Agency Name: _____

CLARITY HMIS: VA SERVICES STATUS FORM
(Including HUD VASH, SSVF, GPD)

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

CLIENT NAME OR IDENTIFIER:_____

PROJECT STATUS DATE *[All Clients]*

		-			-				
Month			Day			Year			

CLIENT LOCATION *[only if multiple CoC's]* _____

PHYSICAL DISABILITY ***[optional for SSVF but recommended]***

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

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

DEVELOPMENTAL DISABILITY ***[optional for SSVF but recommended]***

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

CHRONIC HEALTH CONDITION ***[optional for SSVF but recommended]***

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

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

HIV-AIDS *[optional for SSVF but recommended]*

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

MENTAL HEALTH PROBLEM *[optional for SSVF but recommended]*

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

IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY

Expected to be of long-continued and indefinite duration?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

SUBSTANCE ABUSE PROBLEM *[optional for SSVF but recommended]*

o	No	o	Both alcohol & drug abuse
o	Alcohol abuse	o	Client doesn't know
		o	Client refused
o	Drug abuse	o	Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE"– SPECIFY

Expected to be of long-continued and indefinite duration?	o	No	o	Client doesn't know
	o	Yes	o	Client refused
			o	Data not collected

DOMESTIC VIOLENCE VICTIM/ SURVIVOR *[Heads of Household & Adults]*

Domestic Violence Victim/Survivor	○	No
	○	Yes
If "YES" to DOMESTIC VIOLENCE VICTIM/ SURVIVOR- COMPLETE		
LAST OCCURRENCE		____/____/_____
Are you currently fleeing?	○	Yes
	○	No
	○	Client doesn't know
	○	Client refused

	○	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

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

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

	Income Source	Amount		Income Source	Amount
○	Earned Income		○	TANF (Temporary Assist for Needy Families)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement Income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from former job	
○	VA Service-Connected Disability Compensation		○	Child Support	
○	VA Non-Service Connected Disability Pension		○	Alimony and other spousal support	
○	Private disability insurance		○	Other income source	
○	Worker's Compensation		○	Other income source	
Total monthly income for Individual:					

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

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

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

○	Supplemental Nutrition Assistance Program (SNAP)	○	TANF Childcare Services
○	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	○	TANF Transportation Services
○	Other (specify):	○	Other TANF-funded services

COVERED BY HEALTH INSURANCE ***[All Clients]***

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

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS

○	MEDICAID	○	Employer Provided Health Insurance

○	MEDICARE	○	Insurance Obtained through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veteran's Administration (VA) Medical Services	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

CONNECTION WITH SOAR *[Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]*

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

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

○	No	○	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		*If client moved into permanent housing, make sure to update on the enrollment screen.*	

Signature of applicant stating all information is true and correct Date