

Agency Name: _____



CLARITY HMIS: KC - PROJECT MINIMUM INTAKE FORM

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			Day			Year			

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

			-			-				
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QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

CURRENT NAME <i>[All Individuals/Clients]</i>																N/A
Last																<input type="radio"/>
First																<input type="radio"/>
Middle																<input type="radio"/>
Suffix																<input type="radio"/>

QUALITY OF CURRENT NAME			
<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Individuals/Clients]*

		-			-							Age: <input style="width: 50px;" type="text"/>
Month			Day			Year						

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Data not collected

GENDER *[All Individuals/Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Trans Female (MTF or Male to Female)	<input type="radio"/>	Data not collected
<input type="radio"/>	Trans Male (FTM or Female to Male)		
<input type="radio"/>	Gender Non-Conforming (i.e. not exclusively male or female)		

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

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	Client does not know
<input type="radio"/>	Asian	<input type="radio"/>	Client refused
<input type="radio"/>	Black/African American	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Hawaiian or Other Pacific Islander		
<input type="radio"/>	White/Caucasian		

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (insert URL), then write in the tribe name in the space provided):

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
<input type="radio"/>	U.S. Federally Recognized Tribes		
<input type="radio"/>	First Nations Tribes		
<input type="radio"/>	Latin American Tribes		
<input type="radio"/>	State Recognized Tribes		
<input type="radio"/>	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]*

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> 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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Korean War

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Vietnam War

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Iraq (Operation New Dawn)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

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

<input type="radio"/>	Amharic	<input type="radio"/>	Polish
<input type="radio"/>	Arabic	<input type="radio"/>	Portuguese
<input type="radio"/>	Cambodian	<input type="radio"/>	Punjabi
<input type="radio"/>	Chinese	<input type="radio"/>	Russian
<input type="radio"/>	English	<input type="radio"/>	Samoan
<input type="radio"/>	Farsi	<input type="radio"/>	Somali
<input type="radio"/>	French	<input type="radio"/>	Spanish
<input type="radio"/>	German	<input type="radio"/>	Swedish
<input type="radio"/>	Greek	<input type="radio"/>	Tagalog
<input type="radio"/>	Hindi	<input type="radio"/>	Tigrinya
<input type="radio"/>	Italian	<input type="radio"/>	Ukrainian
<input type="radio"/>	Japanese	<input type="radio"/>	Vietnamese
<input type="radio"/>	Korean	<input type="radio"/>	Other
<input type="radio"/>	Laotian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Oromo	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected	<input type="radio"/>	Other (write in):

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

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	

PRIOR LIVING SITUATION
What was the individual/client's type of residence immediately prior to program enrollment? [Head of Household and Adults]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non--psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment or house	<input type="radio"/>	Data not collected

***If Living Situation is "Place not meant for habitation"**

Is household's living situation in a vehicle?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	

If "Yes", please select Vehicle type

<input type="radio"/>	Van	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Automobile/Car	<input type="radio"/>	Client Refused

<input type="radio"/> Camper/RV	<input type="radio"/> Data Not Collected
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Select the city of the prior residence *[Head of Household and Adults]*

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client refused
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[If prior residence Institutional Housing Situations]

<input type="radio"/> No	<input type="radio"/> Yes
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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*]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date Homelessness Started	____/____/____
Number of <i>times</i> the individual/client has been on the streets, in Emergency Shelter, or Safe Haven in the past 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of <i>Months</i> homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2--12 months (specify number of months): _____	<input type="radio"/> Client refused
<input type="radio"/> More than 12 months	<input type="radio"/> 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*]

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

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	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