

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	○

TRANSLATION ASSISTANCE NEEDED? *Would the client like services to be provided in a language other than English?*

○	No	○	Client doesn't know
○		○	Client prefers not to answer
○	Yes	○	Data not collected

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

○	English	○	Tagalog
○	Spanish	○	Client doesn't know
○	Vietnamese	○	Client prefers not to answer
○	Mandarin	○	Data not collected
○	Different Preferred Language (<i>specify</i>):		

Zip Code of Last Address

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UPLIFT ELIGIBILITY AND REFERRAL

IS THE CLIENT HOMELESS? *[All Clients]*

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

<input type="radio"/> No	<input type="radio"/> Yes
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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]

<input type="radio"/> No	<input type="radio"/> Yes
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WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

<input type="radio"/> Badge only	<input type="radio"/> Badge and Sticker
<input type="radio"/> Sticker	

WHAT QUARTER IS THE PASS FOR? [All Clients]

<input type="radio"/> Jan-Mar	<input type="radio"/> Jul-Sep
<input type="radio"/> Apr-Jun	<input type="radio"/> Oct-Dec

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

<input type="radio"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/> Host Home (non-crisis)
<input type="radio"/> Safe Haven	<input type="radio"/> Staying or living in a friend’s room, apartment, or house
<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Staying or living in a family member’s room, apartment, or house
<input type="radio"/> Hospital or other residential non--psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison, or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with ongoing housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Client doesn’t know

<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" -- SPECIFY:

<input type="radio"/> GDP TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

DISABLING CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

EDUCATION INFORMATION [All Clients 18+]

LAST GRADE COMPLETED

<input type="radio"/> Less than Grade 5	<input type="radio"/> Associate's degree
<input type="radio"/> Grades 5-6	<input type="radio"/> Bachelor's degree
<input type="radio"/> Grades 7-8	<input type="radio"/> Graduate degree
<input type="radio"/> Grades 9-11	<input type="radio"/> Vocational certification
<input type="radio"/> Grade 12 / High school diploma	<input type="radio"/> Client doesn't know
<input type="radio"/> School program does not have grade levels	<input type="radio"/> Client prefers not to answer
<input type="radio"/> GED	<input type="radio"/> Data not collected
<input type="radio"/> Some College	

Signature of applicant stating all information is true and correct

Date