

CLARITY HMIS: SCC UPLIFT STATUS ASSESSMENT FORM

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

CLIENT NAME OR UNIQUE IDENTIFIER: _____

PROJECT STATUS DATE *[All Clients]*

		-			-				
Month			Day			Year			

UPLIFT ELIGIBILITY AND REFERRAL

UPLIFT: IS THE CLIENT HOMELESS? *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Yes
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UPLIFT: IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR AGENCY? *[All Clients]*

<input type="radio"/> Yes

UPLIFT: 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	

UPLIFT: WHAT TIME PERIOD 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

DISABLING CONDITIONS AND BARRIERS

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

IF "YES" TO DOMESTIC VIOLENCE

WHEN EXPERIENCE OCCURRED

<input type="radio"/> Within the past three months	<input type="radio"/> One year ago, or more
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know

		<input type="radio"/>	Client prefers not to answer		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<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

Signature of applicant stating all information is true and correct

Date