

Agency Name: _____



CLARITY HMIS: KC - PROJECT MINIMUM INTAKE FORM

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.

Use block letters for text and bubble in the appropriate circles.
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 prefers not to answer

<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Data not collected
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CURRENT NAME <i>[All Individuals/Clients]</i>															N/A	
Last																<input type="radio"/>
First																
Middle																
Suffix																
QUALITY OF CURRENT NAME																
<input type="radio"/> Full name reported								<input type="radio"/> Client doesn't know								
<input type="radio"/> Partial, street name, or code name reported								<input type="radio"/> Client prefers not to answer								
								<input type="radio"/> Data not collected								

DATE OF BIRTH *[All Individuals/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"/> Approximate or partial DOB reported		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	

GENDER (Select all applicable) *[All Individuals/Clients]*

<input type="radio"/> Female	<input type="radio"/> Client doesn't know
<input type="radio"/> Male	<input type="radio"/> Client prefers not to answer
<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"/> Different Identity
<input type="radio"/> Questioning	<i>If Different Identify, please specify:</i>
<input type="radio"/> Culturally Specific Identity (e.g Two-Spirit)	

Preferred Pronouns *[All Clients]*

<input type="radio"/> She/Her/Hers	<input type="radio"/> He/Him/His
<input type="radio"/> They/Them/Theirs	<input type="radio"/> Client doesn't know
<input type="radio"/> Client prefers not to answer	<input type="radio"/> Data Not Collected
<input type="radio"/> <i>If Other, please specify:</i>	

RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> Client doesn't know
<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"/>	Coast Guard
<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

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 prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

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: nonrelation member

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 household's living situation 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"/> 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 [Head of Household and Adults]

<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"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<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 Homelessness Started	____/____/____
Number of <i>times</i> the individual/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? [*Head of Household and Adults*]

<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

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)?

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

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