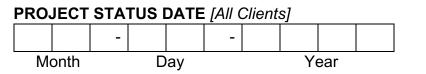


CLARITY HMIS: HHS-RHY PROGRAM STATUS UPDATE FORM

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

CLIENT NAME OR IDENTIFIER:_____



CLIENT LOCATION [only if multiple CoC's]

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Yes	
IF "YES" TO PERMANENT HOUSING				
Housing Move-In Date: (See Note*)			*If client moved into permanent housing, make sure to update on the enrollment screen .	

RHY BCP STATUS [If not collected at Entry]

Date of status determination//						
F۲S	SB "Youth Eligible for RHY Services"					
0	No	0	Yes			
If 'No' for "Youth Eligible for RHY Services" - Reason service				es ar	e not funded by BCP grant	
0	Out of age range	0	• Ward of the criminal justice system – immediate reunification			
0	Ward of the State – Immediate Reunifica	atior	1	0	Other	
Runaway Youth? [If 'Yes' to 'Youth Eligible for RHY Services']			HY Services']	0	Client doesn't know	
0	No			0	Client Refused	
0	Yes			0	Data not collected	

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know			
	Yes			0	Client refused	
0				0	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY						
• No			No	0	Client doesn't know	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?				0	Client refused	
substantially impairs ability to live independently?			0	Data not collected		



DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
	Yes	0	Client refused
0		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know			
			0	Client refused		
0	Yes			0	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY						
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		0	No	0	Client doesn't know	
			Yes	0	Client refused	
		0	ores	0	Data not collected	

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know				
	Yes			0	Client refused		
0				0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY							
		0	No	0	Client doesn't know		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			Vaa	0	Client refused		
			Yes	0	Data not collected		

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders				
			Client do	Client doesn't know			
0	Alcohol use disorder	0	Client re	Client refused			
0	Drug use disorder	0	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 and substantially impairs ability to live independently?		0	No	0	Client doesn't know		
			Voo	0	Client refused		
Su		0	Yes	0	Data not collected		



INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No			0	Client doo know	esn't
				0	Client ref	used
0	Yes			0	Data not collected	
IF	"YES" TO INCOME FROM ANY SOURC	E – INDIO	CAT	E ALL SOUF	RCES THAT A	APPLY
In	come Source	Amou	Inc	come Source	9	Amou
		nt		1		nt
0	Earned Income		0	TANF (Terr Assist for N Families)		
0	Unemployment Insurance		0	General As (GA)		
0	Supplemental Security Income (SSI)		0	Retirement Social Secu		
0	Social Security Disability Insurance (SSDI)		0	Pension or income from		
0	VA Service-Connected Disability Compensation		0	Child Supp	ort	
0	VA Non-Service Connected Disability Pension		0	Alimony ar spousal sup		
0	Private disability insurance		0	Other income source		
0	Worker's Compensation					
	al monthly income for ividual:					

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know
				0	Client refused
0	Yes				Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services		
0	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	
	Vec			0	Client refused	
0	• Yes			0	Data not collected	
IF	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS					
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance Obtained through COBRA			



0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

RHY SPECIFIC YOUTH INFORMATION

PREGNANCY STATUS [Adults and Head of Households]

0	No		0	Client doesn't know		
	Vas		0	Client refused		
0	Yes			Data not collected		
IF "YES" for Pregnancy Status						
Due Date		<u>//</u>				

Signature of applicant stating all information is true and correct Date