

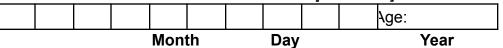
CLARITY HMIS: SCC UPLIFT PROJECT INTAKE FORM

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

	PF	ROJEC	T ST	ART D	ATE	ΓΑΙΙ (Clien	ts1										
								<u> </u>]							
	L	Month	ו	D	ay		1		Yea	ar	J							
	SO		SECU	RITY	NUM	BER	ΓΑΙΙ (Clier	nts1									
		I	I															
QU/	ALITY O	F SOC		SECUI	RITY													
0		N ronor	tod											0	Client doesn't know			
0	Full SSN reported										0	Client refused						
0	 Approximate or partial SSN reported Data not control 								collecte	d								
CUF	RENT	NAME	[A (Clients	1													N/A
Last																		
First																		0
Mido	lle																	0
Suffi	х																	0
QU	ALITY (RREN		ME	<u> </u>	I		1									
0	Full na	me rep	orted												Client doesn't know			
	Dentiel	atua at					a mh a -	1					C	\rightarrow	Client refused			
0	Partial, street name, or code name reported									_								

Data not collected

DATE OF BIRTH [All Clients]



QUALITY OF DATE OF BIRTH						
0	Full DOB reported	0	Client doesn't know			
	Approximate or partial DOD reported	0	Client refused			
0	Approximate or partial DOB reported	0	Data not collected			



0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	0	Data not collected
0	Transgender		
0	Questioning		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	White
0	Asian or Asian American	0	Client does not know
0	Black, African American, or African	0	Client refused
0	Native Hawaiian or Pacific Islander	0	Data Not Collected

ETHNICITY [All Clients]

	NonHispanic/ NonLatin(a)(o)(x)	0	Client does not know
0		0	Client refused
_	Hippopia/Latin(a)(a)(x)	0	Data Not Collected
0	Hispanic/Latin(a)(o)(x)	0	Other

VETERAN STATUS [All Adults]

No	0	Client doesn't know		
Yaa	0	Client refused		
165	0	Data not collected		
ES" TO VETERAN STATUS				
entered military service (year)				
separated from military service (year)				
ter of Operations: World War II				
No	0	Client doesn't know		
Vas		Client refused		
	 Data not collected 			
ter of Operations: Korean War				
No	0	Client doesn't know		
Vac		Client refused		
	0	Data not collected		
ter of Operations: Vietnam War				
No	0	Client doesn't know		
Vas		Client refused		
	0	Data not collected		
ter of Operations: Persian Gulf War (Desert Storm)				
No	0	Client doesn't know		
Yes	0	Client refused		
	No Yes ES" TO VETERAN STATUS entered military service (year) separated from military service (year) separated from military service (year) ter of Operations: World War II No Yes ter of Operations: Korean War No Yes ter of Operations: Vietnam War No Yes ter of Operations: Vietnam War No Yes ter of Operations: Vietnam War No Yes ter of Operations: Persian Gulf War (Desert Storm) No Yes	Yes O ES" TO VETERAN STATUS entered military service (year) separated from military service (year) separated from military service (year) ter of Operations: World War II No O Yes O ter of Operations: Korean War O No O Yes O ter of Operations: Vietnam War O No O Yes O ter of Operations: Vietnam War O No O Yes O No O ter of Operations: Vietnam War O No O Yes O No O Yes O No O Yes O No O Yes O Yes O O O Yes O Yes O Yes O Yes O		



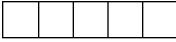
		0	Data not collected			
Thea	ter of Operations: Afghanistan (Operation Enduri	ing F	reedom)			
0	No			0	Client doesn't know	
0	Yes			0	Client refused	
)				0	Data not collected	
Thea	ter of Operations: Iraq (Operation Iraqi Freedom)					
0	No			0	Client doesn't know	
0	Yes			0	Client refused	
0				0	Data not collected	
Thea	ter of Operations: Iraq (Operation New Dawn)					
0	No			0	Client doesn't know	
-	Vaa			0	Client refused	
0	Yes			0	Data not collected	
	ter of Operations: Other peacekeeping operation ma, Somalia, Bosnia, Kosovo)	s or	military intervent	ions	(such as Lebanon,	
0	No			0	Client doesn't know	
0	Yes			0	Client refused	
0				0	Data not collected	
Bran	ch of the Military					
0	Army	0	Coast Guard			
0	Air Force			0	Client doesn't know	
0	Navy			0	Client refused	
0	Marines	0	Data not collected			
Discl	narge Status					
0	Honorable	0	Dishonorable			
0	General under honorable conditions	0	Uncharacterized			
	Other than honorable conditions (OTH)				Client doesn't know	
0		Other than honorable conditions (OTH)				
0	Bad Conduct				Data not collected	

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self		Head of household, other relation to member		
0	Head of household's child	0	Head of household - other relation to member		
0	Head of household's spouse or partner		Other: non-relation member		

CLIENT LOCATION [only if multiple CoC's]

ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]





UPLIFT: IS THE CLIENT HOMELESS OR SERIOUSLY AT RISK OF LOSING THEIR HOUSING DUE TO LACK OF TRANSPORTATION? [All Clients]

UPLIFT: IS THE CLIENT HOMELESS? [All Clients]

• **No**

Yes

0

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

UPLIFT: WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

0	Badge only		Padae and Sticker		
0	Sticker	0	Badge and Sticker		

UPLIFT: WHAT TIME PERIOD IS THE PASS FOR? [All Clients]

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

LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

0	Emergency shelter, including hotel/motel paid for w/ voucher	0	Rental by client, no ongoing housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with GPD TIP subsidy
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, with VASH subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Rental by client, with other ongoing housing subsidy
0	Interim Housing	0	Residential project or halfway house with no homeless criteria
0	Jail, prison or juvenile detention facility	0	Safe Haven
0	Long-term care facility or nursing home	0	Staying or living in a family member's room, apartment or house
0	Owned by client, no ongoing housing subsidy	0	Staying or living in a friend's room, apartment or house
0	Owned by client, with ongoing housing subsidy	0	Substance abuse treatment facility or detox center
0	Permanent housing (other than RRH) for formerly homeless persons	0	Transitional housing for homeless persons (including homeless youth)



_	Place not meant for habitation			0	Client d	Client doesn't know		
0				0	Client r	efused		
0	Psychiatric hospital or other psychiatric facility			0	Data not collected			
LENGTH OF STAY IN PRIOR LIVING SITUATION								
0	One night or less	0	One month or more, but less than 90 days		0	Client doesn't know		
0	Two to six nights	0	90 days or more, but less than one year		0	Client refused		
0	One week or more, but less than one month	0	One year or longer		0	Data not collected		

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

0	No	0	Yes

LENGTH OF STAY LESS THAN 90 DAYS

[If type of stay is Interim Housing- Facility /Institution etc]

Yes

0	No	0

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

0	Yes	0	No					
Appr	oximate Date Homelessness Started		/					
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years								
0	One Time			0	Client doesn't know			
0	Two Times		○ Client refused					
0	Three Times		o Data not collected					
0	Four or More Times							
Tota	Number of <i>Months</i> homeless on the	str	eets, ES, or Safe Haven in t	he las	st 3 years			
0	One month (this time is the first month))		0	Client doesn't know			
0	2-12 months (specify number of month	is): _		0	Client refused			
0	More than 12 months			0	Data not collected			

DISABLING CONDITION [All Clients]

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

PHYSICAL DISABILITY [All Clients]

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



IF "YES" TO PHYSICAL DISABILITY – 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	165	0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No				Client doesn't know
	• Yes			0	Client refused
0				0	Data not collected
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY					
• No		0	Client doesn't know		
Expected to substantially impair ability to live independently?				0	Client refused
	· Yes				Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	• No			0	Client doesn't know	
	• Yes				Client refused	
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	Client doesn't know	
				0	Client refused	
substantially impairs ability to live independently?		0	Data not collected			

HIV-AIDS [All Clients]

0	• No				Client doesn't know	
	• Yes			0	Client refused	
0				0	Data not collected	
IF "YES" TO HIV-AIDS – SPECIFY						
0		No	0	Client doesn't know		
Expected to substantially impair ability to live independently?			0	Client refused		
	· Yes			0	Data not collected	

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know			
0	· Yes			0	Client refused	
0				0	Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY						
• 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		



SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders			
0	Aleehel voo dieerder	 Client do 	Client doe	Client doesn't know		
0	Alcohol use disorder o	0	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						
- · · · · · · · · · · · · · · · · · · ·					Client doesn't know	
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?				0	Client refused	
3003		0	• Yes	0	Data not collected	

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

0	No				Client doesn't know	
	No.		0	Client refused		
0	• Yes				Data not collected	
IF "	YES" TO DOMESTIC VIOLENCE					
WHEN EXPERIENCE OCCURRED						
0	Within the past three months	0	One year ago or more			
	Three to six menths are (evaluating six menths evently)	-	loesn't know			
0	Three to six months ago (excluding six months exactly)	0	Client ref	t refused		
0	Six months to one year ago (excluding one year exactly)	Data not	collected			
-		0	No	0	Client doesn't know	
Are	Are you currently fleeing?			0	Client refused	
• Yes		0	Data not collected			

INCOME FROM ANY SOURCE [Head of Household and Adults]

				-			
0	No				0	Client doesn'	t know
	Vee				0	Client refused	ł
0	Yes				0	Data not colle	ected
IF "	YES" TO INCOME FROM ANY SOURCE - IND	ICATE ALI	SOL	JRCES THA	T AF	PPLY	
Inco	ome Source	Amount	Inc	ome Source)		Amount
0	Alimony and Other Spousal Support		0	Child support			
0	Pension or Retirement income from former job		0	Earned Income			
0	Retirement Income from Social Security		0	General As	sista	ance (GA)	
0	Social Security Disability Insurance (SSDI)		0	Private Dis	abili	ty Insurance	
0	Supplemental Security Income (SSI)		0	Unemployn	nent	Insurance	
0	TANF (Temporary Assist for Needy Families)		0	Worker's C	omp	ensation	
0	VA Service Connected Disability Compensation		0	Other source	ce		
0	VA Non-Service Connected Disability Pension		Spe	cify Other"			



Total monthly amount:

RECEIVING NONCASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know		
	Vaa			0	Client refused
0	Yes				Data not collected
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care 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
0			0	Client refused	
0	Yes			0	Data not collected
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		

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

0	Less than Grade 5	0	Associate's 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 / High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client refused
0	GED	0	Data not collected
0	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

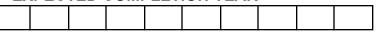
0	Not Currently Attending	0	Academically Disqualified
0	Attending Full Time	0	Client doesn't know
0	Attending Part Time	0	Client refused



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 refused
0	Santa Clara University	0	Data not collected
0	Stanford University		

EXPECTED COMPLETION YEAR



PRIMARY LANGUAGE [All Clients, optional]

0	English	0	Mandarin
0	Spanish	0	Tagalog
		0	Other
0	Vietnamese	0	Unknown

Signature of applicant stating all information is true and correct Date