

Data not collected

CLARITY HMIS: VA SERVICES STATUS FORM (Including HUD VASH, SSVF, GPD)

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

PROJECT STATUS DATE [All Clients]

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	Мо	nth		Da	У			Ye	ear									
					_											Γ.		
CURRE	ENT NA	AME	[All C	lientsj	<u>'</u>	1 1					ı				1		N/A	
Last																	0	
First																		
Middle	Э																0	
Suffix																	0	
											ļ							
CONNI									's and	d Adult	ts, Fo	or SS	VF	and	VA: G	Grant		
per Dier		se ivia	nager	nenvn	iousiri	ig Rei	tentio	nj						0	Clien	ıt does	sn't knov	
0 110														0		t refus		<u> </u>
Yes Data not col																		
														_				
IN PER	MANE	NT H	lous	ING [Perm	anen	t Ho	using	Proje	cts, fo	r He	ads (of F	lous	eholo	ds]		
o No)						0	⁄es										
IF "YES"	" TO PE	=RMA	NENT	HOU	SING		1.											
Housing	Move-	in Dat	e (see	e note*	·)					ved into Iment s	•		ent	hous	ing, m	nake si	ure to u	odat
								on the	CIIIOI	iiiieiii s	CIECI	11.						
PHYSIC	CAL D	ISAB	ILITY	[not i	requi	red fo	or SS	VF1										
O No									<u> </u>	Clie	Client doesn't know							
O 1/							0			C	Clie	lient refused						
O Yes						-	<u> </u>		Data not collected									
F "YES"	TO PH	IYSIC	AL DI	SABII	_ITY -	- SPE	CIFY	,				<u> </u>						
vnected	to he o	f long	-contir	nued a	nd in	definit	te dur	ation?	0	No		O Client doesn't know				10W		
.xpecieu	io ne o	i long.	iucu a	ued and indefinite duration					Vac		(<u> </u>	Clier	ient refused				
											O Yes			L .				



DEVELOPMENTAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know		
С	Yes	0	Client refused		
0	res		0	Data not collected	
СН	RONIC HEALTH CONDITION [not required for	SSVI	=]		
0	No	0	Client doesn't know		
0	Yes	0	Client refused		
	res	0	Data not collected		
IF "	YES" TO CHRONIC HEALTH CONDITION – SPEC	IFY			
-		0	No	0	Client doesn't know
Expe	cted to be of long-continued and indefinite duration?	0	Yes	0	Client refused
			163	0	Data not collected
ΗIV	/-AIDS [not required for SSVF]				
0	No			0	Client doesn't know
0	Yes	_		0	Client refused
	res		0	Data not collected	
	NTAL HEALTH PROBLEM [not required for SS	VF]		,	
0	No	0	Client doesn't know		
0	Yes		0	Client refused	
)	103			0	Data not collected
IF "	YES" TO MENTAL HEALTH PROBLEMS – SPECIF	FY			
		0	No	0	Client doesn't know
Expe	cted to be of long-continued and indefinite duration?	0	Yes	0	Client refused
			163	0	Data not collected
SU	BSTANCE ABUSE PROBLEM [not required for	rSSV	[F]		<u> </u>
0	No	0	Both alcohol & drug abuse		
O Alcohol abuse				0	Client doesn't know
)	Alcohol abuse		0	Client refused	
0	Drug abuse		0	Data not collected	
IF "A	LCOHOL ABUSE" "DRUG ABUSE" OR "BOTH AI	LCOF	OL AND DR	UG A	BUSE"- SPECIFY
Expected to be of long-continued and indefinite duration?			No	0	Client doesn't know
			Voc	0	Client refused
		0	Yes	\circ	Data not collected



DOMESTIC VIOLENCE VICTIM/ SURVIVOR [Heads of Household & Adults]

Domestic Violence Victim/Survivor			No								
			Yes								
If "YI	ES" to DOMESTIC VIOLENCE VICTII	M/ SU	RVIVO	OR- COMP	PLETE	=					
LAST OCCURRENCE											
		0	No	0							
Are you currently fleeing?			Clier	Client doesn't know							
			Clier	Client refused							
				Data not collected							
		0	Bata	Data Not Collected							
МС	ONTHLY INCOME AND SOURCES	[Hea	d of H	Househol	d and	l Adults]					
0	No	Client doesn't know									
	Yes						0	Client refused			
0							0	Data not collec	cted		
IF "Y	ES" TO INCOME FROM ANY SOUR	CE – I	NDIC	ATE ALL	SOUF	RCES THA	T AP	PLY			
Inco	me Source			Amount	Incon	ne Source			Amount		
Earned Income					0	TANF (Te					
0	Unemployment Insurance				0	General A					
0	Supplemental Security Income (SSI)	Supplemental Security Income (SSI)				Retiremen Social Se					
0	Social Security Disability Insurance)		0	Pension or retirement income from former job						
0	VA Service-Connected Disability Com	ation		0	Child Support						
VA Non-Service Connected Disability Pens					0	Alimony and other spousal support					
0	Private disability insurance			0	Other income source						
0	Worker's Compensation			0	Other incon	ne so	ource				
	I monthly income for										



RECEIVING NONCASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know			
	Voc	0	Client refused			
0	Yes			0	Data not collected	
IF "YES" TO NONCASH 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 TAN	IF-fu	nded services	

COVERED BY HEALTH INSURANCE [All Clients]

0	No	 Client doesn't know 				
	Yes	o Client refused				
0	165		o Data not collected			
IF "Y	ES" TO HEALTH INSURANCE HEALTH INSURANCE CO	AGE DETAILS				
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance Obtained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults			
0	Other (specify)	0	Indian Health Services Program			