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