

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.

| | | | | PI | ROJE | CT S | TART | D/ | ATE | [Al | I Indi | vidua | ls/Clie | ents] | | | | | |
|---|---|-------|---------------|------------|---------|--------|--------|-------|------------|------|----------|-------|---------|---------|------------|-------|--------|----------|-----|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | Мо | nth | | - | Day | | | | Yea | ar | _ | | | | |
| | | | | SOC | IAI C | ECIII | DITV I | NII I | MDE | :D / | ·Λ II Ισ | divid | iolo/C | lionte | -1 | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| QUA | ALITY C | F SC | CIAI | SFC | CURIT | Υ | | | | | | | | | | | | | |
| 0 | Full S | | | | | - | | | | | | | | | 0 | Clier | nt do | esn't kn | ow |
| 0 | Annro | vimat | oorn | ortial | CCN r | norto | d | | | | | | | | 0 | Clier | nt ref | used | |
| 0 | Appro | ximai | e or p | artiai | SSN re | eporte | u | | | | | | | | 0 | Data | not | collecte | d |
| CUR | RENT | NΔM | Ε [Δ][| Indiv | viduals | /Clier | ntel | | | | | | | | | | | | N/A |
| | | | | IIIGIV | | | | | | | | | | | | | | | |
| Last | | | | | | | | | | | | | | | | | | | 0 |
| First | | | | | | | | | | | | | | | | | | | |
| Midd | lle | | | | | | | | | | | | | | | | | | 0 |
| Suffi | X | | | | | | | | | | | | | | | | | | 0 |
| QU | ALITY (| OF C | URRE | ENT I | NAME | | | | | | | | | | | | | | |
| ○ Full name reported ○ Client doesn't kno | | | | | | | w | | | | | | | | | | | | |
| O Partial, street name, or code name reported | | | | | | | ısed | | | | | | | | | | | | |
| Ŭ | o Data not collected | | | | | | | | | | | | | | | | | | |
| DA | DATE OF BIRTH [All Individuals/Clients] | | | | | | | | | | | | | | | | | | |
| | | | - | | | | | | Age | | | | | | | | | | |
| Мо | nth XX | С | av X | X , | Year) | (XXX | | | Aye | • | | | | | | | | | |



| QUALITY OF DATE OF BIRTH | | | | | | |
|--------------------------|-------------------------------------|---|---------------------|--|--|--|
| 0 | Full DOB reported | 0 | Client doesn't know | | | |
| | Approximate or partial DOB reported | 0 | Client refused | | | |
| 0 | | 0 | Data not collected | | | |

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

| 0 | Female | 0 | Client doesn't know |
|---|--|---|---------------------|
| 0 | Male | 0 | Client refused |
| 0 | A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) | 0 | Data not collected |
| 0 | Transgender | | |
| 0 | Questioning | | |

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

| 0 | American Indian, Alaskan Native or Indigenous | 0 | Client does not know |
|---|---|---|----------------------|
| 0 | Asian or Asian American | 0 | Client refused |
| 0 | Black, African American, or African | 0 | Data Not Collected |
| 0 | Native Hawaiian or Pacific Islander | | |
| 0 | 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):

| TRII | BE CATEGORY: | TRIBE NAME | TRIBE NAME | TRIBE NAME |
|------|----------------------------------|------------|------------|------------|
| 0 | U.S. Federally Recognized Tribes | | | |
| 0 | First Nations Tribes | | | |
| 0 | Latin American Tribes | | | |
| 0 | State Recognized Tribes | | | |
| 0 | 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]

| 0 | | Non-Hispanic/ Non-Latin(a)(o)(x) | 0 | Client does not know |
|------------------|---|----------------------------------|---|----------------------|
| | | | 0 | Client refused |
| I lianania/Latin | | Llianonia/Latin/a\/a\/a\/ | 0 | Data Not Collected |
| | 0 | Hispanic/Latin(a)(o)(x) | 0 | Other |

| VEI | ERAN STATUS [All Adults] | | |
|-------|---|---|---------------------|
| 0 | No | 0 | Client doesn't know |
| | Voc | 0 | Client refused |
| 0 | Yes | 0 | Data not collected |
| IF "Y | ES" TO VETERAN STATUS | | |
| Year | entered military service (year) | | |
| Year | separated from military service (year) | | |
| Thea | ter of Operations: World War II | | |
| 0 | No | 0 | Client doesn't know |
| | Yes | 0 | Client refused |
| 0 | 165 | 0 | Data not collected |
| Thea | ter of Operations: Korean War | | |
| 0 | No | 0 | Client doesn't know |
| | Yes | 0 | Client refused |
| 0 | i es | 0 | Data not collected |
| Thea | ter of Operations: Vietnam War | | |
| 0 | No | 0 | Client doesn't know |
| | Yes | 0 | Client refused |
| 0 | 165 | 0 | Data not collected |
| Thea | ter of Operations: Persian Gulf War (Desert Storm) | | |
| 0 | No | 0 | Client doesn't know |
| | Voc | 0 | Client refused |
| 0 | Yes | 0 | Data not collected |
| Thea | ter of Operations: Afghanistan (Operation Enduring Freedom) | | |
| 0 | No | 0 | Client doesn't know |
| 0 | Yes | 0 | Client refused |
| | | 0 | Data not collected |
| Thea | ter of Operations: Iraq (Operation Iraqi Freedom) | | |
| 0 | No | 0 | Client doesn't know |
| 0 | Yes | 0 | Client refused |
| | | | |



| | | | | 0 | Data not collected | | |
|--|---|---|--------------------|--------------------|---------------------|--|--|
| Thea | ter of Operations: Iraq (Operation New Dawn) | | l | | | | |
| 0 | No | | | 0 | Client doesn't know | | |
| | V | | | 0 | Client refused | | |
| 0 | Yes | | | 0 | Data not collected | | |
| Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | | | | | |
| 0 | No | | | 0 | Client doesn't know | | |
| | | | | | Client refused | | |
| 0 | Yes | | 0 | Data not collected | | | |
| Bran | ch of the Military | | | | | | |
| 0 | Army | 0 | Coast Guard | | | | |
| 0 | Air Force | | | 0 | Client doesn't know | | |
| 0 | Navy | | | 0 | Client refused | | |
| 0 | Marines | 0 | Data not collected | | | | |
| Disc | harge Status | | | | | | |
| 0 | Honorable o Dishonorable | | | | | | |
| 0 | General under honorable conditions O Uncharacterized | | | | | | |
| _ | Other than benerable conditions (OTH) | | | 0 | Client doesn't know | | |
| 0 | Other than honorable conditions (OTH) | | | 0 | Client refused | | |
| 0 | Bad Conduct | | | | Data not collected | | |

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

| 0 | American Sign Language (ASL) | 0 | Polish |
|---|------------------------------|---|---------------------|
| 0 | Amharic | 0 | Portuguese |
| 0 | Arabic | 0 | Punjabi |
| 0 | Cambodian | 0 | Russian |
| 0 | Chinese | 0 | Samoan |
| 0 | English | 0 | Somali |
| 0 | Farsi | 0 | Spanish |
| 0 | French | 0 | Swedish |
| 0 | German | 0 | Tagalog |
| 0 | Greek | 0 | Tigrinya |
| 0 | Hindi | 0 | Ukrainian |
| 0 | Italian | 0 | Vietnamese |
| 0 | Japanese | 0 | Other (write in): |
| 0 | Korean | 0 | Client doesn't know |
| 0 | Laotian | 0 | Client refused |
| 0 | Oromo | 0 | 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 <u>separately</u>.

| KEL | ATIONSHIP TO HEAD OF HOUSEHOLD | [All II | II Individuals/Client Households] | | | | | |
|-----|--------------------------------|---------|-----------------------------------|--|--|--|--|--|
|) | Self | | | | | | | |

| 0 | o Self | | | |
|---|---------------------------------------|---|--|--|
| 0 | Head of household's child | 0 | Head of household - other relation to member | |
| 0 | Head of household's spouse or partner | 0 | Other: nonrelation 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.)

| | 3 | | -, | | ·, · · · · · · · · · · · · · · · · · · | | | |
|------|--|---|--------------------|--------|--|--|--|--|
| 0 | No | | | 0 | Client doesn't know | | | |
| | Voc | | | 0 | Client refused | | | |
| 0 | Yes | 0 | Data not collected | | | | | |
| IF " | YES" TO DOMESTIC VIOLENCE | | | | | | | |
| WH | EN EXPERIENCE OCCURRED | | | | | | | |
| 0 | Within the past three months One year | | | | ear ago or more | | | |
| 0 | Three to six months ago (excluding six months exactly) o Cli | | | | Client doesn't know | | | |
| , | Six menths to one year age (evaluding one year exactly) | 0 | Client refused | | | | | |
| 0 | Six months to one year ago (excluding one year exactly) | 0 | Data not | collec | ted | | | |
| | | 0 | No | 0 | Client doesn't know | | | |
| Are | Are you currently fleeing?* | | Yes | 0 | Client refused | | | |
| | | 0 | 162 | 0 | Data not collected | | | |

WHEN INIDIVDUAL/CLIENT WAS ENGAGED [Street Outreach Only or Night by Night

Emergency Shelter] [Head of Household and Adults]

| Date | of Engagement: | | | | | | | |
|-------------------------------|--|---|-----|--|--|--|--|--|
| IN P | IN PERMANENT HOUSING [Permanent Housing Projects, Head of Household] | | | | | | | |
| 0 | No | 0 | Yes | | | | | |
| IF "YES" TO PERMANENT HOUSING | | | | | | | | |
| Hous | ing Move-In Date: | | 1 1 | | | | | |

^{*}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.



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

| 0 | Unincorporated King County (includes any community not otherwise listed) | 0 | Medina |
|---|--|---|---|
| 0 | Algona | 0 | Mercer Island |
| 0 | Auburn | 0 | Milton |
| 0 | Beaux Arts | 0 | Newcastle |
| 0 | Bellevue | 0 | Normandy Park |
| 0 | Black Diamond | 0 | North Bend |
| 0 | Bothell | 0 | Pacific |
| 0 | Burien | 0 | Redmond |
| 0 | Carnation | 0 | Renton |
| 0 | Clyde Hill | 0 | Sammamish |
| 0 | Covington | 0 | Sea Tac |
| 0 | Des Moines | 0 | Seattle |
| 0 | Duvall | 0 | Shoreline |
| 0 | Enumclaw | 0 | Skykomish |
| 0 | Federal Way | 0 | Snoqulamie |
| 0 | Hunts Point | 0 | Tukwila |
| 0 | Issaquah | 0 | Woodinville |
| 0 | Kenmore | 0 | Yarrow Point |
| 0 | Kent | 0 | Washington State (outside of King County) |
| 0 | Kirkland | 0 | Outside of Washington State |
| 0 | Lake Forest Park | 0 | Client Doesn't Know |
| | Manla Valloy | 0 | Client Refused |
| 0 | Maple Valley | 0 | Data Not Collected |
| U | wapie valiey | 0 | 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]

| 0 | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | 0 | Staying or living in a family member's room, apartment or house |
|---|---|---|--|
| 0 | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | 0 | Rental by client, with GPD TIP housing subsidy |
| 0 | Safe Haven | 0 | Rental by client, with VASH housing subsidy |
| 0 | Foster care home or foster care group home | 0 | Permanent housing (other than RRH) for formerly homeless persons |
| 0 | Hospital or other residential nonpsychiatric medical facility | 0 | Rental by client, with RRH or equivalent subsidy |
| 0 | Jail, prison or juvenile detention facility | 0 | Rental by client, with HCV voucher (tenant or project based) |
| 0 | Long-term care facility or nursing home | 0 | Rental by client in a public housing unit |
| 0 | Psychiatric hospital or other psychiatric facility | 0 | Rental by client, no ongoing housing subsidy |



| 0 | Substance abuse treatment facility or detox center | | | | Rental by client, with other ongoing housing subsidy | | | |
|-----------|---|--------|------------------|--------|--|-------------------|---------|-----------------------|
| 0 | Residential project or halfway house with no homeless criteria | | | | Owned by client, with ongoing housing subsidy | | | |
| 0 | Hotel or motel paid for without emergency shelter voucher | | | | | wned by ubsidy | client | , no on-going housing |
| 0 | Transitional housing for homeless per homeless youth) | erson | s (including | 0 | CI | lient does | sn't kr | now |
| 0 | Host Home (non-crisis) | | | 0 | CI | lient refus | sed | |
| 0 | Staying or living in a friend's room, a | apartr | nent or house | 0 | Da | ata not co | ollecte | ed |
| If L | iving Situation is "Place not meant | for h | abitation" | | | | | _ |
| | | | | 0 | | No | 0 | Client doesn't know |
| ls t | ne individual/client currently living in a veh | nicle? | | | | Vac | 0 | Client refused |
| | | | | 0 | | Yes | 0 | Data not collected |
| If " | Yes", please select Vehicle Type | | | | | | | |
| 0 | Van | 0 | Client Doesn't I | Know | | | | |
| 0 | Automobile/Car | 0 | Client Refused | | | | | |
| 0 | Camper/RV | 0 | Data Not Collec | cted | | | | |
| Sele o | ct the city of the prior residence [He Unincorporated King County (includes any community not otherwise listed) | ead of | Household and A | Adults |] | | | |
| 0 | Algona | 0 | Mercer Island | | | | | |
| 0 | Auburn | 0 | Milton | | | | | |
| 0 | Beaux Arts | 0 | Newcastle | | | | | |
| | Bellevue | | Normandy Park | , | | | | |
| 0 | Black Diamond | 0 | North Bend | ` | | | | |
| 0 | Bothell | 0 | Pacific | | | | | |
| 0 | Burien | 0 | Redmond | | | | | |
| 0 | Carnation | 0 | Renton | | | | | |
| 0 | Clyde Hill | 0 | Sammamish | | | | | |
| 0 | Covington | 0 | Sea Tac | | | | | |
| 0 | Des Moines | 0 | Seattle | | | | | |
| 0 | Duvall | 0 | Shoreline | | | | | |
| 0 | Enumclaw | 0 | Skykomish | | | | | |
| 0 | Federal Way | 0 | Snoqulamie | | | | | |
| 0 | Hunts Point | 0 | Tukwila | | | | | |
| 0 | Issaquah | 0 | Woodinville | | | | | |
| 0 | Kenmore | 0 | Yarrow Point | | | | | |
| | Kent | 0 | Washington Sta | ate (o | utei | de of Kina | ı Cour | ntv) |
| 0 | Kirkland | | Outside of Was | • | | | , Cour | 1 ty / |
| 0 | MINATU | 0 | Outside of was | migl | UII S | Sidie | | |



| 0 | Lake Forest | Park | | | 0 | Client Doesn't Know | | | | | |
|-----------------|--|--|----------------------------------|-----------------------------|------------|---|-----------|---|--|--|--|
| | Marsla Vallay | | | | 0 | Client Refused | | | | | |
| 0 | Maple Valley | | | | 0 | Data Not Collected | | | | | |
| LEI | NGTH OF ST | TAY IN | PRI | OR LIVIN | G SIT | TUATION | | | | | |
| 0 | One night o | One night or less | | | 0 | One month or more, but less than 90 days | 0 | Client doesn't know | | | |
| 0 | Two to six n | nights | | | 0 | 90 days or more, but less than one year | 0 | Client refused | | | |
| 0 | One week o | or more, | , but I | ess than | 0 | One year or longer | 0 | Data not collected | | | |
| LE | NGTH OF S | TAY LE | ESS | THAN 7 N | IIGHT | S [if prior residence TH, | PH] | | | | |
| C | No | | 0 | Yes | | | | | | | |
| _ | | | | | | | | | | | |
| LE | NGTH OF S | TAY LE | ESS | THAN 90 | DAYS | S [If prior residence Instit | utional H | ousing Situations] | | | |
| C | . No | | | | | | | | | | |
|)N | | BEFO | ° RF - | Yes STAYED | ON T | THE STREETS IN EME | RGENC | Y SHELTER OR SAFE | | | |
| | THE NIGHT | | RE - | - STAYED | | THE STREETS, IN EME Related to Prior Residence | | ·- | | | |
| • • | THE NIGHT VEN [Head o | of House | RE - | - STAYED d and Adu | lts / R | Related to Prior Residenc | | ·- | | | |
| Ap | THE NIGHT VEN [Head of the second sec | ate Hones | RE - eholo | STAYED d and Adu | lts / R | Related to Prior Residenc | es of TH | l, PH, Institutional] | | | |
| Ap | THE NIGHT VEN [Head of Yes] proximate Date of time | ate Hones | RE - eholo | STAYED d and Adu | lts / R | No// | es of TH | l, PH, Institutional] | | | |
| Ap Nu | THE NIGHT VEN [Head of Yes] proximate Date of time to past 3 years | ate Hones ate Hones the ins | RE - ehold | STAYED d and Adu | lts / R | No// | es of Th | Shelter, or Safe Haven | | | |
| Ap Nu the | THE NIGHT VEN [Head of Yes] proximate Date of time to past 3 years One Time | ate Honses the ins | RE - ehold | STAYED d and Adu | lts / R | No// | es of The | Shelter, or Safe Haven Client doesn't know | | | |
| Ap Nu the | THE NIGHT VEN [Head of Yes] Proximate Date of time expast 3 years One Time Two Times | ate Hones es the ins | RE - ehold meles | STAYED d and Adu | lts / R | No// | es of The | Shelter, or Safe Haven Client doesn't know Client refused | | | |
| Ap Nu the | THE NIGHT VEN [Head of Yes] Proximate Date of time expast 3 years One Time Two Times Three Time Four or Mo | ate Hones es the ins s es | RE - ehold neles ndivid | STAYED d and Adu ssness Sta | rted | No// | es of The | Shelter, or Safe Haven Client doesn't know Client refused Data not collected | | | |
| Ap Nu the | THE NIGHT VEN [Head of Ves] Proximate Date of time of the tall Number of ta | ate Hones es the ins es es es ore Time | neles | ssness Stadual/client | rted has b | No No No Peen on the streets, in En | es of The | Shelter, or Safe Haven Client doesn't know Client refused Data not collected | | | |
| Ap Nu the | THE NIGHT VEN [Head of Yes] Proximate Date of time expast 3 years One Time Two Times Three Time Four or Motal Number of ars | ate Hones es the ins es es ore Time of Month | neles ndivid | ssness Stadual/client | rted has b | No No No No Streets, in Emergency Sh | es of The | Shelter, or Safe Haven Client doesn't know Client refused Data not collected Safe Haven in the last 3 | | | |

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]

| 0 | Unincorporated King County (includes any community not otherwise listed) | 0 | Medina |
|---|--|---|---------------|
| 0 | Algona | 0 | Mercer Island |
| 0 | Auburn | 0 | Milton |
| 0 | Beaux Arts | 0 | Newcastle |
| 0 | Bellevue | 0 | Normandy Park |
| 0 | Black Diamond | 0 | North Bend |



| 0 | Bothell | 0 | Pacific |
|---|------------------|---|---|
| 0 | Burien | 0 | Redmond |
| 0 | Carnation | 0 | Renton |
| 0 | Clyde Hill | 0 | Sammamish |
| 0 | Covington | 0 | Sea Tac |
| 0 | Des Moines | 0 | Seattle |
| 0 | Duvall | 0 | Shoreline |
| 0 | Enumclaw | 0 | Skykomish |
| 0 | Federal Way | 0 | Snoqualmie |
| 0 | Hunts Point | 0 | Tukwila |
| 0 | Issaquah | 0 | Woodinville |
| 0 | Kenmore | 0 | Yarrow Point |
| 0 | Kent | 0 | Washington State (outside of King County) |
| 0 | Kirkland | 0 | Outside of Washington State |
| 0 | Lake Forest Park | 0 | Client Doesn't Know |
| | Manla Valley | 0 | Client Refused |
| 0 | Maple Valley | 0 | Data Not Collected |

DISABLING CONDITION [All Individuals/Clients]

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

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

For <u>crisis services</u>: Crisis Connections at: 1-866-427-4747,

For <u>mental health or substance use services</u>: 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)?

| 0 | No | 0 | Client doesn't know |
|---|-----|---|---------------------|
| | | 0 | Client refused |
| 0 | Yes | 0 | Data not collected |

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

| 0 | No | | | 0 | Client doesn't know | | |
|----|---|---|--------------------|---|---------------------|--|--|
| | Vac | | | 0 | Client refused | | |
| 0 | Yes | 0 | Data not collected | | | | |
| IF | IF "YES" TO PHYSICAL DISABILITY – SPECIFY | | | | | | |
| | | 0 | No | 0 | Client doesn't know | | |



| Expected to be of long-continued and indefinite duration ar | nd o | | Yes | 0 | Client refused |
|---|----------|-----|-------------|---------|-----------------------|
| substantially impairs ability to live independently? | | | 163 | 0 | Data not collected |
| DEVELOPMENTAL DISABILITY [All Individuals/Client | ts] | | | | |
| o No | _ | | | 0 | Client doesn't know |
| . Vaa | | | | 0 | Client refused |
| o Yes | | | | 0 | Data not collected |
| CHRONIC HEALTH CONDITION [All Individuals/Clien | ts] | | | | |
| o No | | | | 0 | Client doesn't know |
| ○ Yes | | | | 0 | Client refused |
| 0 165 | | | | 0 | Data not collected |
| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | <u> </u> | | | | |
| Expected to be of long-continued and indefinite duration and | 0 | | No | 0 | Client doesn't know |
| substantially impairs ability to live independently? | u o | | Yes | 0 | Client refused |
| | | | 100 | 0 | Data not collected |
| A MENTAL HEALTH CONDITION [All Individuals/Clie | nts] | | | | |
| o No | | | | 0 | Client doesn't know |
| ○ Yes | | | | 0 | Client refused |
| 0 103 | | | | 0 | Data not collected |
| IF "YES" TO MENTAL HEALTH CONDITION - SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and | 0 | | No | 0 | Client doesn't know |
| substantially impairs ability to live independently? | u o | | Yes | 0 | Client refused |
| , | | | | 0 | Data not collected |
| A SUBSTANCE USE ISSUE [All Individuals/Clients] | | | | | |
| o No | 0 | | Both alco | hol ar | nd drug use disorders |
| Alcohol use disorder | 0 | | Client doe | esn't l | know |
| Drug use disorder | 0 | | Client refu | used | |
| Drug use disorder | 0 | | Data not | collec | ted |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER DISORDER" – SPECIFY | ?" OR " | В | OTH ALC | ОНОІ | L AND DRUG USE |
| | . 0 | | No | 0 | Client doesn't know |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | | Vac | 0 | Client refused |
| substantially impairs ability to live independently: | 0 | | Yes | 0 | Data not collected |
| INCOME FROM ANY SOURCE [Head of Household a | nd Adı | ılt | s] | | |
| • No | | | | 0 | Client doesn't know |
| | | | | 0 | Client refused |
| o Yes | | | | 0 | Data not collected |
| | | | JRCES TH | | ADDL W |

Updated 10/01/2021



| Inco | Income Source | | Inc | 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 source | |
| 0 | Worker's Compensation | | | | |
| Tota | l Monthly Income for Individual: | | | | |

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

| 0 | No | 0 | Client doesn't know |
|---|-----|---|---------------------|
| 0 | Yes | 0 | Client refused |
| | | 0 | Data not collected |

| IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
|---|---|---|------------------------------|
| 0 | Supplemental Nutrition Assistance Program (SNAP) | 0 | TANF Childcare 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 Individuals/Clients]

| 0 | No | | 0 | Client doesn't know |
|--|--|---|----------------|------------------------|
| | Vac | | 0 | Client refused |
| 0 | o Yes | | | Data not collected |
| IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS | | | | |
| 0 | MEDICAID | 0 | Employer Pro | vided Health Insurance |
| 0 | MEDICARE | 0 | Health Insurar | nce Obtained Through |
| 0 | State Children's Health Insurance (SCHIP) | 0 | Private Pay H | ealth Insurance |
| 0 | Veteran's Administration (VA) Medical Services | 0 | State Health I | nsurance for Adults |
| 0 | Other (specify): | 0 | Indian Health | Services Program |

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

| 0 | Heterosexual | 0 | Other |
|---|--------------|---------------------------|-------|
| 0 | Gay | If Other, please specify: | |



| 0 | Lesbian | 0 | Client doesn't know |
|---|--------------------|---|---------------------|
| 0 | Bisexual | 0 | Client refused |
| 0 | Questioning/Unsure | 0 | 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 | |