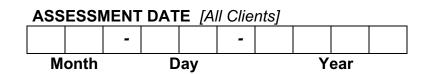


CLARITY HMIS: SCC UPLIFT SPECIFIC QUESTIONS

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



CURRENT NAME [All Clients]											N/A				
Last															
First															0
Middle															0
Suffix															0

IS THE CLIENT HOMELESS? [All Clients]

0	No	0	Yes					
	IF "NO" TO IS THE CLIENT HOMELESS – IS THE CLIENT SERIOUSLY AT RISK OF LOSING THEIR HOUSING?							
0	 No Yes 							
IF "NO" TO IS THE CLIENT SERIOUSLY AT RISK OF LOSING THEIR HOUSING?								

This client is not eligible for UPLIFT services. Please see the UPLIFT handbook for eligibility requirements.

IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR

AGENCY? [All Clients]

0	No	0	Yes
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WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

0	Badge only		Padaa and Stickar
0	Sticker	0	Badge and Sticker

WHAT QUARTER IS THE PASS FOR? [All Clients]

0	Jan-Mar	0	Jul-Sep
0	Apr-Jun	0	Oct-Dec