



CLARITY HMIS: SCC UPLIFT PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

PROJEC	T START DATE	[All Clie	ents]			
Month	Day	•	Year			

SOCIAL SECURITY NUMBER [All Clients]

QUALITY OF SOCIAL SECURITY						
	Full CCM reported	0	Client doesn't know			
O	Full SSN reported	0	Client refused			
0	Approximate or partial SSN reported	0	Data not collected			

CURRENT NAME [All Clients]									N/A							
Last	t															
First																0
Mide	Middle							0								
Suff	Ϊx														0	
QU	ALITY C	F CU	RREI	NT NA	ME	•										
0	Full name reported					0	(Client doesn't know								
0	Partial, street name, or code name reported					0	(Clien	t refu	efused						
						0		Data not collected			t					

Month Day Year

QU	QUALITY OF DATE OF BIRTH							
0	Full DOB reported	0	Client doesn't know					
	Approximate or partial DOD reported	0	Client refused					
	Approximate or partial DOB reported	0	Data not collected					



GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	Trans Female (MTF or Male to Female)	0	Data not collected
0	Trans Male (FTM or Female to Male)		
0	Gender Non-Conforming (i.e. not exclusively male or female)		

RACE (Select all applicable) [All Clients]

0	American Indian or Alaskan Native	0	Client does not know
0	Asian	0	Client refused
0	Black/African American	0	Data Not Collected
0	Hawaiian or Other Pacific Islander		
0	White/Caucasian		

ETHNICITY [All Clients]

	0	Nan-Highania/ Nant ating	0	Client does not know
		NonHispanic/ NonLatino	0	Client refused
	0	Hispanic/Latino	0	Data Not Collected
			0	Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
0	165	0	Data not collected
F "`	YES" TO VETERAN STATUS		
Yea	r entered military service (year)		
Yea	r separated from military service (year)		
Γhe	ater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client refused
0	163		Data not collected
The	ater of Operations: Korean War		
0	No	0	Client doesn't know
_	Vee	0	Client refused
0	Yes	0	Data not collected
The	ater of Operations: Vietnam War		
0	No	0	Client doesn't know
_	Voc	0	Client refused
0	Yes	0	Data not collected
The	ater of Operations: Persian Gulf War (Desert Storm)	•	
0	No	0	Client doesn't know



	OF L. C. L.								
0	Yes			0	Client refused				
				0	Data not collected				
The	ater of Operations: Afghanistan (Operation Endu	ring	Freedom)						
0	No			0	Client doesn't know				
0	Yes			0	Client refused				
				0	Data not collected				
Thea	ater of Operations: Iraq (Operation Iraqi Freedom	1)							
0	No			0	Client doesn't know				
0	Yes			0	Client refused				
O	165			0	Data not collected				
The	ater of Operations: Iraq (Operation New Dawn)								
0	No			0	Client doesn't know				
)	Yes			0	Client refused				
0	165			0	Data not collected				
	ater of Operations: Other peacekeeping operatio ama, Somalia, Bosnia, Kosovo)	ns oı	military interven	tions	s (such as Lebanon,				
0	No			0	Client doesn't know				
)	Yes			0	Client refused				
0	165			0	Data not collected				
Brar	nch of the Military								
0	Army	0	Coast Guard						
0	Air Force			0	Client doesn't know				
0	Navy			0	Client refused				
0	Marines			0	Data not collected				
Disc	harge Status								
0	Honorable	0	Dishonorable						
0	General under honorable conditions	0	Uncharacterized						
0	Other than honorable conditions (OTH)			0	Client doesn't know				
)	Other than nonorable conditions (OTTI)			0	Client refused				
0	Bad Conduct			0	Data not collected				
RF	LATIONSHIP TO HEAD OF HOUSEHOLD [A][Clier	nt Householdsl						

0	Self		Head of household - other relation to member
Head of household's child		0	nead of flousefloid - other relation to member
0	Head of household's spouse or partner	0	Other: non-relation member

CLIENT LOCATION	[only if multiple CoC's]
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ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]

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UPLIFT: IS THE CLIENT HOMELESS OR SERIOUSLY AT RISK OF LOSING THEIR HOUSING DUE TO LACK OF TRANSPORTATION? [All Clients]

UPI	LIFT: IS THE CLIENT HOMELESS? [All Clients	s]	
0	No	0	Yes

UPLIFT: IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR AGENCY? [All Clients]

o Yes	
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Yes

UPLIFT: WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

0	Badge only		Padae and Sticker
0	Sticker	O	Badge and Sticker

UPLIFT: WHAT TIME PERIOD IS THE PASS FOR? [All Clients]

0	Jan-Mar	0	Jul-Sep
0	Apr-Jun	0	Oct-Dec

LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

0	Emergency shelter, including hotel/motel paid for w/ voucher	0	Rental by client, no ongoing housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with GPD TIP subsidy
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with VASH subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Rental by client, with other ongoing housing subsidy
0	Interim Housing	0	Residential project or halfway house with no homeless criteria
0	Jail, prison or juvenile detention facility	0	Safe Haven
0	Long-term care facility or nursing home	0	Staying or living in a family member's room, apartment or house
0	Owned by client, no ongoing housing subsidy	0	Staying or living in a friend's room, apartment or house
0	Owned by client, with ongoing housing subsidy	0	Substance abuse treatment facility or detox center
0	Permanent housing (other than RRH) for formerly homeless persons	0	Transitional housing for homeless persons (including homeless youth)



Client doesn't know

Data not collected

Client refused

0

0

	T						1		TIOTIAN SERVICE		
0	Place not meant for habitation			0	Client doesn't know						
						0	Client r	efused			
0	Psychiatric hospital or other psychiatric facility				0	Data no	ot colle	ected			
LENGTH OF STAY IN PRIOR LIVING SITUATION											
0	One night or less			0	Client doesn't know						
	one ingineer lee				less than 90						
0	Two to six night	ts		0	90 days or m less than one			0	Client refused		
0	One week or mone month	ore, but le	ss than	0	One year or I	longe	ſ	0	Data not collected		
LEI	NGTH OF STAY	LESS T	HAN 7 NI	GHT	S [TH, PH]						
С	No	0	Yes								
ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN Head of Household and Adults] O Yes O No											
Арр	roximate Date H	lomelessr	ness Start	ed							
Nun	nber of <i>times</i> the	e client ha	s been or	1 the	streets, ES, o	r Safe	Haven	in the	last 3 years		
0	One Time				•			0	Client doesn't know		
0	Two Times							0	Client refused		
0	Three Times							0	Data not collected		
0	Four or More Ti	mes									
Tota	al Number of <i>Mo</i>	nths hom	eless on t	the st	treets, ES, or S	Safe I	laven in	the la	st 3 years		
0	One month (this							0	Client doesn't know		
0	2-12 months (sp		ber of mor	nths):				0	Client refused		
0	More than 12 m	onths						0	Data not collected		
DIS	ABLING COND	OITION [A	II Clients]	<u>. </u>							
0	No							О	Client doesn't know		
0	Yes							С	Client refused		
0	103							С	Data not collected		
DH.	YSICAL DISAB	II ITV [AII	Clientel								
	I SIGAL DIGAD		Ununus								

No

Yes

0



#YES" TO PHYSICAL DISABILITY – SPECIFY Copected to be of long-continued and indefinite duration and lobstantially impairs ability to live independently? No		Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected					
Appected to be of long-continued and indefinite duration and obstantially impairs ability to live independently? EVELOPMENTAL DISABILITY [All Clients] No Yes "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY Appected to substantially impair ability to live independently? No Yes "YES" TO CHRONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Appected to be of long-continued and indefinite duration and obstantially impairs ability to live independently? V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY Appected to substantially impair ability to live independently? O No Yes "YES" TO HIV-AIDS – SPECIFY		Client refused Data not collected Client doesn't know Client refused Data not collected					
EVELOPMENTAL DISABILITY [All Clients] No Yes "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY Expected to substantially impair ability to live independently? NO Yes HRONIC HEALTH CONDITION [All Clients] NO Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and abstantially impairs ability to live independently? V-AIDS [All Clients] NO Yes "YES" TO HIV-AIDS – SPECIFY Expected to substantially impair ability to live independently? O No Yes "YES" TO HIV-AIDS – SPECIFY O No Expected to substantially impair ability to live independently?		Client doesn't know Client refused Data not collected Client refused Client refused					
EVELOPMENTAL DISABILITY [All Clients] No Yes "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY **CPECTED TO DEVELOPMENTAL DISABILITY – SPECIFY **PES" TO DEVELOPMENTAL DISABILITY – SPECIFY **CPECTED TO DEVELOPMENTAL DISABILITY – SPECI		Client doesn't know Client refused Data not collected					
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ARONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and abstantially impairs ability to live independently? V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY Concepted to substantially impair ability to live independently? No Yes	O	Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused					
ARONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and abstantially impairs ability to live independently? V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY O No O Spected to substantially impair ability to live independently?	O	Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused					
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HRONIC HEALTH CONDITION [All Clients] No Yes "YES" TO CHRONIC HEALTH CONDITION – SPECIFY Expected to be of long-continued and indefinite duration and abstantially impairs ability to live independently? V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY © No Expected to substantially impair ability to live independently?) 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused					
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"YES" TO CHRONIC HEALTH CONDITION – SPECIFY spected to be of long-continued and indefinite duration and abstantially impairs ability to live independently? V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY spected to substantially impair ability to live independently?	o o	Client doesn't know Client refused					
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V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY O No Spected to substantially impair ability to live independently?	es 🗀						
V-AIDS [All Clients] No Yes "YES" TO HIV-AIDS – SPECIFY o No spected to substantially impair ability to live independently?		Data not collected					
Yes "YES" TO HIV-AIDS – SPECIFY o No spected to substantially impair ability to live independently?		<u>.</u>					
Yes "YES" TO HIV-AIDS – SPECIFY o No spected to substantially impair ability to live independently?							
Yes "YES" TO HIV-AIDS – SPECIFY o No spected to substantially impair ability to live independently?	0	Client doesn't know					
"YES" TO HIV-AIDS – SPECIFY o No spected to substantially impair ability to live independently?	0	Client refused					
o No	0	Data not collected					
o No		2 3.13 1131 331131					
spected to substantially impair ability to live independently?) 0	Client doesn't know					
	0	Client refused					
· Ye	es	Data not collected					
ENTAL HEALTH PROBLEM [All Clients]		1					
No	0	Client doesn't know					
	0	Client refused					
Yes	0	Data not collected					
"YES" TO MENTAL HEALTH CONDITION – SPECIFY							
o No		Client doesn't know					
spected to be of long-continued and indefinite duration and							
bstantially impairs ability to live independently?		Client refused					



SUBSTANCE ABUSE PROBLEM [All Clients]

0	No	0	Both alco	hol ar	d drug abuse		
	Alcohol abuse	0	Client doe	Client doesn't know			
0	Alcohol abuse	0	Client refu	Client refused			
0	Drug abuse	0	Data not collected				
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY							
			No		Client doesn't know		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			o Yes	0	Client refused		
		0		0	Data not collected		

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

0	No			0	Client doesn't know	
	Yes			0	Client refused	
0	165		0	Data not collected		
IF "	IF "YES" TO DOMESTIC VIOLENCE					
WH	WHEN EXPERIENCE OCCURRED					
0	Within the past three months	0	One year ago or more			
	TI () () () () () () () () () (Client doesn't know			
0	Three to six months ago (excluding six months exactly)	0	Client refused			
0	Six months to one year ago (excluding one year exactly)	0	Data not collected			
	Are you currently fleeing?			0	Client doesn't know	
Are				0	Client refused	
				0	Data not collected	

INCOME FROM ANY SOURCE [Head of Household and Adults]

	NI-						Oliant dasani	A Long as a c	
0	No					0	Client doesn'	t know	
0	W						Client refuse	d	
	Yes						Data not colle	ected	
IF "	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY								
Inco	ome Source		Amount	Inc	ome Sourc	e		Amount	
0	Alimony and Other Spousa	al Support		0	Child supp	oort			
0	Pension or Retirement inc	ome from former job		0	Earned Income				
0	Retirement Income from S	ocial Security		0	General Assistance (GA)				
0	Social Security Disability I	nsurance (SSDI)		0	Private Disability Insurance				
0	Supplemental Security In-	come (SSI)		0	Unemploy	ment	Insurance		
0	TANF (Temporary Assist f	or Needy Families)		0	Worker's Compensation				
0	VA Service Connected Dis Compensation	sability		0	Other source				
0	VA Non-Service Connecte	d Disability Pension		Spe	cify Other'	,			
Tota	I monthly amount:		•			•			



RECEIVING NONCASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know
	Voc			0	Client refused
0	Yes			0	Data not collected
IF "Y	ES" TO NONCASH BENEFITS – INDICATE ALL SOURC	HAT APPL	_Y		
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services		
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services		
0	Other (Specify):	0	Other TA	NF-fu	nded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No		0	Client doesn't know		
	Yes		0	Client refused		
0	res		0	Data not collected		
IF "	YES" TO HEALTH INSURANCE HEALTH INSURANCE C	RAGE DETAIL	S			
0	MEDICAID	0	Employer Pro	ovided Health Insurance		
0	MEDICARE	0	Insurance Obtained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay I	Health Insurance		
0	Veteran's Administration (VA) Medical Services	0	State Health	Insurance for Adults		
0	Other (specify):	0	Indian Health	Services Program		

PRIMARY LANGUAGE [All Clients, optional]

0	English	0	Mandarin
0	Spanish	0	Tagalog
0	Vietnamese	0	Other
		0	Unknown

Signature of applicant stating all information is true and correct Date