First

Middle



CLARITY HMIS: HHS-RHY PROJECT INTAKE FORM

	·	J												ropri sehol					· -		
	PRC	JEC	T ST	ART	DA	ΓΕ <i>[</i>	All C	lient	s]												
			/-	•			/ -														
		Mon	th		D	ay				Ye	ear										
TR	ANSLATI	ON A	SSIS	TAN	ICE	NEE	DED	? W	oula/	the	clie	ent	like	e ser	vices	s to l	be pr	rovid	ed ir	7	
a la	nguage o	ther	than l	Engl	ish?												•				
0	No						○ Client doesn't know														
										0	Clie	ent	pr	efers	s no	t to a	answ	ver			
0	Yes									Data not collected											
IF "	IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE																				
0	English												○ Tagalog								
0	Spanish													0	Client doesn't know						
0	Vietnam	ese										○ Client prefers not to answe					wer				
0	Mandari	n									o Data not collected										
0	Different	Pre	ferre	d La	ngua	age (spe	cify)	:												
	SOCIAL SECURITY NUMBER [All Clients] CLIENT LOCATION [only if multiple CoC's]																				
QUA	ALITY OF	SOCI	AL SE	CUR	RITY																
0	Full SSN	repoi	rted									0		Client							
		•										0		Client				ansv	ver		
0	Approxim	nate o	r part	ial S	SN re	porte	ed					0	[Data	not c	ollec	ted				
CU	RRENT N	AME	[All C	lients	;]																N/ A
Las	st																				



Suffix										0	
QUALITY OF CURRENT NAME		I				l .	 				
Full name reported				0	Client doe	esn't kr	now				
Partial, street name, or code name report	od.			0	Client prefers not to answer						
Fartial, Street Harrie, or code Harrie report				0	Data not collected						
DATE OF BIR1	Γ Η [Α	VII CI	ients)	1							
-/ -/				Age:							
Month Day		Yea	r								
QUALITY OF DATE OF BIRTH											
Full DOB reported		0	Client doe	esn't kr	now						
Approximate or partial DOP reported				0	Client pre	fers no	ot to ar	ıswer			
Approximate or partial DOB reported				0	Data not	collecte	ed				
GENDER [All Clients]											
Woman (Girl, if child)	stioni	ng									
Man (Boy, if child)	n (Boy, if child) O Different Identity (specify):										
O Culturally Specific Identity (e.g., Two-Spirit)	0	Client doesn't know									
○ Transgender											
Non-Binary	0	Data	a not c	colle	cted						
RACE AND ETHNICITY (Select all applicab	le) [/	AII CI	lients	1							
American Indian, Alaska Native, or Indigence	us			0	Native Hawaiian or Pacific Islander						
Asian or Asian American				0	White						
Black, African American, or African				0	Client doesn't know						
Hispanic/Latina/e/o				0	Client prefe	ers not	to ans	wer			
Middle Eastern or North African				0	Data Not C	ollecte	d				
VETERAN STATUS [All Adults]											
o No		0	Clien	t do	esn't know						
		0	Clien	t pre	efers not to a	answer	,				
o Yes		0	Data	not	collected						
IF "YES" TO VETERAN STATUS											

Year entered military service (year)



Year s	separated from military service (year)		
Theat	er of Operations: World War II	•	
0	No	0	Client doesn't know
			Client prefers not to answer
0	Yes	0	Data not collected
Theat	er of Operations: Korean War	1	1
0	o No		Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
Theat	er of Operations: Vietnam War		
0	No		Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
Theat	er of Operations: Persian Gulf War (De	sert	Storm)
0	No	0	Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
Theater of Operations: Afghanistan (Operatio			nduring Freedom)
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer



		0	Data not collected
Theat	ter of Operations: Iraq (Operation Iraqi l	Free	dom)
0	No	0	Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
Theat	ter of Operations: Iraq (Operation New I	Daw	n)
0	No	0	Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
	ter of Operations: Other peace-keeping ma, Somalia, Bosnia, Kosovo)	ope	rations or military interventions (such as Lebanon,
0	No	0	Client doesn't know
		0	Client prefers not to answer
0	Yes	0	Data not collected
Brand	ch of the Military		I
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		•
Disch	narge Status		
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer
0	Bad Conduct	0	Data not collected



-	Dishanarahla									
0	Dishonorable									
REL	ATIONSHIP TO HEAD OF HOUSEHOLD [All C	Clier	nt Hou	useholds]						
0	Self			Head of household - other relation to						
0	Head of household's child		0	member						
0	Head of household's spouse or partner		0	Other: nonrelation member						
	ENROLLMENT COC [only if multiple CoC's]_									
	EN CLIENT WAS ENGAGED									
-	mplete Date of Engagement When Client Has Be	een	Enga	nged –Street Outreach						
	ects, for Adults & Head of Households]									
Date	of Engagement:/	_/_								
IN P	ERMANENT HOUSING [Permanent Housing Pl	roie	cts. f	or Head of Households1						
				-						
0	No	0	Yes							
	ES" TO PERMANENT HOUSING		1							
	ing Move-In Date: [Complete Housing Move-In Date t Moves Into Permanent Housing Unit]	Wh	en	/						
Client Moves Into Permanent Housing Unit]										
PRIC	OR LIVING SITUATION									
	E OF RESIDENCE [Head of Household and Ad	ults	Only]						
	ce not meant for habitation (e.g., a vehicle, an andoned building, bus/train/subway station/airport,	0		or motel paid for without emergency						
	anywhere outside)		shelt	er voucher						
	ergency shelter, including hotel or motel paid for	0	Host	Home (non-crisis)						
with	n emergency shelter voucher, or Host Home shelter			,						
o Saf	e Haven	0	or ho	ng or living in a friend's room, apartment, use						
o Fos	ster care home or foster care group home	0	Stayi	ng or living in a family member's room,						
	<u> </u>		apart	ment or house						
○ Hos faci	spital or other residential nonpsychiatric medical	0	Renta	al by client, no ongoing housing subsidy						
_	, prison or juvenile detention facility	0	Rental by client, with ongoing housing sub							
o Lon	ng-term care facility or nursing home	0								
o Psy	chiatric hospital or other psychiatric facility	0	Owne	ed by client, no on-going housing subsidy						
o Sub	ostance abuse treatment facility or detox center	0	Clien	t doesn't know						
	nsitional housing for homeless persons (including neless youth)	0	Clien	t prefers not to answer						
o Res	sidential project or halfway house with no homeless eria	0	Data not collected							
IF "R	ENTAL BY CLIENT, WITH ONGOING HOUSING S	UBS	SIDY"	— SPECIFY:						

o Emergency Housing Voucher

o GDP TIP housing subsidy



0 \	VASH Housing subsidy				Family Unification Program Voucher (FUP						
0 F	RRH or equivalent subsidy			0	Foster Youth to	Ind	ependence Initiative (FYI)				
0 F	HCV voucher (tenant or project based) (not c	ledicated)	0	Permanent Sup	por	tive Housing				
0 F	Public Housing Unit			0	•		ousing dedicated for formerly				
0 F	Rental by client, with other ongoing hous	sing :	subsidy		homeless perso	ns					
ı				1	1						
LE	NGTH OF STAY IN PRIOR LIVING	SIT	UATION								
0	One night or less	0	One mon than 90 d		Client doesn't know						
0	Two to six nights	0	_	90 days or more, but less than one year			Client prefers not to answer				
0	One week or more, but less than one month	0	One year	ne year or longer			Data not collected				
	ENGTH OF STAY LESS THAN 7 NI	GHT	S ITH PH	-11							
			es	<u>')</u>							
	, to										
LE	ENGTH OF STAY LESS THAN 90 D)AYS	3								
[Ir	nstitutional Housing Situations]										
	No	。 Y	es es								
	N THE NIGHT BEFORE - STAYED dults] Yes		No								
			110								
	proximate Date This Episode of melessness Started		/	_/_							
-	imber of <i>times</i> the client has been on th	e str	eets, ES, o	r Sa	afe Haven in the	last	3 years				
0	One Time					0	Client doesn't know				
0						0	Client prefers not to answe				
0	Three Times					0	Data not collected				
0	Four or More Times										
То	tal Number of <i>Months</i> homeless on the	stree	ets, ES, or	Safe	e Haven in the la	st 3	years				
0	0 441 41 41 41 41 41					0	Client doesn't know				
0	0.40		•			0	Client prefers not to answe				
0	14 (1 40 (1			Data not collected							
RI	HY - BCP STATUS [BCP ONLY]										
	te of status determination		/	_/_							
0	No		o Yes								
lf 'l	No' for 'Youth Eligible for RHY Services	' – R	eason serv	rices	s are not funded	by	BCP grant				
			Ward	of the criminal justice system – immediate							
	Out of age range				eunification						



0	Ward of the State – Immediate Reunification	C)	Other				
Runa	away Youth? [If 'Yes' to 'Youth Eligible for RHY Services'])	Client	doesr	't know		
	No			-		s not to answer		
	Yes	C		Data not collected				
NC.	ARLING CONDITION [All Olionto]	1		1				
	ABLING CONDITION [All Clients] No				0	Client doesn't know		
	Yes				Client prefers not answer			
					0	Data not collected		
ЭΗ	YSICAL DISABILITY [All Clients]							
0	No				0	Client doesn't know		
0	Yes				0	Client prefers not to answer		
					0	Data not collected		
IF	"YES" TO PHYSICAL DISABILITY – SPECIFY	1						
_		0	N	lo	0	Client doesn't know		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?						Client prefers not to		
		0	Υ	es	0	answer Data not collected		
DΕ\	/ELOPMENTAL DISABILITY [All Clients]	0	Υ	es	0	Data not collected		
		0	Y	es				
)E\ 0	/ELOPMENTAL DISABILITY [All Clients] No	0	Y	es	0	Client doesn't know Client prefers not to		
)E\ 0	/ELOPMENTAL DISABILITY [All Clients] No	0	Y	es	0 0	Client doesn't know Client prefers not to answer		
)E\ > :HI	/ELOPMENTAL DISABILITY [All Clients] No Yes	0	Y	es	0 0	Client doesn't know Client prefers not to answer		
DE\ •	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients]	0	Y	es	0 0	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client doesn't know Client prefers not to answer		
OE\	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes	0	Y	es	0 0	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client doesn't know Client prefers not to		
OE\	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No					Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client doesn't know Client prefers not to answer Data not collected		
OE\ O	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes YES" TO CHRONIC HEALTH CONDITION – SPECIFY	0	N		0 0	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Client doesn't know		
OE\ O	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes		N			Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer		
o SHI	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes YES" TO CHRONIC HEALTH CONDITION – SPECIFY Dected to be of long-continued and indefinite duration and estantially impairs ability to live independently?	0	N	lo		Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to		
OE\ O O O O O O O O O O O O O O O O O O	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes YES" TO CHRONIC HEALTH CONDITION – SPECIFY Dected to be of long-continued and indefinite duration and estantially impairs ability to live independently? NTAL HEALTH DISORDER [All Clients]	0	N	lo		Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected		
o SHI	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes YES" TO CHRONIC HEALTH CONDITION – SPECIFY Dected to be of long-continued and indefinite duration and estantially impairs ability to live independently?	0	N	lo		Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected		
OE\ O O O O O O O O O O O O O O O O O O	VELOPMENTAL DISABILITY [All Clients] No Yes RONIC HEALTH CONDITION [All Clients] No Yes YES" TO CHRONIC HEALTH CONDITION – SPECIFY Dected to be of long-continued and indefinite duration and estantially impairs ability to live independently? NTAL HEALTH DISORDER [All Clients]	0	N	lo		Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected		



	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	0	Yes	0	Client prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders		
	Alaahal uga digardar	0	Client doesn't know		
0	Alcohol use disorder	0	Client prefers not to answer		
0	Drug use disorder	0	Data not collected		

IF "ALCOHOL USE DISORDERS" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY								
	0	No	0	Client doesn't know				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		Yes	0	Client prefers not to answer				
substantially impairs usinty to live independently.		163	0	Data not collected				

MONTHLY INCOME AND SOURCES INCOME FROM ANY SOURCE [Head of Household and Adult]

0	No									
0	Yes					0	Client prefers not to answer			
						Data not collected				
IF "	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY									
Inco	Income Source Amount Income Source							Amount		
0	Earned Income			0	TANF (Ter Needy Far					
0	Unemployment Insurance			0	General Assistance (GA)					
0	Supplemental Security Income (SSI)			0	Retirement Income from Social Security					
0	Social Security Disability Insurance (S	SDI)		0	Pension or retirement income from former job					
0	VA Service-Connected Disability Com	pensation		0	Child Support					
0	VA Non-Service Connected Disability	Pension		0	Alimony and other spousal support					
0	Private disability insurance			0	Other inco					
0	Worker's Compensation	·		(specify):						
Total	monthly income for Individual:									

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected



IF	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
	0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services			
		Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services			
	0	Other (specify):	0	Other TANF-funded services			

COVERED BY HEALTH INSURANCE [All Clients]

0	No			0	Client doesn't know
				0	Client prefers not to
0	Yes			O	answer
				0	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS					
0	MEDICAID	0	Employe	r Pro	vided Health Insurance
0	MEDICARE	0	Insuranc	e Obt	ained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private F	ay H	ealth Insurance
0	Veterans Health Administration (VHA)	0	State He	alth li	nsurance for Adults
0	Other (specify)	0	Indian H	ealth	Services Program

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED [Adults and Head of Households, All program types except Street Outreach]

0	Less than Grade 5	° Asso	ociate's degree
0	Grades 5-6	○ Bach	nelor's degree
0	Grades 7-8	○ Grad	luate degree
0	Grades 9-11	° Voca	ational certification
0	Grade 12 / High school diploma	° Clier	nt doesn't know
0	School program does not have grade levels	° Clier	nt prefers not to answer
0	GED	○ Data	not collected
0	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client prefers not to answer

NAME OF COLLEGE/UNIVERSITY

0	De Anza College	0	West Valley College
0	Evergreen Valley College	0	Other Bay Area College/University
0	Foothill College	0	Other CA College/University
0	Gavilan College	0	Other College/University
0	Mission College	0	Other Vocational Program
0	San Jose City College	0	Client doesn't know
0	San Jose State University	0	Client prefers not to answer



0	Santa Clara University	0	Data not collected
0	Stanford University		
FXP	ECTED COMPLETION YEAR		

Month Day Year

RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION [Adults and Head of Households]

0	Heterosexual	0	Other			
0	Gay	If C	If Other, please specify:			
0	Lesbian	0	Client doesn't know			
0	Bisexual	0	Client prefers not to answer			
0	Questioning/Unsure	0	Data not collected			

LAST GRADE COMPLETED [Adults and Head of Households, All program types except Street Outreach]

0	Less than Grade 5	0	Associate Degree
0	Grades 5-6	0	Bachelor's Degree
0	Grades 7-8	0	Graduate Degree
0	Grades 9-11	0	Vocational certification
0	Grade 12	0	Client doesn't know
0	School does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

SCHOOL STATUS [Adults and Head of Households, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduate from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

EMPLOYMENT STATUS [Adults and Head of Households, All program types except Street Outreach]

Emplo	pyed					
0	No				0	Client doesn't know
0	Yes				0	Client prefers not to answer
					0	Data not collected
If "Yes	s" for employed – Type of employment	_		_		
0	Full- time			0 1	/	- d' - (' l - d' d l - l)
0	Part-time		0	Seasonai/	spor	adic (including day labor)
If "No'	for employed – Why not employed					



Data not collected

)	Looking for work	oking for work		Not look	Not looking for work		
)	Unable to work		0	NOT TOOK	ing ioi	WOIK	
	IERAL HEALTH STATUS [Adults each]	and Head of House	∍holds, Al	l program	types e	except Street	
0	Excellent		0	Poor			
0	Very good		0	Client do	esn't k	now	
0	Good		0	Client pr	efers n	ot to answer	
0	Fair		0	Data not	collect	ed	
DEN	ITAL HEALTH STATUS [Adults a	nd Head of Househ	olds. All r	orogram tv	nes ex	cept Street Outreach	
0	Excellent	11000011	0	Poor	 	sopt direct dan each	
0	Very good		0	Client do	esn't k	now	
0	Good		0	Client pr	efers n	ot to answer	
0	Fair		0	Data not			
MEN	ITAL HEALTH STATUS [Adults a	and Head of Househ	olds, All r	orogram ty	pes ex	cept Street Outreach	
0	Excellent		0	Poor	<u>, </u>	,	
0	Very good		0	Client do	esn't k	now	
0	Good		0	Client pr	efers n	ot to answer	
0			0	Data not collected			
PRE	GNANCY STATUS [Adults and I	Head of Household	ds]				
0	No		0	Client do	oesn't k	now	
	V		0	Client pr	efers n	ot to answer	
0	Yes		0	Data not	collect	ed	
F "Y	ES" for Pregnancy Status						
)ue l	Date						
[Adu	MERLY A WARD OF CHILD WE Its and Head of Households, All prog		_	_	T	lor	
0	No				0	Client doesn't know	
0	Yes				0	Client prefers not to answer	
Ü	1.00				0	Data not collected	
f "Ye	s" for Formerly a Ward of Child Welf	are/Foster Care Ag	ency				
0	Less than one year		0	3 to 5 ye	ars or i	more	
0	1 to 2 years						
f "Le	ss than one year" – Number of mont	hs	•				
	RMERLY A WARD OF JUVENILE				- 1-		
		3 4 5 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	C1				
[Adu	ılts and Head of Households, All բ	program types exc	•	1		len avve	
_	ilts and Head of Households, All p	orogram types exc	eept Stree	Client d	loesn't	know not to answer	



If "Yes" for Formerly a Ward of Juvenile Justice System							
0	Less than one year			3 to 5 years or more			
0	1 to 2 years						
If "Less	s than one year" – Number of months						

FAMILY CRITICAL ISSUES [Adults and Head of Households, All program types except Street Outreach]

<u> </u>	, ,	<u> </u>		4
Unemployment – Family Member	0	No	0	Yes
Mental Health Disorder – Family Member	0	No	0	Yes
Physical Disability – Family Member	0	No	0	Yes
Alcohol or Substance Use Disorder – Family Member	0	No	0	Yes
Insufficient income to support youth – Family Member	0	No	0	Yes
Incarcerated parent of youth	0	No	0	Yes

REFERRAL SOURCE

[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]

0	Self -referral	0	Law Enforcement/Police
0	Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
	eferral Source is "Outreach Project" – Number of times coached by Outreach prior to entering project		

Signature of applicant stating all information is true and correct	Date	