

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				

PHYSICAL DISABILITY *[not required for SSVF]*

<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 PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration?	<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

DEVELOPMENTAL DISABILITY *[not required for SSVF]*

<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

CHRONIC HEALTH CONDITION *[not required for SSVF]*

<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 CHRONIC HEALTH CONDITION – SPECIFY				
Expected to be of long-continued and indefinite duration?	<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

HIV-AIDS *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
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<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER [not required for SSVF]

<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 MENTAL HEALTH DISORDER- SPECIFY

Expected to be of long-continued and indefinite duration?	<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

SUBSTANCE USE DISORDER [not required for SSVF]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> 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?	<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 [Heads of Household & 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 SURVIVOR OF DOMESTIC VIOLENCE

LAST OCCURRENCE ____/____/____

<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

			○	Data not collected
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MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	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 <i>(specify):</i>	
○ Worker's Compensation			
Total monthly income for Individual:			

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

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

IF "YES" TO NON-CASH 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 prefers not to answer
		○	Data not collected

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

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children’s Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Health Administration (VHA)	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

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

<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

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

<input type="radio"/>	No	<input type="radio"/>	Yes
IF “YES” TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

Signature of applicant stating all information is true and correct Date