CLARITY HMIS: KC- Client Profile

The HMIS system requires “Client Consent for Data Collection and Release of Information” from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

PROJECT START DATE​ *​*​ *​[All Individuals/Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *­* |  |  | *­* |  |  |  |  |

Month DayYear

SOCIAL SECURITY NUMBER​ ​*[All Individuals/Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *­* |  |  | *­* |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| QUALITY OF SOCIAL SECURITY | | | |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Approximate or partial SSN reported | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME *[​All Individuals/Clients]* | | | | | | | | | | | | | | | | | | | | | | N/A |
| Last | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| First | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| Middle | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| Suffix | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  | ○ |
| QUALITY OF CURRENT NAME | | | | | | | | | | | | | | | | | | | | | | |
| ○ | Full name reported | | | | | | | | | | | | | | | ○ | | Client doesn’t know | | | | |
| ○ | Partial, street name, or code name reported | | | | | | | | | | | | | | | ○ | | Client refused | | | | |
| ○ | | Data not collected | | | | |

DATE OF BIRTH *[All Individuals/Clients]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | Age: |

Month XX Day XX Year XXXX

|  |  |  |  |
| --- | --- | --- | --- |
| QUALITY OF DATE OF BIRTH | | | |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client refused |
| ○ | Data not collected |

GENDER​ *(Select all applicable) [All Individuals/Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Female | ○ | Client doesn’t know |
| ○ | Male | ○ | Client refused |
| ○ | A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) | ○ | Data not collected |
| ○ | Transgender | | |
| ○ | Questioning | | |

RACE ​(Select all applicable) *[All Individuals/Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaskan Native or Indigenous | ○ | Client does not know |
| ○ | Asian or Asian American | ○ | Client refused |
| ○ | Black, African American, or African | ○ | Data Not Collected |
| ○ | Native Hawaiian or Pacific Islander | | |
| ○ | White | | |

# **PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALAPHABETICAL LISTS:**

# (Please refer to the Tribe guide for selection of specific tribe (https://bit.ly/2Y0w7aN), then write in the tribe name in the space provided):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRIBE CATEGORY:** | | **TRIBE NAME** | **TRIBE NAME** | **TRIBE NAME** |
| **○** | U.S. Federally Recognized Tribes |  |  |  |
| **○** | First Nations Tribes |  |  |  |
| **○** | Latin American Tribes |  |  |  |
| **○** | State Recognized Tribes |  |  |  |
| **○** | Uncategorized Tribes |  |  |  |

# **IF CLIENT’S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.**

|  |
| --- |
| Tribal Flag Notes: |

# **ETHNICITY**​ [All Individuals/Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Non­Hispanic/ Non­Latin(a)(o)(x) | ○ | Client does not know |
| ○ | Client refused |
| ○ | Hispanic/Latin(a)(o)(x) | ○ | Data Not Collected |
| ○ | Other |

VETERAN STATUS​ ​*[All Adults]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO VETERAN STATUS | | | | | | |
| Year entered military service (year) | |  | | | | |
| Year separated from military service (year) | |  | | | | |
| Theater of Operations: World War II | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Korean War | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Vietnam War | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Iraq (Operation New Dawn) | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | | | | |
| ○ | No | | | | ○ | Client doesn’t know |
| ○ | Yes | | | | ○ | Client refused |
| ○ | Data not collected |
| Branch of the Military | | | | | | |
| ○ | Army | | ○ | Coast Guard | | |
| ○ | Air Force | | | | ○ | Client doesn’t know |
| ○ | Navy | | | | ○ | Client refused |
| ○ | Marines | | | | ○ | Data not collected |
| Discharge Status | | | | | | |
| ○ | Honorable | | ○ | Dishonorable | | |
| ○ | General under honorable conditions | | ○ | Uncharacterized | | |
| ○ | Other than honorable conditions (OTH) | | | | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Bad Conduct | | | | ○ | Data not collected |

# **IN WHAT LANGUAGE ARE YOU BEST ABLE TO EXPRESS YOURSELF?** [All Individuals/Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Sign Language (ASL) | ○ | Polish |
| ○ | Amharic | ○ | Portuguese |
| ○ | Arabic | ○ | Punjabi |
| ○ | Cambodian | ○ | Russian |
| ○ | Chinese | ○ | Samoan |
| ○ | English | ○ | Somali |
| ○ | Farsi | ○ | Spanish |
| ○ | French | ○ | Swedish |
| ○ | German | ○ | Tagalog |
| ○ | Greek | ○ | Tigrinya |
| ○ | Hindi | ○ | Ukrainian |
| ○ | Italian | ○ | Vietnamese |
| ○ | Japanese | ○ | Other (write in): |
| ○ | Korean | ○ | Client doesn’t know |
| ○ | Laotian | ○ | Client refused |
| ○ | Oromo | ○ | Data not collected |

CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

*Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.*

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All Individuals/Client Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child |
| ○ | Head of household’s spouse or partner | ○ | Other: non­-relation member |

# **DOMESTIC VIOLENCE VICTIM/SURVIVOR** ​[Head of Household and Adults] Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO DOMESTIC VIOLENCE | | | | | |
| WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | Within the past three months | ○ | One year ago or more | | |
| ○ | Three to six months ago (excluding six months exactly) | ○ | Client doesn’t know | | |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Client refused | | |
| ○ | Data not collected | | |
| Are you currently fleeing?\* | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

*\*If individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at:* *877-737-0242 or 206-737-0242.*

# **WHEN INIDIVDUAL/CLIENT WAS ENGAGED** ​[Street Outreach Only or Night by Night Emergency Shelter] ​[Head of Household and Adults]

|  |  |
| --- | --- |
| Date of Engagement: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-In Date: | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

# **CITY OF PERMANENT HOUSING LOCATION** [Rapid Re-Housing Projects, Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Unincorporated King County (includes any community not otherwise listed) | ○ | Medina |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqulamie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | Washington State (outside of King County) |
| ○ | Kirkland | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client Refused |
| ○ | Data Not Collected |

PRIOR LIVING SITUATION

What was the individual/client’s type of residence immediately prior to program enrollment? [*Head of Household and Adults]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | | | ○ | Staying or living in a family member’s room, apartment or house | | |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | | | ○ | Rental by client, with GPD TIP housing subsidy | | |
| ○ | Safe Haven | | | ○ | Rental by client, with VASH housing subsidy | | |
| ○ | Foster care home or foster care group home | | | ○ | Permanent housing (other than RRH) for formerly homeless persons | | |
| ○ | Hospital or other residential non­-psychiatric medical facility | | | ○ | Rental by client, with RRH or equivalent subsidy | | |
| ○ | Jail, prison or juvenile detention facility | | | ○ | Rental by client, with HCV voucher (tenant or project based) | | |
| ○ | Long-term care facility or nursing home | | | ○ | Rental by client in a public housing unit | | |
| ○ | Psychiatric hospital or other psychiatric facility | | | ○ | Rental by client, no ongoing housing subsidy | | |
| ○ | Substance abuse treatment facility or detox center | | | ○ | Rental by client, with other ongoing housing subsidy | | |
| ○ | Residential project or halfway house with no homeless criteria | | | ○ | Owned by client, with ongoing housing subsidy | | |
| ○ | Hotel or motel paid for without emergency shelter voucher | | | ○ | Owned by client, no on­going housing subsidy | | |
| ○ | Transitional housing for homeless persons (including homeless youth) | | | ○ | Client doesn’t know | | |
| ○ | Host Home (non-crisis) | | | ○ | Client refused | | |
| ○ | Staying or living in a friend’s room, apartment or house | | | ○ | Data not collected | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | If Living Situation is “Place not meant for habitation” | | | | | | | | | Is the individual/client currently living in a vehicle? | | | | ○ | No | ○ | Client doesn’t know | | ○ | Yes | ○ | Client refused | | ○ | Data not collected | | If “Yes”, please select Vehicle Type | | | | | | | | | ○ | Van | ○ | Client Doesn't Know | | | | | | ○ | Automobile/Car | ○ | Client Refused | | | | | | ○ | Camper/RV | ○ | Data Not Collected | | | | |   **Select the city of the prior residence** [Head of Household and Adults]  |  |  |  |  | | --- | --- | --- | --- | | ○ | Unincorporated King County (includes any community not otherwise listed) | ○ | Medina | | ○ | Algona | ○ | Mercer Island | | ○ | Auburn | ○ | Milton | | ○ | Beaux Arts | ○ | Newcastle | | ○ | Bellevue | ○ | Normandy Park | | ○ | Black Diamond | ○ | North Bend | | ○ | Bothell | ○ | Pacific | | ○ | Burien | ○ | Redmond | | ○ | Carnation | ○ | Renton | | ○ | Clyde Hill | ○ | Sammamish | | ○ | Covington | ○ | Sea Tac | | ○ | Des Moines | ○ | Seattle | | ○ | Duvall | ○ | Shoreline | | ○ | Enumclaw | ○ | Skykomish | | ○ | Federal Way | ○ | Snoqulamie | | ○ | Hunts Point | ○ | Tukwila | | ○ | Issaquah | ○ | Woodinville | | ○ | Kenmore | ○ | Yarrow Point | | ○ | Kent | ○ | Washington State (outside of King County) | | ○ | Kirkland | ○ | Outside of Washington State | | ○ | Lake Forest Park | ○ | Client Doesn't Know | | ○ | Maple Valley | ○ | Client Refused | | ○ | Data Not Collected |   LENGTH OF STAY IN PRIOR LIVING SITUATION | | | | | | | |
| ○ | One night or less | ○ | One month or more, but less than 90 days | | | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | | | ○ | Client refused |
| ○ | One week or more, but less than one month | ○ | One year or longer | | | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS *[if prior residence TH, PH]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

LENGTH OF STAY LESS THAN 90 DAYS [*If prior residence Institutional Housing Situations]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

ON THE NIGHT BEFORE – STAYED ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN *[Head of Household and Adults / Related to Prior Residences of TH, PH, Institutional]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | No | | |
| Approximate Date Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the individual/client has been on the streets, in Emergency Shelter, or Safe Haven in the past 3 years | | | | | |
| ○ | One Time | | | ○ | Client doesn’t know |
| ○ | Two Times | | | ○ | Client refused |
| ○ | Three Times | | | ○ | Data not collected |
| ○ | Four or More Times | | |  |  |
| Total Number of *Months* homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years | | | | | |
| ○ | One month (this time is the first month) | | | ○ | Client doesn’t know |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_ | | | ○ | Client refused |
| ○ | More than 12 months | | | ○ | Data not collected |

# **What city did the individual/client live in the last time they had a stable place to live like an apartment or house?** [Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Unincorporated King County (includes any community not otherwise listed) | ○ | Medina |
| ○ | Algona | ○ | Mercer Island |
| ○ | Auburn | ○ | Milton |
| ○ | Beaux Arts | ○ | Newcastle |
| ○ | Bellevue | ○ | Normandy Park |
| ○ | Black Diamond | ○ | North Bend |
| ○ | Bothell | ○ | Pacific |
| ○ | Burien | ○ | Redmond |
| ○ | Carnation | ○ | Renton |
| ○ | Clyde Hill | ○ | Sammamish |
| ○ | Covington | ○ | Sea Tac |
| ○ | Des Moines | ○ | Seattle |
| ○ | Duvall | ○ | Shoreline |
| ○ | Enumclaw | ○ | Skykomish |
| ○ | Federal Way | ○ | Snoqualmie |
| ○ | Hunts Point | ○ | Tukwila |
| ○ | Issaquah | ○ | Woodinville |
| ○ | Kenmore | ○ | Yarrow Point |
| ○ | Kent | ○ | Washington State (outside of King County) |
| ○ | Kirkland | ○ | Outside of Washington State |
| ○ | Lake Forest Park | ○ | Client Doesn't Know |
| ○ | Maple Valley | ○ | Client Refused |
| ○ | Data Not Collected |

DISABLING CONDITION ​*[All Individuals/Clients]*

*If individual/client is in need of resources, contact the following as appropriate:*

*For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),*

*For crisis services: Crisis Connections at: 1-866-427-4747,*

*For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,*

*For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).*

DOES THE INDIVDUAL/CLIENT HAVE:

A DISABLING CONDITION (this includes physical health, mental health, and/or substance use)?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION ​*[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Individuals/Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

A MENTAL HEALTH CONDITION *[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH CONDITION – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

A SUBSTANCE USE ISSUE *[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol and drug use disorders | | |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Drug use disorder | ○ | Client refused | | |
| ○ | Data not collected | | |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDER” – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adults]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | No | | | | ○ | Client doesn’t know | |
| ○ | Yes | | | | ○ | Client refused | |
| ○ | Data not collected | |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | | | |
| Income Source | | Amount | Income Source | | | | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) | | |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or Retirement Income from a Former Job | | |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child Support | | |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and Other Spousal Support | | |  |
| ○ | Private Disability Insurance |  | ○ | Other source | | |  |
| ○ | Worker’s Compensation |  |  | | | | |
| Total Monthly Income for Individual: | |  | | | | | |

# **RECEIVING NON­CASH BENEFITS**​ ​[Head of Household and Adults]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Childcare Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (Specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE *[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE ­ HEALTH INSURANCE COVERAGE DETAILS | | | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance | | |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA | | |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance | | |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults | | |
| ○ | Other (specify): | ○ | Indian Health Services Program | | |

SEXUAL ORIENTATION ​*[For CoC: YHDP funded programs Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Heterosexual | ○ | Other |
| ○ | Gay | *If Other, please specify:* | |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual | ○ | Client refused |
| ○ | Questioning/Unsure | ○ | Data not collected |

*If at risk of losing housing, please direct household to the King County Prevention website for additional resources, www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx*

*If applicable:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

Signature of applicant stating all information is true and correct Date