

Agency Name: _____



CLARITY HMIS: VA SERVICES INTAKE FORM (Including HUD VASH, SSVF, GPD)

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 college 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"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<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

ANCHOR OUT

<input type="radio"/>	No	<input type="radio"/>	Yes
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CONTACT INFORMATION

Cell Phone:		<input type="radio"/>	Okay to contact by phone
Home Phone:		<input type="radio"/>	Okay to contact by text
Work Phone:			
Email:		<input type="radio"/>	Okay to contact by email

STREET ADDRESS

Street Address:	
Apartment #:	
Zip Code:	
City:	
State:	

ANCHOR OUT

<input type="radio"/>	No	<input type="radio"/>	Yes
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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

CLIENT LOCATION *[only if multiple CoC's]*

LENGTH OF TIME IN MARIN

<input type="radio"/>	1 week or less	<input type="radio"/>	
<input type="radio"/>	More than 1 week, less than 1 month	<input type="radio"/>	4-12 months
<input type="radio"/>	1-3 months	<input type="radio"/>	More than 1 year
If 'More Than 1 Year', How Many Years:			

If 'Length of Time in Marin' is '1 week or less', 'More than 1 week, less than 1 month', '1-3 months' or '4-12 months', what is the primary reason that brought you to Marin?

<input type="radio"/>	Employment/Work	<input type="radio"/>	Open Spaces
<input type="radio"/>	Found Housing	<input type="radio"/>	Services
<input type="radio"/>	Friend/Family in Marin	<input type="radio"/>	Other
If 'Other', Specify:			

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		____/____/____	

PRIOR LIVING SITUATION
TYPE OF RESIDENCE
[Head of Household and Adults]

<input type="radio"/>	Place not meant for habitation (e.g. 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/motel paid for with an emergency shelter voucher or a 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 D
[Institutional Housing Situations] **AYS**

<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
Approximate Date Homelessness Started		____/____/____	

Number of <i>times</i> 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 <i>Months</i> 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

LAST PERMANENT ADDRESS [*Head of Household, required for SSVF and VASH*]

Street Address														
City														
State								Zip Code						
QUALITY OF ADDRESS														
<input type="radio"/>	Full address reported										<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Partial, street name, o' code name reported										<input type="radio"/>	Client refused		
											<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 [*not required for SSVF*]

<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 PHYSICAL DISABILITY – 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 refused
<input type="radio"/>			Data not collected	

DEVELOPMENTAL DISABILITY [*not required for SSVF*]

<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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CHRONIC HEALTH CONDITION *[not required for SSVF]*

<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?	<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 *[not required for SSVF]*

<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 *[not required for SSVF]*

<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?	<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 USE DISORDER *[not required for SSVF]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<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 DISORDERS" – 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 refused
		<input type="radio"/> Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of Household and Adults]*

<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 DOMESTIC VIOLENCE	
LAST OCCURRENCE	
<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 AND SOURCES [*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"/> 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 income source (<i>specify</i>):	
<input type="radio"/> Worker's Compensation			
Total monthly income for Individual:			

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

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

SSVF HP TARGETING CRITERIA: *[Head of Households in SSVF Homeless Prevention programs]*

Is Homelessness Prevention targeting screener required?

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED

Housing loss expected within...			
<input type="radio"/>	1-6 days	<input type="radio"/>	7-13 days
<input type="radio"/>	14-21 days	<input type="radio"/>	More than 21 days
Current household income			
<input type="radio"/>	\$0 (i.e., not employed, not receiving cash benefits, no other current income)	<input type="radio"/>	1-14% of Area Median Income (AMI) for household size
<input type="radio"/>	15-30% of AMI for household size	<input type="radio"/>	More than 30% of AMI for household size
History of literal homelessness (street/shelter/transitional housing) (any adult)			
<input type="radio"/>	Most recent episode occurred within the last year	<input type="radio"/>	Most recent episode occurred more than one year ago
<input type="radio"/>	None		
Head of Household is not a current leaseholder.			
<input type="radio"/>	No	<input type="radio"/>	Yes
Head of household (HoH) never been a leaseholder			
<input type="radio"/>	No	<input type="radio"/>	Yes
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)			

<input type="radio"/> No	<input type="radio"/> Yes
Rental Evictions within the past 7 years (any adult)	
<input type="radio"/> No prior rental evictions	<input type="radio"/> 1 prior rental eviction
<input type="radio"/> 2 or more prior rental evictions	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	
<input type="radio"/> No	<input type="radio"/> Yes
Incarcerated as adult (any adult in household)	
<input type="radio"/> Not incarcerated	<input type="radio"/> Incarcerated once
<input type="radio"/> Incarcerated two or more times	
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	
<input type="radio"/> No	<input type="radio"/> Yes
Registered sex offenderst (any household members)	
<input type="radio"/> No	<input type="radio"/> Yes
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	
<input type="radio"/> No	<input type="radio"/> Yes
Currently pregnant (any household member)	
<input type="radio"/> No	<input type="radio"/> Yes
Single parent household with minor child(ren)	
<input type="radio"/> No	<input type="radio"/> Yes
Household includes one or more young children (age six or under), or a child who requires significant care	
<input type="radio"/> No	<input type="radio"/> Youngest child is under 1 year old
<input type="radio"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care.	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	
<input type="radio"/> No	<input type="radio"/> Yes
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	
<input type="radio"/> No	<input type="radio"/> Yes

HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER [Head of Household]

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CONNECTION WITH SOAR [For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

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

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI [*Head of Household, required for SSVF and VASH*]

○ Less than 30%	○ Greater than 50%
○ 30% to 50%	

HIGHEST DEGREE EARNED

○ None	○ Associates Degree	○ Bachelors Degree
○ Masters Degree	○ Doctorate Degree	○ Other Graduate/Professional Degree
○ Certificate of Advanced Training or Skilled Artisan	○ Client Doesn't Know	○ Client Refused

LAST GRADE COMPLETED [*Head of Household & Adults, Required for SSVF and VASH*]

○ Less than Grade 5	○ Grades 5-6
○ Grades 7-8	○ Grades 9-11
○ Grade 12	○ School does not have grade levels
○ GED	○ Some college
○ Associate Degree	○ Bachelor's degree
○ Graduate Degree	○ Vocational certification
○ Client doesn't know	
○ Data not collected	○ Client refused

EMPLOYMENT STATUS [*Head of Household & Adults, SSVF, GPD and VASH*]

Employed	
○ No	○ Client doesn't know
○ Yes	○ Client refused
	○ Data not collected
If "Yes" for employed – Type of employment	
○ Full--time	○ Seasonal/sporadic (including day labor)
○ Part--time	
If "No" for employed – Why not employed	

<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

GENERAL HEALTH STATUS *[Head of Household & Adults, HUD-VASH OTH only]*

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client refused
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

Signature of applicant stating all information is true and correct

Date