

Agency Name: _____



CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

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			Day			Year			

SOCIAL SECURITY NUMBER *[All 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

CURRENT NAME <i>[All Clients]</i>	N/A
Last	<input type="radio"/>
First	<input type="radio"/>
Middle	<input type="radio"/>
Suffix	<input type="radio"/>

QUALITY OF CURRENT NAME	
<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Data not collected

DATE OF BIRTH *[All Clients]*

		-			-					Age:
Month			Day			Year				

QUALITY OF DATE OF BIRTH	
<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Data not collected

GENDER *[All Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

RACE (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

ETHNICITY *[All Clients]*

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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 refused
		<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 refused
		<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 refused

		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peace-keeping 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 refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All 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

ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]

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WHEN CLIENT WAS ENGAGED [Street Outreach Only or Night by Night Emergency Shelter]

Date of Engagement:	___/___/_____
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IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date:	___/___/_____
Monthly Rent at Move-in:	<i>Please note this is a conditional field and will only appear after Move-in Date has been added.</i>

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"/> Staying or living in a family member's room, apartment or house
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/> Rental by client, with GPD TIP housing subsidy
<input type="radio"/> Safe Haven	<input type="radio"/> Rental by client, with VASH housing subsidy
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/> Hospital or other residential non--psychiatric medical facility	<input type="radio"/> Rental by client, with RRH or equivalent subsidy
<input type="radio"/> Jail, prison or juvenile detention facility	<input type="radio"/> Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Rental by client in a public housing unit
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Rental by client, with other ongoing housing subsidy
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Owned by client, with ongoing housing subsidy
<input type="radio"/> Hotel or motel paid for without emergency shelter voucher	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client doesn't know

<input type="radio"/> Host Home (non-crisis)	<input type="radio"/> Client refused
<input type="radio"/> Staying or living in a friend's room, apartment or house	<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 refused
<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 [TH, PH]

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

[Institutional Housing Situations.]

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
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Approximate Date Homelessness Started _____/_____/_____

Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years

<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	

Total Number of *Months* homeless on the streets, ES, 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 refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

DISABLING CONDITION [All Clients]

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

PHYSICAL DISABILITY [All Clients]

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

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All Clients]

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

HIV-AIDS [All Clients]

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

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO MENTAL HEALTH 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 refused
	<input type="radio"/> Data not collected

SUBSTANCE ABUSE DISORDER [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorder
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<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 refused

<input type="radio"/>	Data not collected
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DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

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

MONTHLY INCOME & SOURCES

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 refused	
		<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"/>	Alimony and Other Spousal Support		<input type="radio"/>	Child support
<input type="radio"/>	Pension or Retirement income from former job		<input type="radio"/>	Earned Income
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Private Disability Insurance
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Worker's Compensation
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other source
<input type="radio"/>	VA Non--Service Connected Disability Pension		Specify Other"	
Total monthly amount:				

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services

<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services
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COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

CLIENT PERCEIVES THEIR LIFE HAS VALUE AND WORTH [Head of Household]

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

CLIENT PERCEIVES THEY HAVE SUPPORT FROM OTHERS WHO WILL LISTEN TO PROBLEMS [Head of Household]

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

CLIENT PERCEIVES THE HAVE A TENDENCY TO BOUNCE BACK AFTER HARD TIMES [Head of Household]

<input type="radio"/>	Strongly disagree	<input type="radio"/>	Strongly agree
<input type="radio"/>	Somewhat disagree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Neither agree nor disagree	<input type="radio"/>	Client refused
<input type="radio"/>	Somewhat agree	<input type="radio"/>	Data not collected

CLIENT'S FREQUENCY OF FEELING NERVOUS, TENSE, WORRIED, FRUSTRATED, OR AFRAID [Head of Household]

<input type="radio"/>	Not at all	<input type="radio"/>	At least every day
<input type="radio"/>	Once a month	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Several times a month	<input type="radio"/>	Client refused
<input type="radio"/>	Several times a week	<input type="radio"/>	Data not collected

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate's degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12 / High school diploma	<input type="radio"/> Client doesn't know
<input type="radio"/> School program does not have grade levels	<input type="radio"/> Client refused
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some College	

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/> Not Currently Attending	<input type="radio"/> Academically Disqualified
<input type="radio"/> Attending Full Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Attending Part Time	<input type="radio"/> Client refused

NAME OF COLLEGE/UNIVERSITY

<input type="radio"/> De Anza College	<input type="radio"/> West Valley College
<input type="radio"/> Evergreen Valley College	<input type="radio"/> Other Bay Area College/University
<input type="radio"/> Foothill College	<input type="radio"/> Other CA College/University
<input type="radio"/> Gavilan College	<input type="radio"/> Other College/University
<input type="radio"/> Mission College	<input type="radio"/> Other Vocational Program
<input type="radio"/> San Jose City College	<input type="radio"/> Client doesn't know
<input type="radio"/> San Jose State University	<input type="radio"/> Client refused
<input type="radio"/> Santa Clara University	<input type="radio"/> Data not collected
<input type="radio"/> Stanford University	

EXPECTED COMPLETION YEAR

		-			-			
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PRIMARY LANGUAGE *[All Clients, optional]*

<input type="radio"/> English	<input type="radio"/> Mandarin
<input type="radio"/> Spanish	<input type="radio"/> Tagalog
<input type="radio"/> Vietnamese	<input type="radio"/> Other
	<input type="radio"/> Unknown

FEMA DATA COLLECTION

COVID-19 Screening Results for Qualifying Household Member:

(Record the results of the COVID-19 screening for qualifying household member)

<input type="radio"/> Asymptomatic Low Risk

<input type="radio"/>	Asymptomatic High Risk (are over 65 or have underlying medical conditions as defined by CDC for COVID-19)
<input type="radio"/>	COVID-19 Exposed (as documented by a healthcare professional)
<input type="radio"/>	COVID-19 Positive

Do you have the ability to self-isolate or quarantine without assistance? <i>(Indicate whether or not the household has the ability to quarantine without non-congregate shelter)</i>	<input type="radio"/>	Yes	<input type="radio"/>	No
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Please upload any COVID-19 exposure/status documentation to the Program File Tab

Unit Type: <i>(Indicate the type of non-congregate shelter the household will be housed in)</i>	
<input type="radio"/>	Hotel/Motel
<input type="radio"/>	Shelter
<input type="radio"/>	Apartment
<input type="radio"/>	Trailer

Last or Current Permanent Address: Address Data Quality: <i>(Enter the data quality of the address prior to entry)</i>			
<input type="radio"/>	Full address reported		
<input type="radio"/>	Incomplete or estimated address reported		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client Refused		
<input type="radio"/>	Data not collected		
Street Address:		City:	
State :		Zip Code:	

ADDITIONAL FEMA Questions

Has Cell Phone:	(____) _____ - _____
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected

Has Email Address:	
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected

Pets in Household: <i>(Indicate if there are any pets, including service animals, that will need to enter the non-congregate shelter with the household)</i>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected		

Service Animal in Household: <i>(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)</i>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client Refused
<input type="radio"/>	Data not collected		

Access/Functional Needs Identified: <i>(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)</i>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client refused

○	Data not collected
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Signature of applicant stating all information is true and correct Date