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 DayYear

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

# **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 |
| ○ | Bad Conduct | | | ○ | Client refused |
| ○ | 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: KC- HUD-HOPWA 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: 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.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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

*\*The adult members may wish to continue completing the enrollment process, even if choosing to contact the Washington Coalition Against Domestic Violence Hotline. Please assist the household in accessing any services that may support their safety.*

# **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]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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. 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/motel paid  for with an emergency shelter voucher or a RHY-funded Host Home Shelter | ○ | Rental by client, with GPD TIP 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 household’s living situation 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 | | | | |

# **CITY OF RESIDENCE IMMEDIATELY PRIOR TO PROGRAM ENROLLMENT** [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 | ○ | 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 |

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

HIV-AIDS ​*[All Individuals/Clients]*

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol and drug use disorder | | |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Drug use disorder | ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

# **MONTHLY INCOME AND SOURCES** ​[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 | |  | ○ | | TANF (Temporary Assist for Needy Families) | | |  |
| ○ | Unemployment Insurance | |  | ○ | | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | | Pension or retirement income from former job | | |  |
| ○ | VA Service-Connected Disability Compensation | |  | ○ | | Child Support | | |  |
| ○ | VA Non-Service Connected Disability Pension | |  | ○ | | Alimony and other spousal support | | |  |
| ○ | Private disability insurance | |  | ○ | | Other income source | | |  |
| ○ | Worker’s Compensation | |  | ○ | Other income source | | | |  |
| 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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) | | | |
| ○ | MEDICAID | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | MEDICARE | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Employer Provided Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Health Insurance Obtained through COBRA | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Private Pay Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | State Health Insurance for Adults | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Indian Health Services Program | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |
| ○ | Other Health Insurance (specify) |  | |

IF “YES” TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance?

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

If Not Receiving Public HIV/AIDS Medical Assistance Select Reason

|  |  |
| --- | --- |
| ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |

Receiving AIDS Drug Assistance Program (ADAP)?

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

If Not Receiving AIDS Drug Assistance Program Select Reason

|  |  |
| --- | --- |
| ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |

Receiving Ryan White-funded Medical or Dental Assistance?

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

If Not Receiving Ryan White-funded Medical or Dental Assistance Select Reason

|  |  |
| --- | --- |
| ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data Not Collected |

T-cell (CD4) Count Available

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

T-cell Count (Integer between 0-1500): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client Reported |
| ○ | Other (specify) |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Available | ○ | Not Available |
| ○ | Undetectable | ○ | Client Doesn’t Know |
| ○ | Client Refused | ○ | Data Not Collected |

Count (Integer between 0-999999): \_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client Reported |
| ○ | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

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

*Please direct household to the King County Prevention web site 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