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 DayYear

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes  |
| ○ | Data not collected  |
|

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | English | ○ | Tagalog |
| ○ | Spanish | ○ | Client doesn’t know  |
| ○ | Vietnamese | ○ | Client prefers not to answer  |
| ○ | Mandarin | ○ | Data not collected  |
| ○ | Different Preferred Language (*specify*): |

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  *­*  |  |  |  *­*  |  |  |  |  |

|  |
| --- |
| QUALITY OF SOCIAL SECURITY |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Approximate or partial SSN reported | ○ | Data not collected |

|  |  |
| --- | --- |
| CURRENT NAME *[​All Clients]* | N/A  |
| Last  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | ○ |
| First  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Middle  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | ○ |
| Suffix  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  | ○ |
| QUALITY OF CURRENT NAME |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer  |
| ○ | Data not collected  |

DATE OF BIRTH​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  *­*  |  |  |  *­*  |  |  |  |  |  Age: |

 Month DayYear

|  |
| --- |
| QUALITY OF DATE OF BIRTH |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer  |
| ○ | Data not collected  |

GENDER​ *​[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child)  | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know  |
| ○ | Transgender | ○ | Client prefers not to answer  |
| ○ | Non-Binary | ○ | Data not collected  |

RACE AND ETHNICITY ​(Select all applicable) ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |
| ○ | Black, African American, or African | ○ | Client doesn’t know  |
| ○ | Hispanic/Latina/e/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data Not Collected |

VETERAN STATUS*​ ​[All Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes  |
| ○ | 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  |
| ○ | No | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Korean War  |
| ○ | No | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Vietnam War  |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Persian Gulf War (Desert Storm)  |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Afghanistan (Operation Enduring Freedom) |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Iraq (Operation Iraqi Freedom)  |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Iraq (Operation New Dawn)  |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)  |
| ○ | No  | ○ | Client doesn’t know  |
|
| ○ | Client prefers not to answer  |
| ○ | Yes |
| ○ | Data not collected  |
|
| Branch of the Military  |
| ○ | Army  | ○ | Space Force |
| ○ | Air Force  | ○ | Client doesn’t know  |
| ○ | Navy  | ○ | Client prefers not to answer  |
| ○ | Marines  | ○ | Data not collected  |
| ○ | Coast Guard |  |  |
| Discharge Status  |
| ○ | Honorable  |  ○ | Uncharacterized |
| ○ | General under honorable conditions  | ○ | Client doesn’t know  |
| ○ | Other than honorable conditions (OTH) | ○ | Client prefers not to answer  |
| ○ | Bad Conduct  | ○ | Data not collected  |
| ○ | Dishonorable  |  |   |

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All Client Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self  | ○ | Head of household - other relation to member  |
| ○ | Head of household’s child  |
| ○ | Head of household’s spouse or partner  | ○ | Other: non relation member  |

CLIENT LOCATION *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Hotel or motel paid for without emergency shelter voucher |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Host Home (non-crisis) |
| ○ | Safe Haven | ○ | Staying or living in a friend’s room, apartment, or house |
| ○ | Foster care home or foster care group home | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Client doesn’t know |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client prefers not to answer |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Data not collected |
|  IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” -- SPECIFY: |
| ○ | GDP TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

LENGTH OF STAY IN PRIOR LIVING SITUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know  |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client prefers not to answer  |
| ○ | One week or more, but less than one month | ○ | One year or longer  | ○ | Data not collected  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

LENGTH OF STAY LESS THAN 90 DAYS

[*Institutional Housing Situations]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | 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 |
| ○ | One Time | ○ | Client doesn’t know |
| ○ | Two Times | ○ | Client prefers not to answer  |
| ○ | Three Times | ○ | Data not collected  |
| ○ | Four or More Times |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years |
| ○ | One month (this time is the first month)  | ○ | Client doesn’t know  |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_  | ○ | Client prefers not to answer  |
| ○ | More than 12 months  | ○ | Data not collected  |

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client prefers not to answer  |
| ○ | Data not collected  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant stating all information is true and correct Date