Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLARITY HMIS: INTAKE FORM**

**Use block letters for text and mark appropriate boxes with an “X”. Complete a separate form for each household member.**

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *[ ]*  | Husband | *[ ]*  | Grandparent | *[ ]*  | Father |
| *[ ]*  | Grandchild | *[ ]*  | Significant Other | *[ ]*  | Mother |
| *[ ]*  | Aunt | *[ ]*  | Other | *[ ]*  | Sister |
| *[ ]*  | Uncle | *[ ]*  | Wife | *[ ]*  | Brother |
| *[ ]*  | Niece | *[ ]*  | Daughter | *[ ]*  | Roommate |
| *[ ]*  | Nephew | *[ ]*  | Son | *[ ]*  | Self |

**SOCIAL SECURITY NUMBER** *[All 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 Clients]* | N/A |
| Last  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *[ ]*  |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *[ ]*  |
| **QUALITY OF CURRENT NAME** *[All Clients]* |
| *[ ]*  | 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 | *Day* | *Year* |
| **QUALITY OF DATE OF BIRTH** |
| *[ ]*  | Full DOB reported | *[ ]*  | Client doesn’t know |
| *[ ]*  | Approximate or partial DOB reported | *[ ]*  | Client refused |
| *[ ]*  | Data not collected |

**GENDER** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| *[ ]*  | Female | *[ ]*  | Other |
| *[ ]*  | Male | *[ ]*  | Client doesn’t know |
| *[ ]*  | Transgender male to female | *[ ]*  | Client refused |
| *[ ]*  | Transgender female to male | *[ ]*  | Data not collected |
| **If “Other” Specify:** |  |

**CONTACT INFORMATION** *[Optional]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone Number |  |  |  |  - |  |  |  |  - |  |  |  |  |  |
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Address (if applicable) |  |  |  |  |  |  |  |  |  |  |
| Street |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  | Zip Code |  |  |  |  |  |

**RACE** *[All Clients]*

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

**ETHNICITY** *[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
|  *[ ]*  | Non-HispanicNon-Latino |  *[ ]*  | Client doesn’t know |
|  *[ ]*  | Client refused |
|  *[ ]*  | Hispanic/Latino |  *[ ]*  | Data not collected |

**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 peace-keeping 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 |

|  |  |
| --- | --- |
|  |  |
| **Signature of applicant stating all information is true and correct** | **Date** |