### Alameda County HMIS



# CLARITY HMIS: COORDINATED ENTRY ENROLLMENT FORM - WITH ADDRESS

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

CLIENT N	IAME	OR IDE	NTIFIER:					 	 	 	
<b>.</b>		/	ART DAT	E [All 6	Clients	-					
	Mon	th	Day			Ye	ar				

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

0	Albanian	0	Hebrew	0	Punjabi			
0	American Sign Language	0	Hindi		Romanian			
0	Amharic	0	Hmong	0	Russian			
0	Arabic	0	Hungarian	0	Serbian			
0	Armenian	0	Igbo	0	Sinhalese			
0	Bengali	0	Indonesian	0	Slovak			
0	Bosnian	0	Italian	0	Somali			
0	Bulgarian	0	Japanese	0	Spanish			
0	Burmese	0	Khmer	0	Swedish			
0	Chinese	0	Korean	0	Tagalog			
0	Croatian	0	Laotian	0	Tamil			
0	Czech	0	Lithuanian	0	Telugu			
0	Dutch	0	Malayalam	0	Thai			
0	English	0	Mam	0	Turkish			
0	Farsi	0	Marathi	0	Ukrainian			
0	French	0	Navajo	0	Urdu			
0	German	0	Nepali	0	Vietnamese			
0	Greek	0	Polish	0	Yiddish			
0	Haitian Creole	0	Portuguese	0	Yoruba			
0	Different Preferred Language	0	Client doesn't know					
	(specify):	0	Client prefers not to answer					
		0	Data not collected					

<b>ENROLLMENT</b>	CoC	[only if	multiple	CoC's]	
_		L - /			

Da	ate of Engagement:		
IN I	PERMANENT HOUSING [Permanent	Но	using Projects, for Head of Household]
0	No	0	Yes
IF	"YES" TO PERMANENT HOUSING		
Housing Move-In Date:			<u></u>

#### **PRIOR LIVING SITUATION**

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

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 HOUS	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	lon	ge	ſ			0	Data not collected
LEI	NGTH OF STAY LESS THAN	17	NIGHTS [TH	, Pl	H]					
0	No			0	Y	es				
LEI	NGTH OF STAY LESS THAN	1 90	DAYS [Insti	tutic	ona	al Ho	usino	a Situai	tions	7
0	No			0		es		,		
ON	ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER,									
	FE HAVEN [Head of Househo	old	and Adults]							
0	Yes						0	No		
Ap	proximate Date This Episode	of I	Homelessnes	s S	ta	rted		/_	/	
Nu	ımber of <i>times</i> the client has b	eer	n on the stree	ets,	E	S, or	Safe	Have	n in	the last 3 years
0	One Time						0	Clien	t doe	esn't know
0	Two Times						0	Clien	t pre	fers not to answer
0	Three Times						0	Data	not o	collected
0	Four or More Times				_			_		
	tal number of months homele			s, E	S,	or S				
0	One month (this time is the firs						0			esn't know
0	2-12 months (specify number of	of m	onths):		-		0	- Charle prototo fiet to anotto		
0	More than 12 months						0	Data	not d	collected
LEN	NGTH OF STAY IN PRIOR L	IVII	NG SITUATION	ON						
0	One night or less	0	One month of than 90 days		or	e, bu	t les	S	0	Client doesn't know
0	Two to six nights	0	90 days or n one year	nore	e, k	out le	ss th	an	0	Client prefers not to answer
RE	SOURCE ZONE [All Clients]									
0	East County (Dublin, Pleasanto			(	Э					ayward, Unincorporated)
0						North County (Berkeley, Emeryville, Albany)				
0	Oakland			(	Э	Sout	th Co	ounty (I	Frem	nont, Newark, Union City)
НС	S REFERRAL SOURCE [All	Clie	ents]							
0	Street Health				0	Acc	ess F	oint		
0	Other									
НС	S REFERRAL SOURCE - 01	ГНЕ	<b>R</b> [All Clients	s]						
0										

#### WHAT WAS THE ADDRESS OF THE LAST PLACE YOU LIVED OR STAYED FOR MORE THAN 30 DAYS THAT WAS EITHER YOUR OWN PLACE OR SOMEONE **ELSE'S HOME?**

(DOES NOT INCLUDE STAYS IN SHELTER, TREATMENT PROGRAMS, OR OTHER								
TEMPORARY PLAC	ES	LIKE HOSPITALS (	OR JAILS.)					
Prior Street Address								
Prior City								
Prior State			Zip Code of Las	t Ac	ddress			
Prior Address Data O Full Address report Quality			rted o		Incomplete or estimated Address reported			
	Client doesn't know		0	Client prefers not to answer				
	0	Data not collected						
DISABLING CONDI	TIO	N [All Clients]						
o No			(	0	Client doesn't know			
o Yes				0	Client prefers not to answer			
			0	Data not collected				
PHYSICAL DISABILITY [All Clients]								
o No			(	0	Client doesn't know			

THI GIGAL DIGABLETT [All Gliches]				
o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECIF	Y			
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]

o No			0	Client doesn't know
○ Yes	0	Client prefers not to answer		
			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	0	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]

0	No	0	Client doesn't know

	Yes				0	Client prefers not to answer	
					0	Data not collected	
IF "	YES" TO MENTAL HEALTH DISORE	DER –	SPE	CIFY			
Exp	ected to be of long-continued and inde	efinite	0	No	0	Client doesn't know	
duration and substantially impairs ability to live			0	Yes	0	Client prefers not to answer	
independently?					0	Data not collected	
SUB	SSTANCE USE DISORDER [All Clients	ents]					
	No				0	Client doesn't know	
	Alcohol use disorder				0	Client prefers not to answer	
	Drug use disorder				0	Data not collected	
	Both alcohol and drug use disorders						
	ALCOHOL USE DISORDER" "DRUG	USE	DISC	RDER"	OR "	BOTH ALCOHOL AND DRU	G USE
	ORDERS" – SPECIFY	<b>6</b> 1 14			1		
	pected to be of long-continued and inde		-	No	0	Client doesn't know	
	ation and substantially impairs ability to	o iive	0	Yes	0	Client prefers not to answer	
inae	ependently?				0	Data not collected	
:IIR	VIVOR OF DOMESTIC VIOLENCE	F [Hos	nd of	Housek	old a	and Adults1	
	No		iu oi	1100361		Client doesn't know	
	Yes				0	Client prefers not to answer	
0	165				0	Data not collected	
IE "	YES" TO SURVIVOR OF DOMESTIC	· VIOL	ENCE	SDE	_		DDED
	Within the past three months	VIOL	LIVE	SFL		Client doesn't know	KKLD
	Three to six months ago (excluding six	v mont	onthe exactly)		0	Client prefers not to answer	
	Six months to one year ago (excluding size				0	Data not collected	
	One year ago or more	y One y	cai c	xactiy)		Data flot collected	
	One year ago or more					01:	
<u> </u>			0	Nο	0	i Cilent doesn't know	
•	vou currently fleeing?		-	No Yes	0	Client doesn't know Client prefers not to answer	
•	you currently fleeing?		-	No Yes	0 0	Client prefers not to answer	
•	you currently fleeing?		-		0		
Are	you currently fleeing?  OME FROM ANY SOURCE [Head	of Hou	0	Yes	0	Client prefers not to answer Data not collected	
Are NC		of Hou	0	Yes old and	o o Adult	Client prefers not to answer Data not collected	
Are	OME FROM ANY SOURCE [Head	of Hou	useh	Yes  old and Client	o o Adult	Client prefers not to answer Data not collected	
Are	OME FROM ANY SOURCE [Head No Yes		o useho	yes  old and Client Client Data	Adultidoesi	Client prefers not to answer Data not collected  ts] n't know rs not to answer  llected	
Are	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR	RCE –	useho	Old and Client Client Data	Adultidoesi preferent co	Client prefers not to answer Data not collected  (s) n't know rs not to answer llected DURCES THAT APPLY	
Are	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR	RCE –	useho	Old and Client Client Data r CATE A	Adultidoesi prefenot co	Client prefers not to answer Data not collected  ts] n't know rs not to answer llected DURCES THAT APPLY	
Are  NC(    IF "  Inco	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR Ome Source	RCE –	useho	CATE A Come So	Adulti doesi preferot co	Client prefers not to answer Data not collected  ts] n't know rs not to answer llected DURCES THAT APPLY  Assistance for Needy	Amour
Are  NC(  o   o   o    IF " Inco	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR Ome Source  Earned Income	RCE –	useho	Old and Client Client Data r CATE A COME So Tempor	Adultidoesi prefenot co	Client prefers not to answer Data not collected  ts] n't know rs not to answer Ilected DURCES THAT APPLY  Assistance for Needy ANF)	
Are  NC(  o	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR COME Source  Earned Income Unemployment Insurance	RCE –	o o o o o o o o o o o o o o o o o o o	Client Client Data r CATE A Come So Famili Gener	Adultidoesi prefenot co	Client prefers not to answer Data not collected  [ts]  n't know rs not to answer  Ilected DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA)	
Are  NC(   IF "  Inco	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI)	RCE –	useho	Cate A Come So Famili Gener Retire	Adultidoesi preference control	Client prefers not to answer Data not collected  [ts]  n't know rs not to answer  [lected DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security	
Are NC( o   o   life "Inco	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance	RCE –	o o o o o o o o o o o o o o o o o o o	Client Client Data r CATE A Come So Temp Famili Gener Retire Pensi	Adulti does preference cource prary es (T/ral Assement pon or	Client prefers not to answer Data not collected  [ts]  n't know rs not to answer  Ilected DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA)	
Are  NC(  O   IF "Inco O   O   O   O   O   O   O   O   O   O	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR Ome Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)	RCE –	indicate in o	Client Client Data r CATE A Come So Temp Famili Gener Retire Pensic	Adulti doesi prefenot co LL SC purce orary es (T/ral Assement on or rjob	Client prefers not to answer Data not collected  ts]  n't know rs not to answer  llected  DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security retirement income from a	
NCC  IF " Incc  O	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance	RCE –	indicate in o	Client Client Data r CATE A Come So Temp Famili Gener Retire Pensi	Adulti doesi prefenot co LL SC purce orary es (T/ral Assement on or rjob	Client prefers not to answer Data not collected  ts]  n't know rs not to answer  llected  DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security retirement income from a	
Are  NCC  IF " Incc  O	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)  VA Service-Connected Disability	RCE –	indicate in a second se	Client Client Data r CATE A Come So Famili Gener Retire Pensic forme Child	Adultadoesi preferent concess (T/real Assement on or rigot)	Client prefers not to answer Data not collected  ts]  n't know rs not to answer llected  DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security retirement income from a	
NCCOO O O O O O O O O O O O O O O O O O	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation	RCE –	Jseho O INDIC INDIC O	Client Client Data r CATE A Come So Famili Gener Retire Pensic forme Child	Adultadoesi preferent concess (T/real Assement on or rigot)	Client prefers not to answer Data not collected  ts]  n't know rs not to answer  llected  DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security retirement income from a	
Are  NC(  O   O   O   O   O   O   O   O   O   O	OME FROM ANY SOURCE [Head No Yes  YES" TO INCOME FROM ANY SOUR OME Source  Earned Income  Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI)  VA Service-Connected Disability Compensation VA Non-Service-Connected Disability	RCE –	indicate in a second se	Client Client Data r CATE A Come So Famili Gener Retire Pensic forme Child	Adulti does preference control	Client prefers not to answer Data not collected  ts]  n't know rs not to answer llected  DURCES THAT APPLY  Assistance for Needy ANF) sistance (GA) income from Social Security retirement income from a	

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

0	No	0	Client doesn't know	
0	Yes	0	Client prefers not to answer	
		0	Data not collected	
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY				
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services	
0	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	Yes	0	Client prefers not to answer			
		0	Data not collected			
IF	IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE 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	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

Signature of applicant stating all information is true and correct	Date
eignature of approant stating an information to true and correct	2410