

CLARITY HMIS: VA SERVICES STATUS FORM (Including HUD VASH, SSVF, GPD) Use block letters for text and bubble in the appropriate circles.

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]

	-		-			
Mor		Da		Yea		

CLIENT LOCATION [only if multiple CoC's]

PHYSICAL DISABILITY [not required for SSVF]

0	• No			0	Client doesn't know		
				0	Client refused		
0	○ Yes		0	Data not collected			
IF	IF "YES" TO PHYSICAL DISABILITY – SPECIFY						
Expected to be of long-continued and indefinite duration? No Yes 		No	0	Client doesn't know			
		Vaa	0	Client refused			
		0	res	0	Data not collected		

DEVELOPMENTAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know
	Vac	0	Client refused
0	Yes	0	Data not collected

CHRONIC HEALTH CONDITION [not required for SSVF]

0	• No			0	Client doesn't know
				0	Client refused
0	• Yes		0	Data not collected	
IF '	"YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
	• No		0	Client doesn't know	
Expected to be of long-continued and indefinite duration? o Yes		0	Client refused		
		0	165	0	Data not collected

HIV-AIDS [not required for SSVF]

0	No	0	Client doesn't know
	Vac	0	Client refused
0	Yes	0	Data not collected



MENTAL HEALTH DISORDER [not required for SSVF]

0	No			0	Client doesn't know		
	• Yes			0	Client refused		
0				0	Data not collected		
IF	IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY						
		0	No	0	Client doesn't know		
Expected to be of long-continued and indefinite duration?				0	Client refused		
	• Yes		0 Y 6	165	0	Data not collected	

SUBSTANCE USE DISORDER [not required for SSVF]

0	No	0	Both alcohol and drug use disorders				
0	Alcohol use disorder		Client do	Client doesn't know			
0			Client re	fused			
0	Drug use disorder	0	Data not collected				
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY							
		0	No	0	Client doesn't know		
Ex	pected to be of long-continued and indefinite duration?		Yes	0	Client refused		
		0	res	0	Data not collected		

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

0	No	0	Client doesn't know				
				Client refused			
0	• Yes		Data not	t collec	ted		
IF	"YES" TO DOMESTIC VIOLENCE						
LA	LAST OCCURRENCE/						
0	Within the past three months	0	One year ago or more				
		0	Client doesn't know				
0	Three to six months ago (excluding six months exactly)	0	Client refused				
0	Six months to one year ago (excluding one year exactly)	0	Data not collected				
		0	No	0	Client doesn't know		
Are	you currently fleeing?	0	N a a	0	Client refused		
			Yes	0	Data not collected		



0	No			(Client doe know	esn't
	Vee			(Client refu	used
0	Yes			(Data not o	collected
IF	"YES" TO INCOME FROM ANY SOURCE	– INDICA	TE	ALL SOURC	ES THAT APP	PLY
Income Source Amoun Income Sour				come Sourc	е	Amoun
		t		1		t
0	Earned Income		0	TANF (Ter for Needy		
0	Unemployment Insurance		0	General As		
0	Supplemental Security Income (SSI)		0	Retirement Social Sec		
0	Social Security Disability Insurance (SSDI)		0	Pension or income fro		
0	VA Service-Connected Disability Compensation		0	Child Supp	oort	
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support		
0	Private disability insurance		0	Other inco	me source	
0	Worker's Compensation			(specify):		
	al monthly income for vidual:					

MONTHLY INCOME AND SOURCES [Head of Household and Adults]

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know		
A Mag			0	Client refused			
0	Yes	0	Data not collected				
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY							
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (specify):	0	Other TANF-funded services				

COVERED BY HEALTH INSURANCE [All Clients]

0



	Vac		0	Client refused			
0	Yes	0	Data not collected				
IF "`	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance				
0	MEDICARE	0	Insurance C	btained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance				
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults				
0	Other (specify)	0	Indian Health Services Program				

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant

per Diem – Case Management/Housing Retention]

(С	No	0	Client doesn't know
			0	Client refused
(C	Yes	0	Data not collected

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

0	No	0	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