**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 DayYear

**CLIENT LOCATION** *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PHYSICAL DISABILITY ​*[not required for SSVF]***

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO PHYSICAL DISABILITY – SPECIFY**   |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**DEVELOPMENTAL DISABILITY** ​*[****not required for SSVF****]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**CHRONIC HEALTH CONDITION** ​***[not required for SSVF]***

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY**   |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**HIV-AIDS** ​*[****not required for SSVF****]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**MENTAL HEALTH DISORDER** ​***[not required for SSVF]***

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO MENTAL HEALTH DISORDER– SPECIFY**   |
| Expected to be of long-continued and indefinite duration? | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

**SUBSTANCE USE DISORDER ​*[not required for SSVF]***

| ○ | No  | ○ | Both alcohol and drug use disorders  |
| --- | --- | --- | --- |
| ○ | Alcohol use disorder | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Drug use disorder | ○ | Data not collected  |
| **IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY**  |
| Expected to be of long-continued and indefinite duration? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

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

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO DOMESTIC VIOLENCE**  |
| **LAST OCCURRENCE** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| ○ | Within the past three months  | ○ | One year ago or more  |
| ○ | Three to six months ago (excluding six months exactly)  | ○ | Client doesn’t know  |
| ○ | Client refused  |
| ○ | Six months to one year ago (excluding one year exactly)  | ○ | Data not collected  |
| Are you currently fleeing?  | ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |

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# **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 |  | *(specify):* |
| **Total monthly income for Individual:**  |   |

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

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| **IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**  |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care 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  |
| ○ | Veterans 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**