CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

FEMA (NCS)

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 |

VETERAN STATUS​ ​*[All Adults]*

|  |  |
| --- | --- |
| Veteran Status  | IF “YES” Veteran Status |
|  ○ | No |  Year entered military service (year): |
| ○ | Yes |  Year separated from military service (year):  |
| Theatre of Operations: World War II | Theatre of Operation: Korean War II |
|  ○ | Yes | ○ |  Yes |
| ○ | No | ○ |  No |
| ○ | Client doesn’t know | ○ |  Client doesn’t know |
| ○ | Client refused | ○ |  Client refused |
| ○ | Data not collected | ○ |  Data not collected |
| Theatre of Operations: Vietnam War | Theatre of Operation: Persian Gulf War (Desert Storm) |
|  ○ | Yes | ○ |  Yes |
| ○ | No | ○ |  No |
| ○ | Client doesn’t know | ○ |  Client doesn’t know |
| ○ | Client refused | ○ |  Client refused |
| ○ | Data not collected | ○ |  Data not collected |
| Theatre of Operations: Afghanistan (Operating Enduring Freedom) | Theatre of Operation: Iraq (Operation Iraqi Freedom) |
|  ○ | Yes | ○ |  Yes |
| ○ | No | ○ |  No |
| ○ | Client doesn’t know | ○ |  Client doesn’t know |
| ○ | Client refused | ○ |  Client refused |
| ○ | Data not collected | ○ |  Data not collected |
| Theatre of Operations: Iraq (Operation New Dawn) | Theatre of Operation: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) |
|  ○ | Yes | ○ |  Yes |
| ○ | No | ○ |  No |
| ○ | Client doesn’t know | ○ |  Client doesn’t know |
| ○ | Client refused | ○ |  Client refused |
| ○ | Data not collected | ○ |  Data not collected |

VETERAN STATUS CONTINUED ON NEXT PAGE

|  |  |
| --- | --- |
| Branch of Military  | Discharge Status |
|  ○ | Army | ○ |  Honorable |
| ○ | Airforce | ○ |  General under honorable conditions |
| ○ | Navy | ○ |  Other than honorable conditions (OTH) |
| ○ | Marines | ○ |  Bad Conduct |
| ○ | Coast Guard | ○ |  Dishonorable |
| ○ | Client doesn’t know | ○ |  Uncharacterized |
| ○ | Client refused | ○ |  Client doesn’t know |
| ○ |  Data not collected | ○ |  Client refused |
|  |  | ○ |  Data not collected |

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  |

CLIENT LOCATION *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# **ZIP CODE OF LAST PERMANENT ADDRESS** [All Clients]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING |
| Housing Move-In Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |

PRIOR LIVING SITUATION TYPE OF RESIDENCE *[Head of Household and Adults]*

*(Record the type of living arrangement of the client the night before their entry into the program)*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Rental by client, with GPD TIP housing subsidy |
| ○ | Safe Haven | ○ | Rental by client, with VASH housing subsidy |
| ○ | Foster care home or foster care group home | ○ | Permanent housing (other than RRH) for formerly homeless persons |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Long-term care facility or nursing home | ○ | Rental by client in a public housing unit |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Owned by client, no on­going housing subsidy |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client refused |
| ○ | Staying or living in a friend’s room, apartment or house | ○ | Data not collected |
| LENGTH OF STAY IN PRIOR LIVING SITUATION *(Duration of prior living situation.)* |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know  |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client refused  |
| ○ | One week or more, but less than one month | ○ | One year or longer  | ○ | Data not collected  |

LENGTH OF STAY CONTINUED ON NEXT PAGE

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ |  No | ○ |  Yes |

LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations.]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ |  No | ○ |  Yes |

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ |  Yes | ○ |  No |
| Approximate Date Homelessness Started*(Report the approximate date the homeless situation began)* | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years*(Regardless of whether they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today)* |
| ○ | One Time | ○ | Client doesn’t know |
| ○ | Two Times | ○ | Client refused  |
| ○ | Three Times | ○ | Data not collected  |
| ○ | Four or More Times |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years*(Total number of months homeless in the past 3 years)* |
| ○ | One month (this time is the first month)  | ○ | Client doesn’t know  |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_  | ○ | Client refused  |
| ○ | More than 12 months  | ○ | Data not collected  |

FEMA Client Hotel Location

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Abode Services - Best Western - NCV | ○ | Abode Services - Casa de Novo Apartments - NCV |
| ○ | Abode Services - Casa de Novo Hotel - NCV | ○ | Abode Services - EZ 8 Motel - NCV |
| ○ | Abode Services - Hampton Inn - NCV | ○ | Abode Services - Pacific Motor Inn - NCV |
| ○ | Abode Services - Project T.I.P. - NCV | ○ | Abode Services - The Plaza - NCV |
| ○ | HomeFirst - BHC Marbury - NCV | ○ | LifeMoves - E Real Motel - NCV |
| ○ | LifeMoves - Holiday Inn Sunnyvale - NCV | ○ | SCC DSW - Americas BV Inn - NCV |
| ○ | SCC DSW - Days Inn Gilroy - NCV | ○ | SCC DSW - Hampton Inn MH - NCV |
| ○ | SCC DSW - Motel 6 Campbell - NCV | ○ | SCC DSW - Vagabond Inn Sunnyvale - NCV |

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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  |
| WHEN EXPERIENCE OCCURRED  |
| ○ | 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 & SOURCES

# **INCOME FROM ANY SOURCE** ​[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 |
| ○ | Alimony and Other Spousal Support |  | ○ | Child support |   |
| ○ | Pension or Retirement income from former job |  | ○ | Earned Income |   |
| ○ | Retirement Income from Social Security  |  | ○ | General Assistance (GA) |   |
| ○ | Social Security Disability Insurance (SSDI)  |  | ○ |  Private Disability Insurance |   |
| ○ | Supplemental Security Income (SSI) |  | ○ | Unemployment Insurance |   |
| ○ |  TANF (Temporary Assist for Needy Families) |  | ○ | Worker’s Compensation |   |
| ○ | VA Service Connected Disability Compensation  |  | ○ | Other source  |   |
| ○ | VA Non­-Service Connected Disability Pension  |  | Specify Other”  |   |
| Total monthly amount:  |   |

#  **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 ­ HEALTH INSURANCE COVERAGE DETAILS  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify): | ○ | Indian Health Services Program |

EDUCATION INFORMATION *[All Clients 18+]*

LAST GRADE COMPLETED

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate’s degree |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 / High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client refused |
| ○ | GED | ○ | Data not collected |
| ○ | Some College |  |

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not Currently Attending | ○ | Academically Disqualified |
| ○ | Attending Full Time | ○ | Client doesn’t know |
| ○ | Attending Part Time | ○ | Client refused |

NAME OF COLLEGE/UNIVERSITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | De Anza College | ○ | West Valley College |
| ○ | Evergreen Valley College | ○ | Other Bay Area College/University |
| ○ | Foothill College | ○ | Other CA College/University |
| ○ | Gavilan College | ○ | Other College/University |
| ○ | Mission College | ○ | Other Vocational Program |
| ○ | San Jose City College | ○ | Client doesn't know |
| ○ | San Jose State University | ○ | Client refused |
| ○ | Santa Clara University | ○ | Data not collected |
| ○ | Stanford University |  |

EXPECTED COMPLETION YEAR

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

PRIMARY LANGUAGE *[All Clients, optional]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English  | ○ | Mandarin  |
| ○ | Spanish  | ○ | Tagalog  |
| ○ | Vietnamese | ○ | Other |
| ○ | Unknown  |

FEMA DATA COLLECTION

|  |
| --- |
| COVID-19 Screening Results for Qualifying Household Member: *(Record the results of the COVID-19 screening for qualifying household member)* |
| ○ | Asymptomatic Low Risk |
| ○ | Asymptomatic High Risk (are over 65 or have underlying medical conditions as defined by CDC for COVID-19) |
| ○ | COVID-19 Exposed (as documented by a healthcare professional) |
| ○ | COVID-19 Positive  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have the ability to self-isolate or quarantine without assistance? *(Indicate whether or not the household has the ability to quarantine without non-congregate shelter)*  | ○ | Yes | ○ | No |

*Please upload any COVID-19 exposure/status documentation to the Program File Tab*

|  |
| --- |
| Unit Type: *(Indicate the type of non-congregate shelter the household will be housed in)* |
| ○ | Hotel/Motel |
| ○ | Shelter  |
| ○ | Apartment  |
| ○ | Trailer  |

|  |
| --- |
| Last or Current Permanent Address: Address Data Quality: *(Enter the data quality of the address prior to entry)* |
| ○ | Full address reported |
| ○ | Incomplete or estimated address reported  |
| ○ | Client Doesn’t Know |
| ○ | Client Refused |
| ○ | Data not collected |
| Street Address:  |  | City: |  |
| State: |  | Zip Code: |  |

ADDITIONAL FEMA Questions

|  |  |
| --- | --- |
| Has Cell Phone:  |  (\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| ○ | Yes |
| ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Data not collected |

|  |  |
| --- | --- |
| Has Email Address:  |   |
| ○ | Yes |
| ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Data not collected |

|  |
| --- |
| **Pets in Household:** (*Indicate if there are any pets, including service animals, that will need to enter the non- congregate shelter with the household)* |
| ○ | No | ○ | Yes |
| ○ | Client doesn’t know | ○ | Client refused |
| ○ | Data not collected |
| **Service Animal in Household:** (*Indicate if there are any service animals[(not including pets that are not service animals] that will need to enter the non-congregate shelter with the household)* |
| ○ |  No | ○ |  Yes |
| ○ |  Client doesn’t know | ○ |  Client Refused |
| ○ |  Data not collected |

|  |
| --- |
| **Access/Functional Needs Identified*:*** *(Access and functional needs (AFN) refers to individuals who are or have: Physical, developmental or intellectual disabilities/chronic conditions or injuries/limited English proficiency/older adults/ children/low income/homeless and/or transportation disadvantaged/pregnant women)* |
| ○ | No | ○ | Yes |
| ○ | Client doesn’t know | ○ | Client refused |
| ○ | Data not collected |

Interested in Housing Problem Solving ​*[Head of Household ]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |