

CLARITY HMIS: KC- Client Profile

The HMIS system requires “Client Consent for Data Collection and Release of Information” from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Please complete a separate form for each household member.

PROJECT START DATE *[All Individuals/Clients]*

Month			Day			Year			

TRANSLATION ASSISTANCE NEEDED?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/>	American Sign Language (ASL)	<input type="radio"/>	Portuguese
<input type="radio"/>	Amharic	<input type="radio"/>	Punjabi
<input type="radio"/>	Arabic	<input type="radio"/>	Russian
<input type="radio"/>	Cambodian	<input type="radio"/>	Samoan
<input type="radio"/>	Chinese	<input type="radio"/>	Somali
<input type="radio"/>	Farsi	<input type="radio"/>	Spanish
<input type="radio"/>	French	<input type="radio"/>	Tagalog
<input type="radio"/>	Japanese	<input type="radio"/>	Tigrinya
<input type="radio"/>	Korean	<input type="radio"/>	Ukrainian
<input type="radio"/>	Ormo	<input type="radio"/>	Vietnamese
<input type="radio"/>	Different Preferred Language (<i>specify</i>):	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

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QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

<input type="radio"/> Black, African American, or African	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Data Not Collected
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Other
<input type="radio"/> White	<i>If Other, please specify:</i>

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (<https://bit.ly/2Y0w7aN>), then write in the tribe name in the space provided):

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
<input type="radio"/> U.S. Federally Recognized Tribes			
<input type="radio"/> First Nations Tribes			
<input type="radio"/> Latin American Tribes			
<input type="radio"/> State Recognized Tribes			
<input type="radio"/> Uncategorized Tribes			

IF CLIENT’S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.

Tribal Flag Notes:

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn’t know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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	
<input type="radio"/> No	<input type="radio"/> Client doesn’t know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer

		<input type="radio"/>	Data not collected
Theater of Operations: Korean War			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Vietnam War			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Theater of Operations: Other peacekeeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			

<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

CLARITY HMIS: KC- HUD COORDINATED ENTRY PROGRAM INTAKE FORM

Please ask the questions in the order below assuring that the domestic violence questions are asked first. Please gather the following information about the individual/client's current housing instability and, as appropriate, refer them to the resources listed on this page. It is best practice to complete program enrollment with adult household members separately. Reassure them that the final enrollment will reflect the household's current situation.

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Individuals/Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults] *Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?*		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
				<input type="radio"/>	Data not collected

**If individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at: 877-737-0242 or 206-737-0242*

**The adult members may wish to continue completing the enrollment process, even if choosing to contact the Washington Coalition Against Domestic Violence Hotline. Please assist the household in accessing any services that may support their safety.*

PRIOR LIVING SITUATION				
TYPE OF RESIDENCE [Head of Household and Adults]				
<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher			
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Host Home (non-crisis)			
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living in a friend's room, apartment, or house			
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Staying or living in a family member's room, apartment or house			
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy			
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy			
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with ongoing housing subsidy			
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no ongoing housing subsidy			
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Client doesn't know			
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer			
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected			
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" -- SPECIFY:				
<input type="radio"/> GDP TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher			
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)			
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)			
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing			
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons			
<input type="radio"/> Rental by client, with other ongoing housing subsidy				
If Living Situation is "Place not meant for habitation"				
Is the individual/client currently living in a vehicle?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
	<input type="radio"/>		<input type="radio"/>	Data not collected
If "Yes", please select Vehicle Type				
<input type="radio"/> Van	<input type="radio"/>	Client Doesn't Know		
<input type="radio"/> Automobile/Car	<input type="radio"/>	Client prefers not to answer		
<input type="radio"/> Camper/RV	<input type="radio"/>	Data Not Collected		

Select the city of the prior residence [Adults, Heads of Households]

<input type="radio"/>	Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/>	Medina
<input type="radio"/>	Algona	<input type="radio"/>	Mercer Island
<input type="radio"/>	Auburn	<input type="radio"/>	Milton
<input type="radio"/>	Beaux Arts	<input type="radio"/>	Newcastle
<input type="radio"/>	Bellevue	<input type="radio"/>	Normandy Park
<input type="radio"/>	Black Diamond	<input type="radio"/>	North Bend
<input type="radio"/>	Bothell	<input type="radio"/>	Pacific
<input type="radio"/>	Burien	<input type="radio"/>	Redmond
<input type="radio"/>	Carnation	<input type="radio"/>	Renton
<input type="radio"/>	Clyde Hill	<input type="radio"/>	Sammamish
<input type="radio"/>	Covington	<input type="radio"/>	Sea Tac
<input type="radio"/>	Des Moines	<input type="radio"/>	Seattle
<input type="radio"/>	Duvall	<input type="radio"/>	Shoreline
<input type="radio"/>	Enumclaw	<input type="radio"/>	Skykomish
<input type="radio"/>	Federal Way	<input type="radio"/>	Snoqualmie
<input type="radio"/>	Hunts Point	<input type="radio"/>	Tukwila
<input type="radio"/>	Issaquah	<input type="radio"/>	Woodinville
<input type="radio"/>	Kenmore	<input type="radio"/>	Yarrow Point
<input type="radio"/>	Kent	<input type="radio"/>	Washington State (outside of King County)
<input type="radio"/>	Kirkland	<input type="radio"/>	Outside of Washington State
<input type="radio"/>	Lake Forest Park	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Maple Valley	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [if prior residence TH, PH]

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[If prior residence Institutional Housing Situations.]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN *[Head of Household and Adults / Related to Prior Residences of TH, PH, Institutional]*

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started _____ / _____ / _____	
Number of <i>times</i> the client has been on the streets, in Emergency Shelter, or Safe Haven in the past 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of <i>Months</i> homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

What city did the individual/client live in the last time they had a stable place to live like an apartment or house? *[Adults, Heads of Households]*

<input type="radio"/> Unincorporated King County (includes community not otherwise listed)	<input type="radio"/> Medina
<input type="radio"/> Algona	<input type="radio"/> Mercer Island
<input type="radio"/> Auburn	<input type="radio"/> Milton
<input type="radio"/> Beaux Arts	<input type="radio"/> Newcastle
<input type="radio"/> Bellevue	<input type="radio"/> Normandy Park
<input type="radio"/> Black Diamond	<input type="radio"/> North Bend
<input type="radio"/> Bothell	<input type="radio"/> Pacific
<input type="radio"/> Burien	<input type="radio"/> Redmond
<input type="radio"/> Carnation	<input type="radio"/> Renton
<input type="radio"/> Clyde Hill	<input type="radio"/> Sammamish
<input type="radio"/> Covington	<input type="radio"/> Sea Tac
<input type="radio"/> Des Moines	<input type="radio"/> Seattle
<input type="radio"/> Duvall	<input type="radio"/> Shoreline
<input type="radio"/> Enumclaw	<input type="radio"/> Skykomish
<input type="radio"/> Federal Way	<input type="radio"/> Snoqualmie
<input type="radio"/> Hunts Point	<input type="radio"/> Tukwila
<input type="radio"/> Issaquah	<input type="radio"/> Woodinville
<input type="radio"/> Kenmore	<input type="radio"/> Yarrow Point
<input type="radio"/> Kent	<input type="radio"/> Washington State (outside of King County)
<input type="radio"/> Kirkland	<input type="radio"/> Outside of Washington State
<input type="radio"/> Lake Forest Park	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Maple Valley	<input type="radio"/> Client prefers not to answer

	○ Data Not Collected
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DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

- For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),
- For crisis services: Crisis Connections at: 1-866-427-4747,
- For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,
- For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:

A DISABLING CONDITION (this includes physical health, mental health, and/or substance use)?

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All

Individuals/Clients]

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	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 prefers not to answer
			○	Data not collected

A DEVELOPMENTAL DISABILITY [All Individuals/Clients]

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

A CHRONIC HEALTH CONDITION [All Individuals/Clients]

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer

		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client prefers not to answer
			<input type="radio"/> Data not collected

A MENTAL HEALTH CONDITION *[All Individuals/Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client prefers not to answer
			<input type="radio"/> Data not collected

A SUBSTANCE USE ISSUE *[All Individuals/Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug abuse
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client prefers not to answer
			<input type="radio"/> Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	

<input type="checkbox"/>	Supplemental Security Income (SSI)	<input type="checkbox"/>	Retirement Income from Social Security
<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	Pension or Retirement Income from a Former Job
<input type="checkbox"/>	VA Service-Connected Disability Compensation	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	<input type="checkbox"/>	Alimony and Other Spousal Support
<input type="checkbox"/>	Private Disability Insurance	<input type="checkbox"/>	Other source
<input type="checkbox"/>	Worker's Compensation		
Total Monthly Income for Individual:			

RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Childcare Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Individuals/Clients*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected

IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Health Insurance Obtained Through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veterans Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Indian Health Services Program

***If not literally homeless, provide a referral to prevention services, enter the service (CE Referral to Homelessness Prevention) and Exit from Coordinated Entry System Program.*

*Please direct household to the King County Prevention web site for additional resources,
www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx*

If applicable:

Signature of applicant stating all information is true and correct

Date