Full DOB reported

Approximate or partial DOB reported

0

0



CLARITY HMIS: PROJECT MINIMUM INTAKE FORM

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

CURRENT NAME [All Clients] Last First Middle																			
Month Day Year SOCIAL SECURITY NUMBER [All Clients] QUALITY OF SOCIAL SECURITY Pull SSN reported Client doesn't know Client refused Data not collected CURRENT NAME [All Clients] Last First Middle Suffix QUALITY OF CURRENT NAME Full name reported Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client refused		P	ROJE	CT ST	ART D	ATE	[All	Clien	ts]				7						
SOCIAL SECURITY NUMBER [All Clients] QUALITY OF SOCIAL SECURITY Security				ı	-		-	,											
QUALITY OF SOCIAL SECURITY Secondary Superior of Full SSN reported Approximate or partial SSN reported CURRENT NAME [All Clients] Last First Middle Suffix Pull SSN reported Client doesn't know Data not collected N/ N/ Current Name [All Clients] N/ Current Name [All Clients] Current Name [All Clients] N/ Current Name Current Name			Month		Da	ay			١	ear/									
QUALITY OF SOCIAL SECURITY Secondary Superior of Full SSN reported Current Name [All Clients] Last		c	OCIAI	CECI	IDITV	NII INA	IDED	ΓΛΙΙ	Olia e	o4 o 1									
○ Full SSN reported ○ Client doesn't know ○ Approximate or partial SSN reported ○ Data not collected CURRENT NAME [All Clients] Last ○ Data not collected First ○ Data not collected Middle ○ Data not collected Outlies ○ Data not collected ○ Suffix ○ Data not collected ○ Client doesn't know ○ Client doesn't know ○ Client doesn't know ○ Client doesn't know ○ Client refused ○ Client refused		<u> </u>	OCIAL	. SEC	URIT	NUN	IBER	[AII (Ciler	iisj			1						
○ Full SSN reported ○ Client doesn't know ○ Approximate or partial SSN reported ○ Data not collected CURRENT NAME [All Clients] Last ○ Middle Middle ○ Suffix OQUALITY OF CURRENT NAME ○ Full name reported ○ Client doesn't know ○ Client refused]						
 Full SSN reported Approximate or partial SSN reported Data not collected CURRENT NAME [All Clients] Last First Middle Suffix Full name reported Client doesn't know Client refused 	QUA	LITY C	OF SOC	IAL SI	ECURI	TY													
O Approximate or partial SSN reported O Data not collected N/ CURRENT NAME [All Clients] Last First Middle Suffix O QUALITY OF CURRENT NAME O Full name reported O Client refused O Data not collected N/ O Client doesn't know O Client doesn't know O Client refused			0011									0	Clie	nt do	esn'	't kno	OW		
CURRENT NAME [All Clients] N/ Last	0	Full	SSN re	ported								0	Client refused						
CURRENT NAME [All Clients] Last	0	Аррі	roximat	e or pa	rtial SS	SN rep	orted					0	Data	a not	colle	ecte	d		
CURRENT NAME [All Clients] Last																			
First	CU	RREN	IT NAN	NE [Al	Il Clien	ts]											•		N/A
First Middle Midd	Las	t																	
Suffix O Client doesn't know Client refused	Firs	it																	0
QUALITY OF CURRENT NAME • Full name reported • Client doesn't know • Client refused	Mid	dle																	0
 ○ Full name reported ○ Client doesn't know ○ Client refused 	Suff	fix																	0
 ○ Full name reported ○ Client doesn't know ○ Client refused 	QL	JALIT	Y OF C	URRE	ENT N	AME								I					
· ○ Client refused								0	Client doesn't know										
Partial street name, or code name reported		·																	
○ Data not collected	o Partial, street name, or code name reported						0	Dat	a no	t col	lecte	ed							
DATE OF BIRTH [All Clients]						DATE	OF	BIRT	H [A	VII CI	ients	s]	1_				1		
Age:						<u> </u>	_						Age	:					
Month Day Year			Mor	ıth		Day				Ye	ar								
QUALITY OF DATE OF BIRTH		ΙΔΙ ΙΤ'	Y OF F	ΔTF (OF RIE	OTH.													

0

0

Client doesn't know

Data not collected

Client refused



GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	0	Data not collected
0	Transgender		
0	Questioning		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client refused
0	Native Hawaiian or Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	Non-Hispanic/ Non-Latin(a)(o)(x)		Client does not know
0			Client refused
	Hispanic/Latin(a)(o)(x)	0	Data Not Collected
0		0	Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know						
	V	0	Client refused						
0	Yes	0	Data not collected						
IF "	IF "YES" TO VETERAN STATUS								
Yea	r entered military service (year)								
Yea	r separated from military service (year)								
Theater of Operations: World War II									
0	No	0	Client doesn't know						
_	Vac	0	Client refused						
0	Yes	0	Data not collected						
Theater of Operations: Korean War									
0	No	0	Client doesn't know						
	Yes		Client refused						
0			Data not collected						
The	Theater of Operations: Vietnam War								
0	No	0	Client doesn't know						
	Vas	0	Client refused						
0	Yes	0	Data not collected						



Theater of Operations: Persian Gulf War (Desert Storm)									
0	No	0	Client doesn't know						
	Vac	0	Client refused						
0	Yes	0	Data not collected						
The	Theater of Operations: Afghanistan (Operation Enduring Freedom)								
0	No	0	Client doesn't know						
0	Yes	0	Client refused						
)		0	Data not collected						
The	ater of Operations: Iraq (Operation Iraqi Freedom)								
0	No	0	Client doesn't know						
0	Yes	0	Client refused						
0	165	0	Data not collected						
The	ater of Operations: Iraq (Operation New Dawn)								
0	No	0	Client doesn't know						
0	Yes	0	Client refused						
0	165	0	Data not collected						
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)									
0	No	0	Client doesn't know						
	V	0	Client refused						
0	Yes	0	Data not collected						
Brai	nch of the Military								
0	Army	0	Coast Guard						
0	Air Force	0	Client doesn't know						
0	Navy	0	Client refused						
0	Marines	0	Data not collected						
Discharge Status									
0	Honorable	0	Dishonorable						
0	General under honorable conditions	0	Uncharacterized						
0	Other than honorable conditions (OTH)	0	Client doesn't know						
	Carlot diam nonotable contained (C111)	0	Client refused						
0	Bad Conduct	0	Data not collected						

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self	0	Head of household - other relation to member		
0	Head of household's child				
0	Head of household's spouse or partner	0	Other: non relation member		

CLIENT LOCATION [only if multiple CoC's]



PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

icle, an ion/airport el paid for unded Host ne	0	Staying or living in a family member's room, apartment or house Rental by client, with GPD TIP housing subsidy Rental by client, with VASH housing subsidy						
unded Host		subsidy Rental by client, with VASH housing						
	0	•						
		Subsidy						
ic medical	0	Permanent housing (other than RRH) for formerly homeless persons						
io medical	0	Rental by client, with RRH or equivalent subsidy						
	0	Rental by client, with HCV voucher (tenant or project based)						
	0	Rental by client in a public housing unit						
Psychiatric hospital or other psychiatric facility								
Substance abuse treatment facility or detox center								
Residential project or halfway house with no homeless criteria								
Hotel or motel paid for without emergency shelter voucher								
Transitional housing for homeless persons (including homeless youth)								
Host Home (non-crisis)								
Staying or living in a friend's room, apartment or house								
LENGTH OF STAY IN PRIOR LIVING SITUATION								
•								
One year or	longe	o Data not collected						
3	conter contended have been as the later Contended have been as the later Contended have been as the later and th	cility contact contac						

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

			-
0	No	0	Yes



LENGTH OF STAY LESS THAN 90 DAYS

[Insti	tutional F	Housing Situations]									
	0	No		0	Yes						
	ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]										
0	Yes		0	No							
App	roximate	e Date Homelessness Start	ed		<u> </u>						
Nun	nber of <i>t</i>	imes the client has been or	the	stree	ts, ES, or S	Safe I	Haven in the	e last 3 years			
0	One Tir	me					0	Client doesn't know			
0	Two Tir	mes					0	Client refused			
0	Three Times O Data not collected										
0	Four or More Times										
Tota	al Numbe	er of <i>Months</i> homeless on t	he st	reets	, ES, or Sa	fe Ha	ven in the	last 3 years			
0	One mo	onth (this time is the first mon	ıth)				0	Client doesn't know			
0	212 m	nonths (specify number of mo	nths)	:			0	Client refused			
0	More than 12 months							Data not collected			
DISA	ABLING	CONDITION [All Clients]									
0	No					0	Client does	sn't know			
							Client refus	refused			
0	Yes					0	Data not co	ollected			
						-					
	Signature of applicant stating all information is true and correct Date										