

## CLARITY HMIS: KC- HHS-RHY PROGRAM STATUS UPDATE 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. It is best practice to complete program forms with adult household members separately.

**PROGRAM STATUS DATE** [All Individuals/Client Households]

Month			Day			Year			

**IN PERMANENT HOUSING** [Permanent Housing Projects, for Heads of Households]

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
Housing Move-In Date: (See Note*)		*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b> .	

**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:**

**PHYSICAL DISABILITY and/or a 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

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"/>	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**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

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

**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

**SUBSTANCE ABUSE ISSUE** *[All Individuals/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"/>	Drug use disorder	<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>		<input type="radio"/>	Data not collected		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER" – SPECIFY</b>					
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"/>		<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"/>		<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="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 a 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 Income source	
<input type="radio"/>	Worker's Compensation				
<b>Total Monthly Income 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"/>		<input type="radio"/>	Data not collected

IF "YES" TO NONCASH 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

**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

**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"/>	Veterans Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

**RHY SPECIFIC YOUTH INFORMATION**

**PREGNANCY STATUS [Adults and Head of Households]**

<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" for Pregnancy Status**

<b>Due Date</b>	___/___/_____
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*If applicable:*

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

**Date**