CLARITY HMIS: FEMA-CoC PROJECT INTAKE FORM - MINOR

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​ *​[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) | | |
| ○ | Other | | |

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 |

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 |

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | *Physical Disability/Developmental Disability/Chronic Health Condition/HIV – AIDS/ Mental Health Problems/Substance Abuse Problem/Domestic Violence Victim Survivor (If person has ever been a victim DV)* | ○ | Client refused |
| ○ | Data not collected |

Signature of applicant stating all information is true and correct Date