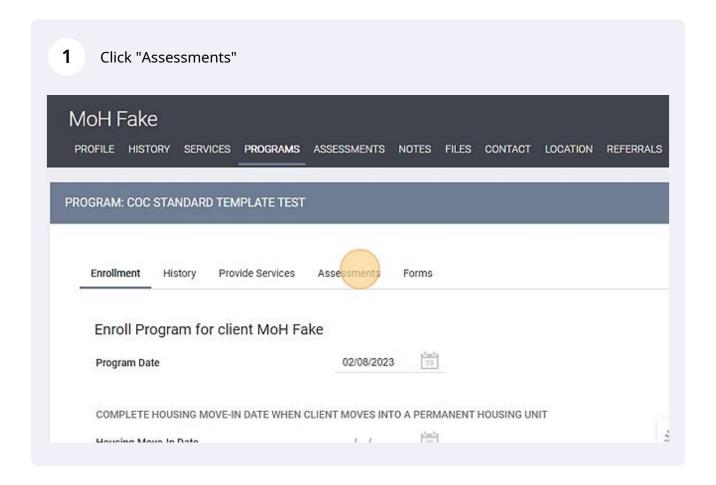
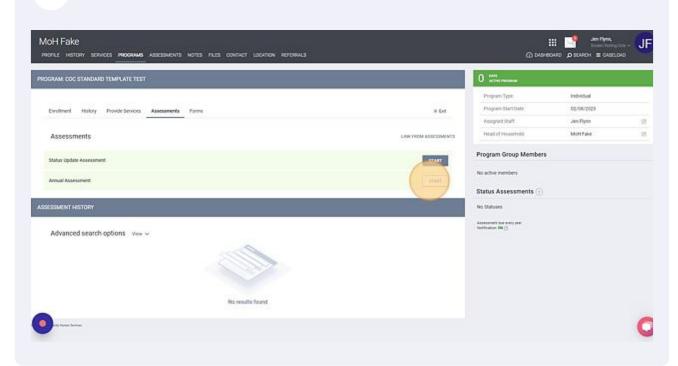


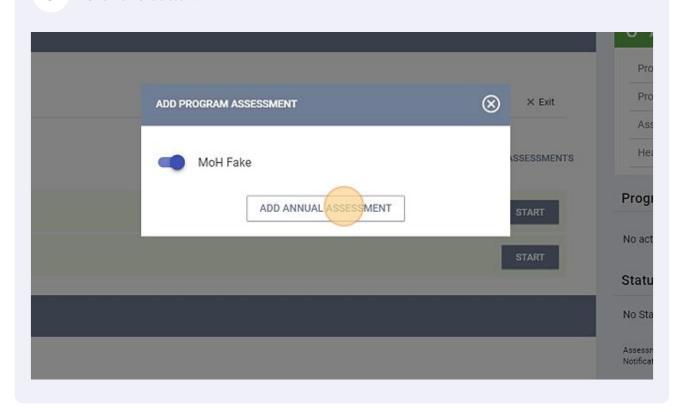
## 7a. Clarity Human Services - Client Annual Assessment



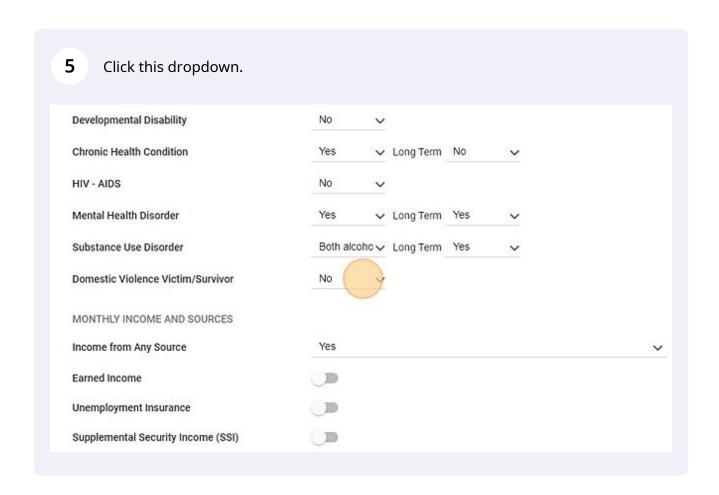
2 Click this button.

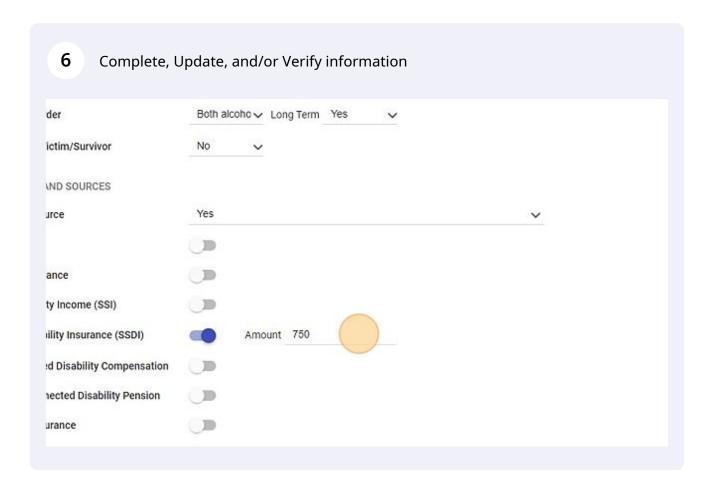


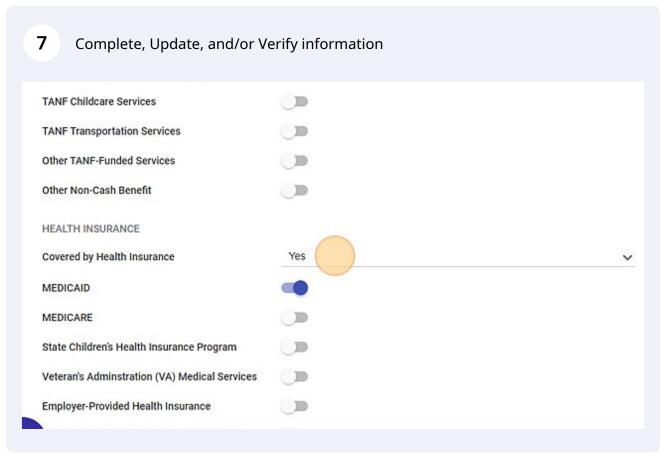
**3** Click this button.



4 Complete, Update, and/or Verify information GRAM: COC STANDARD TEMPLATE TEST Enrollment History Provide Services Assessments Forms Add Annual Assessment for client MoH Fake 02/08/2023 Project Status Date DISABLING CONDITIONS AND BARRIERS Physical Disability **Developmental Disability** No Chronic Health Condition Yes ✓ Long Term No. POLA - VIH Νn







## 8 Click "SAVE & CLOSE" ves their life has value and worth. Data Hot collected ves they have support from others Data not collected n to problems. ves they have a tendency to after hard times. Data not collected iency of feeling nervous, tense, Data not collected trated, or afraid. client/household has been permanently housed, please update the Housing Move-In Date field on the enrollment screen with the date the the permanent unit. CANCEL SAVE & CLOSE