

Agency Name: \_\_\_\_\_

## CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

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

### PROJECT START DATE [All Clients]

		-			-				
Month		Day		Year					

**TRANSLATION ASSISTANCE NEEDED?** *Would the client like services to be provided in a language other than English?*

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

### IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/>	English	<input type="radio"/>	Tagalog
<input type="radio"/>	Spanish	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Vietnamese	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Mandarin	<input type="radio"/>	Data not collected
<input type="radio"/>	Different Preferred Language ( <i>specify</i> ):		

### SOCIAL SECURITY NUMBER [All Clients]

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### QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

### CURRENT NAME [All Clients]

																		N/A
Last																		<input type="radio"/>
First																		
Middle																		<input type="radio"/>

[illegible]**DATE OF BIRTH** *[All Clients]*

		- /			- /					Age:
<b>Month</b>		<b>Day</b>			<b>Year</b>					

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

## GENDER [All Clients]

○ Woman (Girl, if child)	○ Questioning
○ Man (Boy, if child)	○ Different Identity ( <i>specify</i> ):
○ Culturally Specific Identity (e.g., Two-Spirit)	○ Client doesn't know
○ Transgender	○ Client prefers not to answer
○ Non-Binary	○ Data not collected

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

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	White
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Hispanic/Latina/e/o	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Middle Eastern or North African	<input type="radio"/>	Data Not Collected

## VETERAN STATUS [All 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 VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	

Theater of Operations: World War II			
<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
Theater of Operations: Korean War			
<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
Theater of Operations: Vietnam War			
<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
Theater of Operations: Persian Gulf War (Desert Storm)			
<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
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<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
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<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
Theater of Operations: Iraq (Operation New Dawn)			
<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
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<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
Branch of the Military			

<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non--relation member

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

**ZIP CODE OF LAST PERMANENT ADDRESS** *[All Clients]*

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**WHEN CLIENT WAS ENGAGED** *[Street Outreach Only or Night by Night Emergency Shelter]*

Date of Engagement:	____/____/____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
Housing Move-In Date:	____/____/____		

**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE** *[Head of Household and Adults]*

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

<input type="radio"/> Foster care home or foster care group home	<input type="radio"/> Staying or living in a family member's room, apartment, or house
<input type="radio"/> Hospital or other residential non--psychiatric medical facility	<input type="radio"/> Rental by client, no ongoing housing subsidy
<input type="radio"/> Jail, prison, or juvenile detention facility	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Long-term care facility or nursing home	<input type="radio"/> Owned by client, with ongoing housing subsidy
<input type="radio"/> Psychiatric hospital or other psychiatric facility	<input type="radio"/> Owned by client, no on-going housing subsidy
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Client doesn't know
<input type="radio"/> Transitional housing for homeless persons (including homeless youth)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Data not collected

**IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" -- SPECIFY:**

<input type="radio"/> GDP TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client prefers not to answer
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]**

<input type="radio"/> No	<input type="radio"/> Yes
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**LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]**

<input type="radio"/> No	<input type="radio"/> Yes
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**ON THE NIGHT BEFORE - DID YOU STAY ON - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]**

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started _____/_____/_____	
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years	

<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years			
<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2--12 months (specify number of months): _____	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

**DISABLING CONDITION** *[All Clients]*

<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

**PHYSICAL DISABILITY** *[All Clients]*

<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 and substantially impairs ability to live independently?	<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** *[All Clients]*

<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** *[All Clients]*

<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 and substantially impairs ability to live independently?	<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** *[All Clients]*

<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

### MENTAL HEALTH DISORDER *[All Clients]*

<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 and substantially impairs ability to live independently?	<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 *[All Clients]*

<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 and substantially impairs ability to live independently?	<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 *[Head of Household and 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 SPECIFY WHEN EXPERIENCE OCCURRED

<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
				<input type="radio"/>	Data not collected

### INCOME FROM ANY SOURCE *[Head of Household and Adults]*

<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
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
Income Source		Amount	Income Source
<input type="radio"/>	Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)
<input type="radio"/>	Unemployment Insurance		<input type="radio"/> General Assistance (GA)
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/> Child support
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal Support
<input type="radio"/>	Private Disability Insurance		<input type="radio"/> Other income source (specify):
<input type="radio"/>	Worker's Compensation		
Total Monthly Income for Individual:			

**RECEIVING NON CASH BENEFITS** *[Head of Household and 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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

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

<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
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health 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

**SEXUAL ORIENTATION** *[For CoC: YHDP funded programs-Adults and Head of Households]*

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
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<input type="radio"/>	Gay	<i>If Other please specify:</i>	
<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

## EDUCATION INFORMATION [All Clients 18+]

### LAST GRADE COMPLETED

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate's degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Graduate degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12 / High school diploma	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School program does not have grade levels	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some College		

### CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/>	Not Currently Attending	<input type="radio"/>	Academically Disqualified
<input type="radio"/>	Attending Full Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Attending Part Time	<input type="radio"/>	Client prefers not to answer

### NAME OF COLLEGE/UNIVERSITY

<input type="radio"/>	De Anza College	<input type="radio"/>	West Valley College
<input type="radio"/>	Evergreen Valley College	<input type="radio"/>	Other Bay Area College/University
<input type="radio"/>	Foothill College	<input type="radio"/>	Other CA College/University
<input type="radio"/>	Gavilan College	<input type="radio"/>	Other College/University
<input type="radio"/>	Mission College	<input type="radio"/>	Other Vocational Program
<input type="radio"/>	San Jose City College	<input type="radio"/>	Client doesn't know
<input type="radio"/>	San Jose State University	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Santa Clara University	<input type="radio"/>	Data not collected
<input type="radio"/>	Stanford University		

### EXPECTED COMPLETION YEAR

		/			/				
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**Signature of applicant stating all information is true and correct**

**Date**