

CLARITY HMIS: KC- Client Profile

The HMIS system requires "Client Consent for Data Collection and Release of Information" from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Please complete a separate form for each household member.

	PROJECT START DATE [All Individuals/Clients]							
	Month Day	Y	Year					
TR	ANSLATION ASSISTANCE NEEDED?							
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
O	165	0	Data not collected					
IF "	YES" TO TRANSLATION ASSISTANCE NEEDI	=D _	INDICATE PREFERRED I ANGUAGE					
0	American Sign Language (ASL)	0	Portuguese					
0	Amharic	0	Punjabi					
0	Arabic	0	Russian					
0	Cambodian	0	Samoan					
0	Chinese	0	Somali					
0	Farsi	0	Spanish					
0	French	0	Tagalog					
0	Japanese	0	Tigrinya					
0	Korean	0	Ukrainian					
0	Ormo	0	Vietnamese					
0	Different Preferred Language (specify):	0	Client doesn't know					
		0	Client prefers not to answer					
		0	Data not collected					

OLIAI	ITV O	SOCIA	VI CE	CURITY
CJUJAI	IIY ()I	- SOCIA	71 SE	CURITY

SOCIAL SECURITY NUMBER [All Individuals/Clients]



	Full CCN reported	0	Client doesn't know
	Full SSN reported	0	Client prefers not to answer
0	Approximate or partial SSN reported	0	Data not collected

CURRENT NAME [All Individuals/Clients]						
Las	st					
Fire	st				0	
Mic	ddle				0	
Suf	ffix				0	
QI	JALITY	OF CURRENT NAME				
0	Full name reported		0	Client doesn't know		
	Partia	Dorticl street name or eads name reported		Client prefers not to answer		
0	Partial, street name, or code name reported		0	Data not collected		

	DATE OF BIRTH [All Individuals/Clients]									
									Age:	
Mon	ıth		Da	ay			Ye	ar		

Q	QUALITY OF DATE OF BIRTH					
0	Full DOB reported	0	Client doesn't know			
	Approximate or partial DOB reported	0	Client prefers not to answer			
0		0	Data not collected			

GENDER (Select all applicable) [All Individuals/Clients]

0	Female	Client doesn't know	
0	Male	Client prefers not to answer	
0	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	O Data not collected	
0	Transgender	Different Identity	
0	Questioning	If Different Identify, please specify:	
0	Culturally Specific Identity (e.g Two-Spirit)		

Preferred Pronouns [All Clients]

0	She/Her/Hers O		He/Him/His
0	○ They/Them/Theirs ○		Client doesn't know
0	Client prefers not to answer		Data Not Collected
0	If Other, please specify:	-	

RACE AND ETHNICITY (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
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0	Asian or Asian American	0	Client doesn't know	
0	Black, African American, or African	Olient prefers not to answer		
0	Hispanic/Latina/e/o	0	Data Not Collected	
0	Middle Eastern or North African	0	Other	
0	White	If Other, please specify:		

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (https://bit.ly/2Y0w7aN), then write in the tribe name in the space provided):

TRII	BE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
0	U.S. Federally Recognized Tribes			
0	First Nations Tribes			
0	Latin American Tribes			
0	State Recognized Tribes			
0	Uncategorized Tribes			

IF CLIENT'S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.

Tribal Flag Notes:

IF "YES" TO VETERAN STATUS

VETERAN STATUS [All Adults]						
0	No	0	Client doesn't know			
	Voc	0	Client prefers not to answer			
O	Yes	0	Data not collected			

Year entered military service (year) Year separated from military service (year) Theater of Operations: World War II Νo Client doesn't know 0 0 Client prefers not to answer Yes 0 Data not collected Theater of Operations: Korean War Νo Client doesn't know Client prefers not to answer Yes



			D (
		0	Data not collected
Theat	er of Operations: Vietnam War	ı	T
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
O	163	0	Data not collected
Theat	er of Operations: Persian Gulf War (De	sert	Storm)
0	No	0	Client doesn't know
	Voe	0	Client prefers not to answer
0	Yes	0	Data not collected
Theat	er of Operations: Afghanistan (Operati	on E	nduring Freedom)
0	No	0	Client doesn't know
	Voc	0	Client prefers not to answer
0	Yes	0	Data not collected
Theat	er of Operations: Iraq (Operation Iraqi	Free	dom)
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
	103	0	Data not collected
Theat	er of Operations: Iraq (Operation New I	Daw	n)
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
	163	0	Data not collected
	er of Operations: Other peacekeeping on an analia, Bosnia, Kosovo)	oper	ations or military interventions (such as Lebanon,
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
O	163	0	Data not collected
Branc	h of the Military		
0	Army	0	Space Force
0	Air Force	0	Client doesn't know
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
0	Coast Guard		
Disch	arge Status		
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer
0	Bad Conduct	0	Data not collected
0	Dishonorable		



CLARITY HMIS: KC- VA SERVICES INTAKE FORM (Including HUD VASH, SSVF, GPD)

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members <u>separately</u>.

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

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

SURVIVOR OF DOMESTIC VIOLENCE[Head of Household and Adults] Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)

0	No	0	Client doe	esn't k	now		
	Yes	0	 Client prefers not to answer 				
0	165	0	Data not	collect	ed		
IF "	YES" TO DOMESTIC VIOLENCE		-				
WH	EN EXPERIENCE OCCURRED						
0	Within the past three months	0	One year ago or more				
	TI 1		Client doesn't know				
0	Three to six months ago (excluding six months exactly)	0	Client prefers not to answer				
0	Six months to one year ago (excluding one year exactly)	0	Data not o	collecte	ed		
		0	No	0	Client doesn't know		
Are you currently fleeing?		0	Yes	0	Client prefers not to answer		
				0	Data not collected		

^{*}If an individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at: 877-737-0242 or 206-737-0242.

ENROLLMENT COC	<i>[only if multiple CoC3</i>	S/

^{*}The adult members may wish to continue completing the enrollment process, even if choosing to contact the Washington Coalition Against Domestic Violence Hotline. Please assist the household in accessing any services that may support their safety.



IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

			acing rejecte, representation
0	No	0	Yes
IF "Y	ES" TO PERMANENT HOUSING		
Hous	sing Move-in Date		
CITY	OF PERMANENT HOUSING LOCATION	I [Rap	oid Re-Housing Projects, Head of Household and Adults]
0	Unincorporated King County (includes any community not otherwise listed)	0	Medina
0	Algona	0	Mercer Island
0	Auburn	0	Milton
0	Beaux Arts	0	Newcastle
0	Bellevue	0	Normandy Park
0	Black Diamond	0	North Bend
0	Bothell	0	Pacific
0	Burien	0	Redmond
0	Carnation	0	Renton
0	Clyde Hill	0	Sammamish
0	Covington	0	Sea Tac
0	Des Moines	0	Seattle
0	Duvall	0	Shoreline
0	Enumclaw	0	Skykomish
0	Federal Way	0	Snoqualmie
0	Hunts Point	0	Tukwila
0	Issaquah	0	Woodinville
0	Kenmore	0	Yarrow Point
0	Kent	0	Washington State (outside of King County)
0	Kirkland	0	Outside of Washington State
0	Lake Forest Park	0	Client Doesn't Know
	Mania Valley	0	Client prefers not to answer
0	Maple Valley	0	Data Not Collected

PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	\cap	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven		Staying or living in a friend's room, apartment, or house



o Fc	ster care home or foster care group home						g or living ent or hou		mily member's roc	m,
()	ospital or other residential non-psychiatric medical cility				Ren	ital	by client,	no on	going housing sub	sidy
o Ja	I, prison or juvenile detention facility				Ren sub		-	, with	ongoing housing	I
o Lc	ong-term care facility or nursing home			0	Owr	ned	by client,	with o	ongoing housing st	ıbsidy
o Ps	sychiatric hospital or other psychiatric	facilit		0	Owr	ned	by client,	no or	ngoing housing sub	sidy
o Sı	ubstance abuse treatment facility or de	etox o	enter	0	Clie	nt d	doesn't kn	ow		
\sim	ransitional housing for homeless personneless youth)	ons (ii	ncluding	0	Clie	nt p	orefers no	t to ar	swer	
()	esidential project or halfway house wi	th no	homeles	s o	Data	a no	ot collecte	d		
IF "	RENTAL BY CLIENT, WITH ONGOIN	IG H	DUSING	SUBS	SIDY	" _	- SPECIF	Y:		
o GI	DP TIP housing subsidy				Eme	erae	ency Hous	sina V	oucher	
	ASH Housing subsidy			0	 	Ť			gram Voucher (FUI	<u> </u>
	RH or equivalent subsidy				<u> </u>				endence Initiative (
	· · · · · · · · · · · · · · · · · · ·	, ,		0	<u> </u>				•	11)
\cap IH $'$	CV voucher (tenant or project based)	(not c	ledicated) o			nent Supp			
	Public Housing Unit					Other permanent housing dedicated for				
	ublic Housing Unit			0		•			•	
o Pu	ublic Housing Unit ental by client, with other ongoing hou	sing	subsidy	0		•	y homeles		•	
o Pu	<u> </u>	sing	subsidy	0		•			•	
PuRe	<u> </u>			0		•	y homeles		sons	
PuRe	ental by client, with other ongoing hou			0	form	•			Client doesn't know	
○ Pt○ Re*If L	ental by client, with other ongoing hou	habit		0	form	o o	y homeles	ss per	Client doesn't know	
○ Pt○ Re*If L	ental by client, with other ongoing hou	habit		<u></u>	form	nerly	y homeles	ss per	Client doesn't known Client prefers not the answer	
O Pu	ental by client, with other ongoing hou iving Situation is "Place not meant for he household's living situation in a vehicle	habit		0	form	o o	y homeles	ss per	Client doesn't know	
O Pu	ental by client, with other ongoing hou	habit			form	o o	y homeles	ss per	Client doesn't known Client prefers not the answer	
O Pu O Re *If L	ental by client, with other ongoing hou living Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type	habit	ation"	oesn't	form	o o	y homeles No Yes	ss per	Client doesn't known Client prefers not the answer	
O Pu O Re *If L Is tr	ental by client, with other ongoing hou iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van	habit	ation" Client [oesn't	Knownot to	o o w o an	y homeles No Yes	ss per	Client doesn't known Client prefers not the answer	
O Pu O Re *If L Is tr	ental by client, with other ongoing hou ental by client, with other ongoing hours are client, with oth	habit	Client C	Poesn't refers	Knownot to	o o w o an	y homeles No Yes	ss per	Client doesn't known Client prefers not the answer	
O Pu O Re *If L Is tr	ental by client, with other ongoing household is "Place not meant for the household's living situation in a vehicle of the prior residence [Head of House of the prior residence [Head of House]]	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o o w o an	y homeles No Yes	ss per	Client doesn't known Client prefers not the answer	
PL Re *If L Is tr city c	ental by client, with other ongoing household is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include com	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w an	y homeles No Yes Swer	o o	Client doesn't known Client prefers not the answer	
PL Re *If L Is th city c	ental by client, with other ongoing household is "Place not meant for the household's living situation in a vehicle of the prior residence [Head of House Unincorporated King County (include come Algona	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w an M	y homeles No Yes Neswer	o o	Client doesn't known Client prefers not the answer	
PL Ref *If L Is tr city c	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle and the household situation in a vehicle and the hous	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to ected	o w an	y homeles No Yes Swer Medina Mercer Islan Milton	o o	Client doesn't known Client prefers not the answer	
*If L Is th	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include come Algona Auburn Beaux Arts	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w an M M M M	No Yes Medina Mercer Islan Milton Newcastle	o o	Client doesn't known Client prefers not the answer	
PI Re *If L Is th	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle and the household'	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w o an M M M N	No Yes Medina Mercer Islan Milton Newcastle Normandy F	o o	Client doesn't known Client prefers not the answer	
Pi	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include com Algona Auburn Beaux Arts Bellevue Black Diamond	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	w M M M N N N N N N N N N N N N N N N N	No Yes Medina Mercer Islan Milton Newcastle North Bend	o o	Client doesn't known Client prefers not the answer	
PI Re *If L Is th	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include com Algona Auburn Beaux Arts Bellevue Black Diamond Bothell	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	w o an M M N N N N N N N N N N N N N N N N N	No Yes Medina Mercer Islan Milton Newcastle Normandy F North Bend Pacific	o o	Client doesn't known Client prefers not the answer	
Pi	ental by client, with other ongoing house Living Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include come Algona Auburn Beaux Arts Bellevue Black Diamond Bothell Burien	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w o an	No Yes Medina Mercer Islan Milton Newcastle Normandy F North Bend Pacific Redmond	o o	Client doesn't known Client prefers not the answer	
Pi	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include com Algona Auburn Beaux Arts Bellevue Black Diamond Bothell	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to ected	o www.annerly	No Yes Medina Mercer Islan Milton Newcastle Normandy F North Bend Pacific	o o	Client doesn't known Client prefers not the answer	
Pi	ental by client, with other ongoing house iving Situation is "Place not meant for the household's living situation in a vehicle Yes", please select Vehicle type Van Automobile/Car Camper/RV of the prior residence [Head of House Unincorporated King County (include com Algona Auburn Beaux Arts Bellevue Black Diamond Bothell Burien Carnation	habit	Client [Client p Data N	Doesn't refers of Colle	Knownot to	o w o an M N N N N N N N N N N N N N N N N N N	No Yes Medina Mercer Islan Milton Newcastle North Bend Pacific Redmond Renton	o o	Client doesn't known Client prefers not the answer	



0	Duvall	0	Shoreline		
0	Enumclaw	0	Skykomish		
0	Federal Way	0	Snoqualmie		
0	Hunts Point	0	Tukwila		
0	Issaquah	o Woodinville			
0	Kenmore	Yarrow Point			
0	Kent	0	Washington State (outside of King County)		
0	Kirkland	0	Outside of Washington State		
0	Lake Forest Park	0	Client Doesn't Know		
	Manla Vallay	0	Client prefers not to answer		
0	Maple Valley	0	Data Not Collected		

LEN	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 prefers not to answer			
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 [Institutional Housing Situations]							
	0	No	0	Yes				
-								

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<u> Icau</u>	or riouseriola aria Additsj				
0	Yes	0	No		
	oximate Date This Episode of elessness Started				
Num	ber of times the client has been on	the s	streets, ES, or Safe Haven ir	the I	ast 3 years
0	One Time			0	Client doesn't know
0	Two Times			0	Client prefers not to answer
0	Three Times		0	Data not collected	
0	Four or More Times				
Tota	Number of <i>Months</i> homeless on th	e str	eets, ES, or Safe Haven in t	he las	st 3 years
0	One month (this time is the first month	h)		0	Client doesn't know
0	2-12 months (specify number of mont	0	Client prefers not to answer		



0	More than 12 months	Data not collected
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DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

- For <u>aging or disability support</u>, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),
- For <u>crisis services</u>: Crisis Connections at: 1-866-427-4747,
- For <u>mental health or substance use services</u>: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,
- For <u>confidential peer support</u>: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:

DISABLING CONDITION [All Clients]

Yes

	<u> </u>		
0	No	0	Client doesn't know
			Client profess not to answer

Data not collected

PHYSICAL DISABILITY [not required for SSVF]								
0	No	0	Client doesn't know					
0	Yes	0	Client prefers not to answer					
		0	Data not collected					
IE	IE "VES" TO DUVEICAL DISABILITY SPECIEV							

Expected to be of long-continued and indefinite duration?

O No O Client doesn't know

Client prefers not to answer

Data not collected

DEVELOPMENTAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know
	Vee	0	Client prefers not to answer
O	Yes	0	Data not collected

CHRONIC HEALTH CONDITION [not required for SSVF]

0	No		0	Client doesn't know				
	Voc		0	Client prefers not to answer				
0	Yes		0	Data not collected				
IF	IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY							
Ex	pected to be of long-continued and indefinite duration?	0	0	Client doesn't know				



						A	ULAKI HUMAN SERV
				o Cli	ent pr	refe	rs not to answer
		0	(o Da	ta no	t co	llected
ΜE	NTAL HEALTH DISORDER [not required for SSVF]						
	No				0	CI	ient doesn't know
)	Yes				0		ient prefers not to swer
					0	Da	ata not collected
IF '	YES" TO MENTAL HEALTH DISORDER- SPECIFY						
		0	N	No	0	С	lient doesn't know
Ex	pected to be of long-continued and indefinite duration?	0	Ye	es	0		lient prefers not to nswer
					0	D	ata not collected
SU	BSTANCE USE DISORDER [not required for SSVF]						
0	No	С) E	3oth al	cohol	an	d drug use disorders
_	Alcohol use disorder	С) (Client	doesn	't kı	now
0	Alcohol use disorder	С) (Client p	nt prefers not to answer		
0	Drug use disorder	С) [Data n	ot coll	lect	ed
	ALCOHOL USE DISORDER" "DRUG USE DISORDER" (ORDERS" – SPECIFY	OR "B	ОТ	H ALC	ОНО	L A	AND DRUG USE
		С		No	(0	Client doesn't know
Expected to be of long-continued and indefinite duration?		C)	Yes	(Э	Client prefers not to answer
					(0	Data not collected
MC	ONTHLY INCOME AND SOURCES [Head of Househo	ld an	d A	dults]			
0	No					0	Client doesn't knov
							Client profess not to

0	Yes				0	Client prefers answer	s not to
					0	Data not coll	ected
IF '	YES" TO INCOME FROM ANY SOURCE - INDI	CATE ALL	. SOL	JRCES TH	AT AF	PPLY	
Inc	ome Source	Amount	Inco	me Source)		Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)			
0	Unemployment Insurance		0	General Assistance (GA)			
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security			
0	Social Security Disability Insurance (SSDI)		Pension or retirement income from former job				
0	VA Service-Connected Disability Compensation		0	Child Supp	oort		
0	VA Non-Service Connected Disability Pension		0	Alimony a support	ind ot	her spousal	



0	Private disability insurance					O	Other income s	source		
0	Worker's Compensation						(specify):			
ota	monthly income for Individual:									
		_		_						
=(CEIVING NON CASH BENEFITS [F I.	lead	of Hou	sen	old and	d A	dults]	I		
1	No						0	Client doesn't l		
)	Yes						0	Client prefers r answer	ot to	
	163						0	Data not collec	ted	
Ϋ́	ES" TO NONCASH BENEFITS – IND	ICAT	EALL	sou	IRCES	TH	AT APPLY			
	Supplemental Nutrition Assistance Pr	ograr	n (SNAF	P)	С)	TANF Childcare	e Services		
	Special Supplemental Nutrition Progr. Infants, and Children (WIC)	am fo	r Wome	en,	С)	TANF Transpor	tation Services		
	Other (specify):				С)	Other TANF-fur	nded services		
					I	!				
/	ERED BY HEALTH INSURANCE	[AII	Clients	<u>:]</u>				•		
	No						0	Client doesn'		
	Yes						0	Client prefers answer	s not to	
							0	Data not coll	ected	
61	YES" TO HEALTH INSURANCE HE	ALTH	INSUR	RAN(CE CO	/EF	RAGE DETAILS	8		
	MEDICAID					0	Employer Pro	vided Health In	surance	
	MEDICARE					0	Insurance Obtained through COBR			
_	State Children's Health Insurance (SCH	IP)			0	Private Pay Health Insurance			
	Veterans Health Administration (VI	HA)				0	State Health	Insurance for A	dults	
)	Other (specify)					0	Indian Health	Services Progr	am	
<u>H</u>	omelessness Prevention targetir	Preve	ention p	rogi	rams]		olds in SSVF I	Homeless		
0	No	0	Yes							
	YES" TO HOMELESSNESS PREVEI	OITI	N TARG	ETI	NG SC	RE	ENER REQUIR	ED		
_	sing loss expected within				<u>. </u>					
Н	-6 days			0	7-13 d					
_	4-21 days			0	More t	har	n 21 days			
_	ent household income			1						
	O (i.e., not employed, not receiving cas her current income)	sh ber	nefits, no	0	1-14% size	of	Area Median In	come (AMI) for	househol	
15-30% of AMI for household size					More than 30% of AMI for household size					

Past experience of homelessness (street/shelter/transitional housing) (any adult)



0	Most recent episode occurred within the last year	0	Most recent episode occurred more than one year ago
0	None		
He	ad of Household is not a current leaseholder/rente	r o	f unit
0	No	0	Yes
He	ad of Household (HoH) never been a leaseholder/re	ent	er of unit
0	No	0	Yes
	urrently at risk of losing a tenant-based housing subsehold)	bsi	dy or housing in a subsidized building or unit
0	No	0	Yes
Re	ntal Evictions within the past 7 years (any adult)		
0	No prior rental evictions	0	1 prior rental eviction
0	2 or more prior rental evictions		
	iminal record for arson, drug dealing or manufactuny adult)	re,	or felony offense against persons or property
0	No	0	Yes
Inc	carcerated as adult (any adult in household)		
0	Not incarcerated	0	Incarcerated once
0	Incarcerated two or more times		
Dis	scharged from jail or prison within last six months	aft	er incarceration of 90 days or more (adults)
0	No	0	Yes
Re	gistered sex offenders (any household members)		
0	No	0	Yes
	ad of household with disabling condition (physical ects ability to secure/maintain housing	l he	ealth, mental health, substance use) that directly
0	No	0	Yes
Cu	rrently pregnant (any household member)		
0	No	0	Yes
Sir	ngle parent/guardian household with minor child(re	n)	
0	No	0	Yes
Ho ca	ousehold includes one or more young children (age re	si	x or under), or a child who requires significant
0	No	0	Youngest child is under 1 year old
0	Youngest child is 1 to 6 years old and/or one or more	chil	ldren (any age) require significant care.
Но	ousehold size of 5 or more requiring at least 3 bedro	oor	ns (due to age/gender mix)
0	No	0	Yes
	ousehold includes one or more members of an over stem when compared to the general population.	rep	presented population in the homelessness
Ť	No	0	Yes
Ь	1		I .

HP APPLICANT TOTAL POINTS (integer) _____



GRANTEE TARGETING THRESHOLD SCORE (integer)	
EDUCATION INFORMATION [All Clients 18+]	

ADDITIONAL INFORMATION

VAMC STATION NUMBER [Head of Household]									

CONNECTION WITH SOAR [For SSVF and VA: Grant per Diem – Case

Management/Housing Retention]

0	No	0	Client doesn't know
		0	Client prefers not to
0	Yes		answer
		0	Data not collected

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI [Head of Household, required for SSVF and VASH]

0	Less than 30%
0	30% to 50%
0	Greater than 50%
0	81% or greater

LAST GRADE COMPLETED [Head of Household & Adults, Required for SSVF and VASH]

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 prefers not to answer
0	GED	0	Data not collected
0	Some College		

EMPLOYMENT STATUS [Head of Household & Adults, SSVF, GPD and VASH]

Emp	loyed								
0	No	С	Client doesn't know						
	Voo			Client prefers not to answer					
0	Yes	С	Data not collected						
If "Yes" for employed – Type of employment									
0	Full-time		Seasonal/sporadic (including day labor)						
0	Part-time	0							



Date

ίN	o" for employed – Why not em	ployed				
)	Looking for work	<u> </u>				
	Unable to work				Not looking for work	
ΕN	NERAL HEALTH STATUS [He	ad of Hous	sehold & Adult	s. HL	JD-VASH OTH onlv1	
)	Excellent			0	Poor	
)	Very good		0	Client doesn't know		
)	Good		0	Client prefers not to answer		
)	Fair (UAL ORIENTATION [Adults a	and Head o	f Households	0	Data not collected	
)	Fair	and Head o	f Households	1 -		
ΞX	Fair	and Head o	f Households	1 -		
EX	Fair (UAL ORIENTATION [Adults a	0		1	Data not collected	
EX	Fair (UAL ORIENTATION [Adults a Heterosexual	0	Other	l pecify	Data not collected	
)	Fair (UAL ORIENTATION [Adults a Heterosexual Gay	o If	Other Other, please s	pecify	Data not collected	

Signature of applicant stating all information is true and correct