



Alameda County HMIS

CLARITY HMIS: HHS-RHY 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		

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]* _____

WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged – Street Outreach Projects, for Adults & Head of Household]

Date of Engagement:	____/____/____
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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>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/____

PRIOR LIVING SITUATION

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

<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 times 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 months 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

RHY BCP STATUS [Adults and Head of Household, All program types except Street Outreach]

Date of Status Determination	<input type="radio"/>	___/___/___	
Youth Eligible for RHY Services			
<input type="radio"/>	No	<input type="radio"/>	Yes
IF "No" for Youth Eligible for RHY Services – Reason services are not funded by BCP grant			

<input type="radio"/> Out of age range	<input type="radio"/> Ward of the criminal justice system – immediate reunification
<input type="radio"/> Ward of the State – Immediate Reunification	<input type="radio"/> Other
If “Yes” for Youth Eligible for RHY Services – Runaway Youth?	
<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

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

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

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

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 (<i>specify</i>):	<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 – HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION *[Adults and Head of Household]*

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
<input type="radio"/>	Gay	<i>If Other please specify:</i>	
<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

LAST GRADE COMPLETED *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate's degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Graduate degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12/High school diploma	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School program does not have grade levels	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

SCHOOL STATUS *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/>	Attending school regularly	<input type="radio"/>	Suspended
<input type="radio"/>	Attending school irregularly	<input type="radio"/>	Expelled
<input type="radio"/>	Graduated from high school	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Obtained GED	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Dropped out	<input type="radio"/>	Data not collected

EMPLOYMENT STATUS *[Adults and Head of Household, All program types except Street Outreach]*

Employed			
<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" for employed – Type of employment			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
If "No" for employed – Why not employed			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

GENERAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

DENTAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

MENTAL HEALTH STATUS *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

PREGNANCY STATUS *[Adults and 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" for Pregnancy Status	
Due Date	____/____/____

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

[Adults and Head of Household, All program types except Street Outreach]

<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" for Formerly a Ward of Child Welfare/Foster Care Agency	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
If "Less than one year" – Number of months	

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

[Adults and Head of Household, All program types except Street Outreach]

<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" for Formerly a Ward of Juvenile Justice System	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

If “Less than one year” – Number of months	
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FAMILY CRITICAL ISSUES *[Adults and Head of Household, All program types except Street Outreach]*

Unemployment – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Mental Health Disorder – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Physical Disability – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Alcohol or Substance Use Disorder – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Insufficient income to support youth – Family Member	<input type="radio"/>	No	<input type="radio"/>	Yes
Incarcerated parent of youth	<input type="radio"/>	No	<input type="radio"/>	Yes

REFERRAL SOURCE *[Adults and Head of Household, All program types except Street Outreach]*

<input type="radio"/>	Self -referral	<input type="radio"/>	Law Enforcement/Police
<input type="radio"/>	Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	<input type="radio"/>	Mental Hospital
<input type="radio"/>	Outreach	<input type="radio"/>	School
<input type="radio"/>	Temporary Shelter	<input type="radio"/>	Other organization
<input type="radio"/>	Residential Project	<input type="radio"/>	Client doesn’t know
<input type="radio"/>	Hotline	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Child Welfare/CPS	<input type="radio"/>	Data not collected
<input type="radio"/>	Juvenile Justice		
If Referral Source is “Outreach Project” – Number of times approached by Outreach prior to entering project			

Signature of applicant stating all information is true and correct

Date