CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT FORM

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

Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PROJECT STATUS DATE​ *​[All Clients]*

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

Month DayYear

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? | | ○ | 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? | | ○ | 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? | | ○ | 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? | | ○ | 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 | | | | | | | |
| LAST OCCURRENCE | | | | | | | |
| ○ | 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 |

# 

# **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 source | | |  |
| ○ | Worker’s Compensation | |  | ○ | Other source | | |  |
| Total monthly 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 & 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) |  | |
| ○ | Amerigroup |  | |
| ○ | HPN |  | |

IF “YES” TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Receiving Public HIV/AIDS Medical Assistance | ○ | 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)?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Receiving AIDS Drug Assistance Program (ADAP) | ○ | 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) |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-in Date (see note\*) | | | *\*If client moved into permanent housing, make sure to update on the enrollment screen.* |

**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