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?*

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

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

○	English	○	Tagalog
○	Spanish	○	Client doesn't know
○	Vietnamese	○	Client prefers not to answer
○	Mandarin	○	Data not collected
○	Different Preferred Language (*specify*):		

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				

QUALITY OF SOCIAL SECURITY			
○	Full SSN reported	○	Client doesn't know
		○	Client prefers not to answer
○	Approximate or partial SSN reported	○	Data not collected

CURRENT NAME *[All Clients]*																			N/A
Last																			○
First																			
Middle																			○

Suffix																			○

QUALITY OF CURRENT NAME			
○	Full name reported	○	Client doesn't know
○	Partial, street name, or code name reported	○	Client prefers not to answer
		○	Data not collected

DATE OF BIRTH *[All Clients]*

		- /			- /					Age:

Month **Day** **Year**

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

SEX *[All Clients]*

○	Female	○	Client doesn't know
○	Male	○	Client prefers not to answer
		○	Data not collected

GENDER *[All Clients]*

○	Woman (Girl, if child)	○	Questioning
○	Man (Boy, if child)	○	Different Identity (*specify*):
○	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]*

○	American Indian, Alaska Native, or Indigenous	○	Native Hawaiian or Pacific Islander
○	Asian or Asian American	○	White
○	Black, African American, or African	○	Client doesn't know
○	Hispanic/Latina/o	○	Client prefers not to answer
○	Middle Eastern or North African	○	Data Not Collected

VETERAN STATUS *[All Adults]*

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

		o	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			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Korean War			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Vietnam War			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Branch of the Military			
○	Army	○	Coast Guard
○	Air Force	○	Client doesn't know
○	Navy	○	Client prefers not to answer
○	Marines	○	Data not collected
Discharge Status			
○	Honorable	○	Dishonorable
○	General under honorable conditions	○	Uncharacterized
○	Other than honorable conditions (OTH)	○	Client doesn't know
		○	Client prefers not to answer
○	Bad Conduct	○	Data not collected

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

○	Self	○	Head of household - other relation to member
○	Head of household's child		
○	Head of household's spouse or partner	○	Other: non--relation member

ENROLLMENT CoC *[only if multiple CoC's]* _____

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

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

Date of Engagement:	____/____/_____

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

○	No	○	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date:	____/____/_____		

PRIOR LIVING SITUATION

CLARITY HUMAN SERVICES

TYPE OF RESIDENCE *[Head of Household and Adults]*

○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	○	Hotel or motel paid for without emergency shelter voucher
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	○	Host Home (non-crisis)
○	Safe Haven	○	Staying or living in a friend's room, apartment, or house
○	Foster care home or foster care group home	○	Staying or living in a family member's room, apartment, or house
○	Hospital or other residential non--psychiatric medical facility	○	Rental by client, no ongoing housing subsidy
○	Jail, prison, or juvenile detention facility	○	Rental by client, with ongoing housing subsidy
○	Long-term care facility or nursing home	○	Owned by client, with ongoing housing subsidy
○	Psychiatric hospital or other psychiatric facility	○	Owned by client, no on-going housing subsidy
○	Substance abuse treatment facility or detox center	○	Client doesn't know
○	Transitional housing for homeless persons (including homeless youth)	○	Client prefers not to answer
○	Residential project or halfway house with no homeless criteria	○	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" -- SPECIFY:			
○	GDP TIP housing subsidy	○	Emergency Housing Voucher
○	VASH Housing subsidy	○	Family Unification Program Voucher (FUP)
○	RRH or equivalent subsidy	○	Foster Youth to Independence Initiative (FYI)
○	HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing
○	Public Housing Unit	○	Other permanent housing dedicated for formerly homeless persons
○	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION				
One night or less	○	One month or more, but less than 90 days	○	Client doesn't know
Two to six nights	○	90 days or more, but less than one year	○	Client prefers not to answer
One week or more, but less than one month	○	One year or longer	○	Data not collected

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

○	No	○	Yes

LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations]*

○	No	○	Yes

ON THE NIGHT BEFORE - DID YOU STAY ON - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

○	Yes	○	No
Approximate Date This Episode of Homelessness Started		____/____/_____	

Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years			
○	One Time	○	Client doesn't know
○	Two Times	○	Client prefers not to answer
○	Three Times	○	Data not collected
○	Four or More Times		

Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years			
○	One month (this time is the first month)	○	Client doesn't know
○	2--12 months (specify number of months): _____	○	Client prefers not to answer
○	More than 12 months	○	Data not collected

DISABLING CONDITION *[All Clients]*

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

PHYSICAL DISABILITY *[All Clients]*

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

DEVELOPMENTAL DISABILITY *[All Clients]*

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

CHRONIC HEALTH CONDITION *[All Clients]*

○	No	○	Client doesn't know

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

HIV-AIDS *[All Clients]*

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

MENTAL HEALTH DISORDER *[All Clients]*

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

SUBSTANCE USE DISORDER *[All Clients]*

○	No	○	Both alcohol and drug use disorders
○	Alcohol use disorder	○	Client doesn't know
		○	Client prefers not to answer
○	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 and substantially impairs ability to live independently?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults]*

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

IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE SPECIFY WHEN EXPERIENCE OCCURRED

○	Within the past three months	○	One year ago or more

○	Three to six months ago (excluding six months exactly)	○	Client doesn't know		
		○	Client prefers not to answer		
○	Six months to one year ago (excluding one year exactly)	○	Data not collected		
Are you currently fleeing?		○	No	○	Client doesn't know
		○	Yes	○	Client prefers not to answer
				○	Data not collected

INCOME FROM ANY SOURCE *[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		○	Temporary Assistance for Needy Families (TANF)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from a 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 *(specify):*	
○	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			
○	MEDICAID	○	Employer Provided Health Insurance
○	MEDICARE	○	Health Insurance Obtained Through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veterans Health Administration (VHA)	○	State Health Insurance for Adults
○	Other (specify):	○	Indian Health Services Program

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

○	Heterosexual	○	Other
○	Gay	*If Other please specify:*	
○	Lesbian	○	Client doesn't know
○	Bisexual	○	Client prefers not to answer
○	Questioning/Unsure	○	Data not collected

EDUCATION INFORMATION *[All Clients 18+]*

LAST GRADE COMPLETED

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

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

○	Not Currently Attending	○	Academically Disqualified
○	Attending Full Time	○	Client doesn't know
○	Attending Part Time	○	Client prefers not to answer

NAME OF COLLEGE/UNIVERSITY

○	De Anza College	○	West Valley College
○	Evergreen Valley College	○	Other Bay Area College/University
○	Foothill College	○	Other CA College/University
○	Gavilan College	○	Other College/University
○	Mission College	○	Other Vocational Program
○	San Jose City College	○	Client doesn't know
○	San Jose State University	○	Client prefers not to answer

○	Santa Clara University	○	Data not collected
○	Stanford University		

EXPECTED COMPLETION YEAR

		/			/				

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