

CLARITY HMIS: ANNUAL ASSESSMENT

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

ASS	ESSN	IENT	DA	TE: _	/_		_/	_												
PRO	OGRA	M N	AME	:																
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soc	IAL S	ECU	RIT	Y NU	MBE	R //	II Cli	ents]												
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																				N/A
CUR	REN	ΓΝΑ	ME /	All C	lient	s]														
La	st		_			Ī														0
Fir	st																			0
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Date	e of St	tatus	Dete	ermin	atior	1			0	/		/								
Client Became Enrolled in PATH																				
									0	Yes										
IF "	NO" T	UEN	KUL	LED	IN PA	AIH		Т		Clion	t wa	s four	nd in	aliaik	olo fo	r D^	т⊔			
Rea	son N	ot En	roller	4				-	0			s four						n(s)		
					ras not enrolled for other reason(s) to locate client															



IN PERMANENT HOUSING [Permanent F			ts, for	Head of Household]			
o No	o Yes						
IF "YES" TO PERMANENT HOUSING							
Housing Move-In Date:	/	/					
DISABLING CONDITION [All Clients]							
○ No			0	Client doesn't know			
○ Yes			0	Client prefers not to answer			
			0	Data not collected			
DIVOIDAL DIOADILITY (All Ol')							
PHYSICAL DISABILITY [All Clients]				00			
o No			0	Client doesn't know			
o Yes			0	Client prefers not to answer			
IF "YES" TO PHYSICAL DISABILITY – SPE	CIEV		0	Data not collected			
		No		Client doesn't know			
Expected to be of long-continued and indefini duration and substantially impairs ability to liv		+ : : -	0	Client doesn't know Client prefers not to answer			
independently?		165	0	Data not collected			
independently:			0	Data not collected			
DEVELOPMENTAL DISABILITY [All Clier	ntel						
No	noj		0	Client doesn't know			
Yes			0	Client prefers not to answer			
			0	Data not collected			
				Data flot collected			
CHRONIC HEALTH CONDITION [All Clien	nts1						
○ No	1101		0	Client doesn't know			
○ Yes			0	Client prefers not to answer			
			0	Data not collected			
IF "YES" TO CHRONIC HEALTH CONDITION	ON – S	PECIFY					
Expected to be of long-continued and indefini	ite o	No	0	Client doesn't know			
duration and substantially impairs ability to liv		Yes	0	Client prefers not to answer			
independently?		•	0	Data not collected			
HIV-AIDS [All Clients]							
○ No			0	Client doesn't know			
o Yes			0	Client prefers not to answer			
			0	Data not collected			
MENTAL HEALTH DISORDER [All Clients	sl						
o No			0	Client doesn't know			
o Yes			0	Client prefers not to answer			
1			0	Data not collected			
IF "YES" TO MENTAL HEALTH DISORDER	R – SP	ECIFY					
Expected to be of long-continued and indefini			0	Client doesn't know			
duration and substantially impairs ability to liv			0	Client prefers not to answer			
independently?			0	Data not collected			
SUBSTANCE USE DISORDER [All Clients	s]						
o No			0	Client doesn't know			

Client prefers not to answer

0

Alcohol use disorder



0	Drug use disorder			0	Data not collected	
0	Both alcohol and drug use disorders					
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USI						
DIS	SORDERS" – SPECIFY					
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know	
duration and substantially impairs ability to live ∨ Yes					Client prefers not to answer	
ind	ependently?			0	Data not collected	

SURVIVOR OF DOMESTIC VIOLENCE [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 SURVIVOR OF DOMESTIC VIOLE	ENC	E - SPEC	IFY	WHEN EXPERIENCE OCCURRED
0	Within the past three months			0	Client doesn't know
0	Three to six months ago (excluding six month	ns e	xactly)	0	Client prefers not to answer
0	Six months to one year ago (excluding one year	e year exactly)			Data not collected
0	One year ago or more				
		0	No	0	Client doesn't know
Are you currently fleeing?			Yes	0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [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 INCOME FROM ANY SOU	RCE – II	NDIC	ATE ALL SOURCES THAT APPLY					
Ind	come Source	Amount	Inc	ome Source	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)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support					
0	Private disability insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	tal Monthly Income for Individual:	•							

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 SOUF	CES	S 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



1						
0	No			0	Client doesn't know	
0	Yes			0	Client prefers not to answer	
				0	Data not collected	
IF "	NO" TO RECEIVING RYAN WHITE-FUNDED MED	DICA	AL OR D	ENT	AL ASSISTANCE - SPECIFY	
RE	ASON					
0	Applied; decision pending			0	Client doesn't know	
0	Applied; client not eligible			0	Client prefers not to answer	
0	Client did not apply			0	Data not collected	
0	Insurance type N/A for this client					
0	Yes	0	Client	t prefers not to answer		
		0		a not collected		
IF	"YES" TO HEALTH INSURANCE - HEALTH IN	ISU	RANCE	CO	VERAGE DETAILS	
0	MEDICAID	0	Emplo	yer F	Provided Health Insurance	
0	MEDICARE	0	Health Insurance Obtained Through COBRA			
0	State Children's Health Insurance (SCHIP) o Private			Private Pay Health Insurance		
0	Veteran's Health Administration (VHA)			Heal	th Insurance for Adults	
0	Other (specify):	0	Indian	Hea	llth Services Program	

ADDITIONAL INFORMATION [For RHY and YHDP Programs Only]

Pr	egnancy Status		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Dι	e Date:		

Receiving AIDS Drug Assistance Program (ADAP) [HOPWA Programs Only]

			-9
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	'NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADA	P) – SPECIFY REASON
0	Applied; decision Pending	0	Client doesn't know
0	Applied; client not eligible	0	Client prefers not to answer
0	Client did not apply	0	Data not collected
0	Insurance type N/A for this client		

Receiving Ryan White-funded Medical or Dental Assistance [HOPWA Programs Only]

T-cell (CD4) Count Available [HOPWA Programs Only]

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

T-cell count (Integer between 0-1500):	[HOPWA Programs Only]
r-cen count (integer between 0-1500)	INOP WA PIOGLALIS ULIIYI



How was	tha	Information	Ohtoino	ผว
HOW WAS	TNE	intormation	Ontaine	n /

0	Medical Report
0	Client report
0	Other (specify)

Viral Load Information [HOPWA Programs Only]

0	Not available	0	Client doesn't know	
0	Available	0	Client prefers not to answer	
0	Undetectable	0	Data not collected	

Count (Integer between 0-1500):	[HOPWA Programs O	nly]
How was the Information obtained?	[HOPWA Programs Only]	

0	Medical Report
0	Client report
0	Other (specify)

Has the participant been prescribed anti-retroviral drugs? [HOPWA Programs Only]

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

Staff Completing	Date:	
(Print Name):	Date.	