



Alameda County HMIS

CLARITY HMIS: HUD-HOPWA PROJECT ENROLLMENT FORM

Use block letters for text and bubble 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			

TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

<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 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			

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

ENROLLMENT CoC [only if multiple CoC's] _____

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 Situations]

<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

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		
	<input type="radio"/> No	<input type="radio"/> Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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 (specify):	<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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible

		<input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Veteran's Health Administration (VHA)		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Employer Provided Health Insurance		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Health Insurance Obtained through COBRA		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Private Pay Health Insurance		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> State Health Insurance for Adults		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know <input type="radio"/> Client prefers not to answer <input type="radio"/> Data not collected
<input type="radio"/> Indian Health Services Program		<input type="radio"/> Applied; decision pending <input type="radio"/> Applied; client not eligible <input type="radio"/> Client did not apply <input type="radio"/> Insurance type N/A for this client <input type="radio"/> Client doesn't know

		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	Other Health Insurance (specify)		

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

<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 “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON

<input type="radio"/>	Applied; decision Pending	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Client did not apply	<input type="radio"/>	Data not collected
<input type="radio"/>	Insurance type N/A for this client		

Receiving Ryan White-funded Medical or Dental Assistance

<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 “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON

<input type="radio"/>	Applied; decision pending	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Client did not apply	<input type="radio"/>	Data not collected
<input type="radio"/>	Insurance type N/A for this client		

T-cell (CD4) Count Available

<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

T-cell Count (Integer between 0-1500): _____

How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Viral Load Information Available

<input type="radio"/>	Not available	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Available	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Undetectable	<input type="radio"/>	Data not collected

Count (Integer between 0-999999): _____

How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

<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

Signature of applicant stating all information is true and correct

Date