

Agency Name: _____



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.

ASSESSMENT DATE *[All Clients]*

		-			-				
Month			Day			Year			

CURRENT NAME <i>[All Clients]</i>	N/A
Last	○
First	○
Middle	○
Suffix	○

IS THE CLIENT HOMELESS? *[All Clients]*

○ No	○ Yes
IF "NO" TO IS THE CLIENT HOMELESS – IS THE CLIENT SERIOUSLY AT RISK OF LOSING THEIR HOUSING?	
○ No	○ Yes
IF "NO" TO IS THE CLIENT SERIOUSLY AT RISK OF LOSING THEIR HOUSING?	
<i>This client is not eligible for UPLIFT services. Please see the UPLIFT handbook for eligibility requirements.</i>	

IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR AGENCY? *[All Clients]*

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

○ Badge only	○ Badge and Sticker
○ Sticker	

WHAT QUARTER IS THE PASS FOR? *[All Clients]*

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

Signature of applicant stating all information is true and correct

Date