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-Hispanic  Non-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** |