

Agency Name: \_\_\_\_\_



## 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.

### PROJECT START DATE *[All Clients]*

|       |  |   |     |  |   |      |  |  |  |
|-------|--|---|-----|--|---|------|--|--|--|
|       |  | - |     |  | - |      |  |  |  |
| Month |  |   | Day |  |   | Year |  |  |  |

**TRANSLATION ASSISTANCE NEEDED?** *Would the client like services to be provided in a language other than English?*

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

**IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE**

|                       |  |                       |                              |
|-----------------------|--|-----------------------|------------------------------|
| <input type="radio"/> | English  | <input type="radio"/> | Tagalog                      |
| <input type="radio"/> | Spanish  | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> | Vietnamese                                       | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Mandarin   | <input type="radio"/> | Data not collected           |
| <input type="radio"/> | Different Preferred Language ( <i>specify</i> ): |                       |                              |

### SOCIAL SECURITY NUMBER *[All Clients]*

|  |  |  |   |  |  |   |  |  |  |
|--|--|--|---|--|--|---|--|--|--|
|  |  |  | - |  |  | - |  |  |  |
|--|--|--|---|--|--|---|--|--|--|

### QUALITY OF SOCIAL SECURITY

|                       |                                     |                       |                              |
|-----------------------|-------------------------------------|-----------------------|------------------------------|
| <input type="radio"/> | Full SSN reported                   | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> |                                     | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Approximate or partial SSN reported | <input type="radio"/> | Data not collected           |

### CURRENT NAME *[All Clients]*

|        |  |                       |
|--------|--|-----------------------|
|        |  | N/A                   |
| Last   |  | <input type="radio"/> |
| First  |  | <input type="radio"/> |
| Middle |  | <input type="radio"/> |

|                                |   |  |  |  |  |  |  |                       |                              |  |  |  |  |                       |  |
|--------------------------------|---|--|--|--|--|--|--|-----------------------|------------------------------|--|--|--|--|-----------------------|--|
| Suffix                         |   |  |  |  |  |  |  |                       |                              |  |  |  |  | <input type="radio"/> |  |
| <b>QUALITY OF CURRENT NAME</b> |   |  |  |  |  |  |  |                       |                              |  |  |  |  |                       |  |
| <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 Clients]**

|              |  |   |            |  |   |             |  |  |  |  |  |  |  |  |  |      |
|--------------|--|---|------------|--|---|-------------|--|--|--|--|--|--|--|--|--|------|
|              |  | - |            |  | - |             |  |  |  |  |  |  |  |  |  | Age: |
| <b>Month</b> |  |   | <b>Day</b> |  |   | <b>Year</b> |  |  |  |  |  |  |  |  |  |      |

|                                 |                                     |  |  |  |  |  |  |                       |                              |  |  |  |  |  |  |
|---------------------------------|-------------------------------------|--|--|--|--|--|--|-----------------------|------------------------------|--|--|--|--|--|--|
| <b>QUALITY OF DATE OF BIRTH</b> |                                     |  |  |  |  |  |  |                       |                              |  |  |  |  |  |  |
| <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 [All Clients]**

|                       |   |                       |  |
|-----------------------|---|-----------------------|--|
| <input type="radio"/> | Woman (Girl, if child)                          | <input type="radio"/> | Questioning                            |
| <input type="radio"/> | Man (Boy, if child)                             | <input type="radio"/> | Different Identity ( <i>specify</i> ): |
| <input type="radio"/> | Culturally Specific Identity (e.g., Two-Spirit) | <input type="radio"/> | Client doesn't know                    |
| <input type="radio"/> | Transgender                                     | <input type="radio"/> | Client prefers not to answer           |
| <input type="radio"/> | Non-Binary                                      | <input type="radio"/> | Data not collected                     |

**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"/> | White                               |
| <input type="radio"/> | Black, African American, or African           | <input type="radio"/> | Client doesn't know                 |
| <input type="radio"/> | Hispanic/Latina/e/o                           | <input type="radio"/> | Client prefers not to answer        |
| <input type="radio"/> | Middle Eastern or North African               | <input type="radio"/> | Data Not Collected                  |

**VETERAN STATUS [All Adults]**

|                       |     |                       |                              |
|-----------------------|-----|-----------------------|------------------------------|
| <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           |

**IF "YES" TO VETERAN STATUS**

|  |  |  |  |
|--|--|--|--|
| <b>Year entered military service (year)</b>                            |  |  |  |
| <b>Year separated from military service (year)</b>                     |  |  |  |
| <b>Theater of Operations: World War II</b>                             |  |  |  |
| <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           |  |
|  |  |  |  |
| <b>Theater of Operations: Korean War</b>                               |  |  |  |
| <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           |  |
|  |  |  |  |
| <b>Theater of Operations: Vietnam War</b>                              |  |  |  |
| <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           |  |
|  |  |  |  |
| <b>Theater of Operations: Persian Gulf War (Desert Storm)</b>          |  |  |  |
| <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           |  |
|  |  |  |  |
| <b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b> |  |  |  |
| <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           |
| <b>Theater of Operations: Iraq (Operation Iraqi Freedom)</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"/>   | Yes                                   | <input type="radio"/> | Data not collected           |
| <b>Theater of Operations: Iraq (Operation New Dawn)</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"/>   | Yes                                   | <input type="radio"/> | Data not collected           |
| <b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</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"/>   | Yes                                   | <input type="radio"/> | Data not collected           |
| <b>Branch of the Military</b>   |                                       |                       |                              |
| <input type="radio"/>   | Army                                  | <input type="radio"/> | Space Force                  |
| <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           |
| <input type="radio"/>   | Coast Guard                           |                       |                              |
| <b>Discharge Status</b>   |                                       |                       |                              |
| <input type="radio"/>   | Honorable                             | <input type="radio"/> | Uncharacterized              |
| <input type="radio"/>   | General under honorable conditions    | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/>   | Other than honorable conditions (OTH) | <input type="radio"/> | Client prefers not to answer |

|                       |              |                       |                    |
|-----------------------|--------------|-----------------------|--------------------|
| <input type="radio"/> | Bad Conduct  | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Dishonorable |                       |                    |

**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]* \_\_\_\_\_

**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 on-going 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  |                       |   |

**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 prefers not to answer |
| <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 |
|--------------------------|---------------------------|

**LENGTH OF STAY LESS THAN 90 DAYS**
*[Institutional Housing Situations]*

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

**ON THE NIGHT BEFORE - DID YOU STAY ON - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]**

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

**Approximate Date This Episode of Homelessness Started**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of *times* 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 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 *Months* 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 prefers not to answer |
| <input type="radio"/> More than 12 months                            | <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 prefers not to answer |
|                           | <input type="radio"/> Data not collected           |

Signature of applicant stating all information is true and correct

Date

