CLARITY HMIS: HUD-CoC PROJECT ENROLLMENT FORM

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

Please complete a separate form for each household member.

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

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

Month DayYear

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME *[​All 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 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​​IDENTITY *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Female | ○ | Client doesn’t know |
| ○ | Male | ○ | Client refused |
| ○ | Trans Female (MTF or Male to Female) | ○ | Data not collected |
| ○ | Trans Male (FTM or Female to Male) | | |
| ○ | Gender Non-Conforming (i.e. not exclusively male or female) | | |

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

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

# **ETHNICITY**​ ​[All Clients]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Non­Hispanic/ Non­Latino | ○ | Client does not know |
| ○ | Client refused |
| ○ | Hispanic/Latino | ○ | 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 |

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All 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 |

# 

CLIENT LOCATION

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | NV-500 | ○ | NV-502 |
| ○ | NV-501 | ○ | Bitfocus |
| If NV-500, Indicate Jurisdiction | | | |
| ○ | Not Applicable | ○ | Las Vegas-Downtown |
| ○ | Client Doesn’t Know | ○ | Las Vegas-Fremont |
| ○ | Client Refused | ○ | Las Vegas-Symphony Park |
| ○ | Data Not Collected | ○ | Las Vegas-Hope Corridor |
| ○ | Unincorporated Clark County | ○ | Las Vegas-Other |
| ○ | Boulder City | ○ | Henderson |
| ○ | Other SN Jurisdiction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ○ | City of North Las Vegas |

# **WHEN CLIENT WAS ENGAGED** ​[Street Outreach Only or Night by Night Emergency Shelter]

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

# **IN PERMANENT HOUSING** [Permanent Housing Projects, for Heads of Households]

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

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[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 | | |
| 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 *[TH, PH]*

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

LENGTH OF STAY LESS THAN 90 DAYS

[*Institutional Housing Situations.]*

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

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | No | | |
| Approximate Date Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 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, ES, 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 |

DISABLING CONDITION ​*[All Clients]*

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

PHYSICAL DISABILITY ​*[All 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 Clients]*

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

CHRONIC HEALTH CONDITION ​*[All 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 |

HIV-AIDS ​*[All Clients]*

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

MENTAL HEALTH PROBLEM ​*[All 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 |

SUBSTANCE ABUSE PROBLEM ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol and drug abuse | | |
| ○ | Alcohol abuse | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Drug abuse | ○ | Data not collected | | |
| IF “ALCOHOL ABUSE” “DRUG ABUSE” OR “BOTH ALCOHOL AND DRUG ABUSE” – 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 |

# **DOMESTIC VIOLENCE VICTIM/SURVIVOR** ​[Head of Household and Adults]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 | | |
| ○ | Client refused | | |
| ○ | Six months to one year ago (excluding one year exactly) | ○ | Data not collected | | |
| Are you currently fleeing? | | ○ | 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 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 | | |
| ○ | Amerigroup | ○ | HPN | | |

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

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

CURRENTLY ENROLLED IN SCHOOL? ​[*Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | ○ | Client doesn’t know | |
| ○ | Yes | | ○ | Client refused | |
| ○ | Data not collected | |
| IF “YES” TO SCHOOL ENROLLMENT | | | | | |
| Name of School: | | | | | |
| Voc Training or Apprenticeship? | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| Highest Level of School Completed? | | | | | |
| ○ | No Schooling Completed | ○ | 11th Grade | ○ | Client doesn’t know |
| ○ | Nursery School to 4th Grade | ○ | 12th Grade, no diploma | ○ | Client refused |
| ○ | 5th Grade or 6th Grade | ○ | High School Diploma | ○ | Data not collected |
| ○ | 7th Grade or 8th Grade | ○ | GED | | |
| ○ | 9th Grade | ○ | Post Secondary School | | |
| ○ | 10th Grade |



Signature of applicant stating all information is true and correct Date