Alameda County HMIS



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.

PROJECT STATUS DATE All Clients	LIENT NAME OR IDENTIFIER:					
Nonth Day Year	PROJECT STATUS DATE [All Clients]					
IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household] □ No						
IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household] □ No						
No	Month Day Year					
No						
No						
IF "YES" TO PERMANENT HOUSING Housing Move-In Date:*	IN PERMANENT HOUSING [Permanent Housing Projection Proj	ects, for	Head of Household]			
Housing Move-In Date:*	o No o Yes					
*If client moved into permanent housing, make sure to update on the enrollment screen. PHYSICAL DISABILITY [All Clients] NO PYes Client doesn't know Client prefers not to answer Data not collected IF "YES" TO PHYSICAL DISABILITY – SPECIFY Expected to be of long-continued and indefinite duration and substantially impairs ability to live DEVELOPMENTAL DISABILITY [All Clients] No Pes Client doesn't know Client prefers not to answer Data not collected CHRONIC HEALTH CONDITION [All Clients] No Pes Client prefers not to answer Client prefers not to answer Data not collected CHRONIC HEALTH CONDITION [All Clients] NO Pes Client doesn't know Client prefers not to answer 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? NO Data not collected HIV-AIDS [All Clients] Client doesn't know Client prefers not to answer independently?	IF "YES" TO PERMANENT HOUSING					
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HIV-AIDS [All Clients] No Client doesn't know	duration and substantially impairs ability to live	0	Client prefers not to answer			
○ No ○ Client doesn't know	independently?	0	Data not collected			
○ No ○ Client doesn't know	HIV-AIDS [All Clients]					
			Client decen't knew			
I ○ Tes Olient prefers not to answer						
Data not collected	·					

MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
	0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
Expected to be of long-continued and indefinite	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

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know	
0	Alcohol use disorder				Client prefers not to answer	
0	Drug use disorder				Data not collected	
	Both alcohol and drug use disorders					
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOT					BOTH ALCOHOL AND DRUG USE	
DI	DISORDERS" – SPECIFY					
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know	
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer	
inc	dependently?			0	Data not collected	

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

	orthion of bombonic violative [riodd or rioddonord and ridding]						
0	No			0	Client doesn't know		
0	Yes				Client prefers not to answer		
					Data not collected		
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC				IFY	WHEN EXPERIENCE OCCURRED		
0	Within the past three months			0	Client doesn't know		
0	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer		
0	Six months to one year ago (excluding one year exactly)			0	Data not collected		
0	One year ago or more						
		0	No	0	Client doesn't know		
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer		
				0	Data not collected		

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No	()	Client doesn't know			
0	o Yes)	Client prefers not to answer			
		()	Data not collected			
IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY						
In	Income Source Amount Income Source An				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 s upport			

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	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	"YES" TO HEALTH INSURANCE – HEALTH IN	ISU	RANCE 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

Signature of applicant stating all information is true and correct

Date