------------------|-----------------------------|
| <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 |

Signature of applicant stating all information is true and correct

Date