

## CLARITY HMIS: KC-HUD-HOPWA STATUS ASSESSMENT FORM

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

**CLIENT NAME OR IDENTIFIER:** \_\_\_\_\_

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.

**PROGRAM STATUS DATE [All Individuals/Clients]**

Month			Day			Year			

**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
<b>Are you currently fleeing?*</b>		<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 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**

**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 PHYSICAL DISABILITY and/or PHYSICAL 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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>				
Expected to be of long-continued and indefinite duration?	<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 DEVELOPMENTAL DISABILITY [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

**A CHRONIC 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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>				
Expected to be of long-continued and indefinite duration?	<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

**HIV-AIDS [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

**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?	<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

SUBSTANCE ABUSE ISSUE <i>[All Individuals/Clients]</i>			
<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"/>		<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?	<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

MONTHLY INCOME AND SOURCES <i>[Head of Household and Adults]</i>			
<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" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other source	
<input type="radio"/>	Worker's Compensation		<input type="radio"/>	Other source	
<b>Total monthly for Individual:</b>					

**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 prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<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

**COVERED BY HEALTH INSURANCE [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
<b>IF "YES" TO HEALTH INSURANCE &amp; REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer

		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Veterans Health Administration (VHA)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	Applied; Client Not Eligible		
<input type="radio"/>	Client Did Not Apply		
<input type="radio"/>	Insurance Type N/A for this Client		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>	Data Not Collected		
<input type="radio"/>	Health Insurance Obtained through COBRA		
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Applied; Client Not Eligible		
<input type="radio"/>	Client Did Not Apply		
<input type="radio"/>	Insurance Type N/A for this Client		
<input type="radio"/>	Client Doesn't Know		
<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>	Data Not Collected		
<input type="radio"/>	State Health Insurance for Adults		
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Indian Health Services Program
<input type="radio"/>	Applied; Client Not Eligible		

		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Other Health Insurance ( <b>specify</b> )		

**MEDICAL ASSISTANCE - IF "YES" TO HIV-AIDS:**
**Receiving Public HIV/AIDS Medical Assistance?**

<input type="radio"/>	Receiving AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected

**Receiving AIDS Drug Assistance Program (ADAP)?**

<input type="radio"/>	Receiving Ryan White- Funded Medical or Dental Assistant	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data Not Collected

**T-cell (CD4) Count Available**

<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

**T-cell Count (Integer between 0-1500): \_\_\_\_\_**
**How Was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

**Viral Load Information Available**

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client prefers not to answer	<input type="radio"/>	Data Not Collected

**Count (Integer between 0-999999):** \_\_\_\_\_

**How Was the Information Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

**Has the participant been prescribed antiretroviral drugs?**

<input type="radio"/>	No	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Yes	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Client prefers not to answer		

**IN PERMANENT HOUSING** *[Permanent Housing Projects, Head of Household]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF "YES" TO PERMANENT HOUSING**

Housing Move-in Date (see note*)	<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>
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**CITY OF PERMANENT HOUSING LOCATION** *[Rapid Re-Housing Projects, for 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

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**Signature of applicant stating all information is true and correct**

**Date**