



Alameda County HMIS

CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT 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 STATUS DATE [All Clients]

| | | | | | | | | |
|--|--|---|--|--|---|--|--|--|
| | | / | | | / | | | |
|--|--|---|--|--|---|--|--|--|

Month

Day

Year

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 (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 |

| | |
|---|--------------------------------------|
| ○ Health Insurance Obtained through COBRA | ○ Applied; decision pending |
| | ○ Applied; client not eligible |
| | ○ Client did not apply |
| | ○ Insurance type N/A for this client |
| | ○ Client doesn't know |
| | ○ Client prefers not to answer |
| | ○ Data not collected |
| ○ Private Pay Health Insurance | ○ Applied; decision pending |
| | ○ Applied; client not eligible |
| | ○ Client did not apply |
| | ○ Insurance type N/A for this client |
| | ○ Client doesn't know |
| | ○ Client prefers not to answer |
| | ○ Data not collected |
| ○ State Health Insurance for Adults | ○ Applied; decision pending |
| | ○ Applied; client not eligible |
| | ○ Client did not apply |
| | ○ Insurance type N/A for this client |
| | ○ Client doesn't know |
| | ○ Client prefers not to answer |
| | ○ Data not collected |
| ○ Indian Health Services Program | ○ Applied; decision pending |
| | ○ Applied; client not eligible |
| | ○ Client did not apply |
| | ○ Insurance type N/A for this client |
| | ○ Client doesn't know |
| | ○ Client prefers not to answer |
| | ○ Data not collected |
| ○ Other Health Insurance (specify) | |

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

| | |
|--|--------------------------------|
| ○ No | ○ Client doesn't know |
| ○ Yes | ○ Client prefers not to answer |
| | ○ Data not collected |
| IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON | |
| ○ Applied; decision Pending | ○ Client doesn't know |
| ○ Applied; client not eligible | ○ Client prefers not to answer |
| ○ Client did not apply | ○ Data not collected |
| ○ 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 |

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:* | ____/____/____ |
| <i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i> | |

Signature of applicant stating all information is true and correct Date