

Client Name: _____



CLARITY HMIS: SCC Community Hotline Services Form

Use block letters for text and bubble in the appropriate circles.

Contact Attempt

Housing Search and Placement

<input type="radio"/>	Attempt #1
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Attempt #2
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Attempt #3
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Control or Treatment Group

Other

<input type="radio"/>	Declined to Participate
<input type="radio"/>	Event Date ____/____/____

Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	In Control Group
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	In Treatment Group
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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Coordinated Entry Event

Coordinated Entry Event

<input type="radio"/>	Problem Solving/Diversion/Rapid Resolution intervention or service
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to Housing Navigation project or services
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to Non-continuum services: Ineligible for continuum services
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to Non-continuum services: No availability in continuum services
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to post-placement/follow-up case management
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to Prevention Assistance project
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to scheduled Coordinated Entry Crisis Needs Assessment
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to scheduled Coordinated Entry Housing Needs Assessment
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Referral to Street Outreach project or services
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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Financial Assistance

Financial

<input type="radio"/>	Background Check
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Birth Certificate
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Bus Ticket - Local Transport
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Bus Ticket - Relocation to Verifiable, Safe Housing Out-of-the-Area
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Car Repair
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Credit Check
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Employment Certification/License Fee
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	First Month's Rent
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Identification Documents
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Kids Activities/Program Fees
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Moving Supplies
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Moving Truck
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Other
<input type="radio"/>	Event Date ____/____/____

Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Rental Application Fees
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Rental Arrears
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Scool Certification/License Fee
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Security Deposit
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<input type="radio"/>	Event Date ____/____/____
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Client Name: _____



<input type="radio"/>	Service Note:
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<input type="radio"/>	Social Security Card
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Storage
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Utility Arrears
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<input type="radio"/>	Event Date ____/____/____
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<input type="radio"/>	Service Note:
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<input type="radio"/>	Utility Deposit
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<input type="radio"/>	Event Date ____/____/____
-----------------------	---------------------------

Client Name: _____



<input type="radio"/>	Service Note:
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Housing Problem Solving Attempted

Coordinated Entry Event

<input type="radio"/>	In Person
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Phone Call
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Housing Problem Solving Connection to Services

Coordinated Entry Event

<input type="radio"/>	Alcohol and/or Substance Use Services
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Case Management
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Child care Services (non financial)
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Education Services
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Employment Services
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Food Bank or Clothing
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Legal Assistance
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Mental Health/Counseling Resrouce
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Other Resources
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Physical Disability Services
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Client Name: _____



<input type="radio"/>	Event Date ____ / ____ / _____
<input type="radio"/>	Service Note:

Housing Problem Solving Financial Assistance

Coordinated Entry Event

<input type="radio"/>	Child Care Assistance (financial)
<input type="radio"/>	Event Date ____ / ____ / _____
<input type="radio"/>	Service Note:

<input type="radio"/>	Education of Employment Supplies
<input type="radio"/>	Event Date ____ / ____ / _____
<input type="radio"/>	Service Note:

<input type="radio"/>	Legal Fees/Background Checks
<input type="radio"/>	Event Date ____ / ____ / _____
<input type="radio"/>	Service Note:

<input type="radio"/>	Moving Costs
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Other Financial Assistance
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Pet-related Costs
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Rental Assistance
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Security Deposit
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Transportation Assistance
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Utility Assistance
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Housing Problem-Solving Mediation

Coordinated Entry Event

<input type="radio"/>	Mediation with Employer or Landlord
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Mediation with Family/Friends
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Mediation with Partner
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Mediation with Roommates
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Mediation with RRH/PSH Housing Program
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

<input type="radio"/>	Other Mediation
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Client Name: _____



<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Transportation		Transportation	
<input type="radio"/>	Transportation Provided		
<input type="radio"/>	Event Date ____/____/____		
<input type="radio"/>	Service Note:		

<input type="radio"/>	Transportation Requested
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Voicemails		Case Management	
<input type="radio"/>	VM From Client Logged		
<input type="radio"/>	Event Date ____/____/____		
<input type="radio"/>	Service Note:		

Client Name: _____



<input type="radio"/>	VM Left for Client
<input type="radio"/>	Event Date ____/____/____
<input type="radio"/>	Service Note:

Signature of applicant stating all information is true and correct

Date