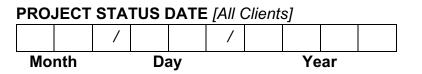
# Alameda County HMIS



# CLARITY HMIS: HHS-RHY PROGRAM STATUS UPDATE 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:\_



#### **IN PERMANENT HOUSING** [Permanent Housing Projects, for Head of Household]

• <b>No</b>	• Yes			
IF "YES" TO PERMANENT HOUSING				
Housing Move-In Date:*	//			

\*If client moved into permanent housing, make sure to update on the **enrollment screen**.

#### PHYSICAL DISABILITY [All Clients]

• <b>No</b>			0	Client doesn't know
• Yes	• Yes			Client prefers not to answer
			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECIF	Ϋ́			
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

#### **DEVELOPMENTAL DISABILITY** [All Clients]

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

#### CHRONIC HEALTH CONDITION [All Clients]

• <b>No</b>	> No			Client doesn't know
• Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION -	- SF	PECIFY		
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

#### MENTAL HEALTH DISORDER [All Clients]

0	No		0	Client doesn't know	
0	Yes		0	Client prefers not to answer	
			0	Data not collected	
IF	IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY				
	0	No	0	Client doesn't know	

Expected to be of long-continued and indefinite	0	Yes	0	Client prefers not to answer
duration and substantially impairs ability to live			0	Data not collected
independently?				

#### **SUBSTANCE USE DISORDER** [All Clients]

0	No			0	Client doesn't know	
0	Alcohol use disorder			0	Client prefers not to answer	
0	Drug use disorder			0	Data not collected	
0	Both alcohol and drug use disorders					
IF	"ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE	
DI	DISORDERS" – SPECIFY					
Ex	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	lependently?			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 S	SOURCE -	IND	NDICATE ALL SOURCES THAT APPLY						
Inc	come Source	Amount	Inco	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 Individua	al:								

#### **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 SOUP	RCES	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
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

## **RHY SPECIFIC YOUTH INFORMATION**

### PREGNANCY STATUS [Adults and Head of Household]

• <b>No</b>	0 (	Client doesn't know
○ Yes	0	Client prefers not to answer
	0	Data not collected
If "Yes" for Pregnancy Status		
Due Date		<u> </u>

# Signature of applicant stating all information is true and correct Date