

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"/>



Suffix																					
QUALITY OF CURRENT NAME																					
<input type="radio"/>	Full name reported														<input type="radio"/>	Client doesn't know					
<input type="radio"/>	Partial, street name, or code name reported														<input type="radio"/>	Client prefers not to answer					
															<input type="radio"/>	Data not collected					

**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

**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 ( <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]*

○	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]

<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 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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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"/> Client prefers not to answer	
<input type="radio"/> Yes		<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	

		○	Client prefers not to answer
○	Yes	○	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
○	No	○	Client doesn't know
		○	Client prefers not to answer
○	Yes	○	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
○	No	○	Client doesn't know
		○	Client prefers not to answer
○	Yes	○	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
○	No	○	Client doesn't know
		○	Client prefers not to answer
○	Yes	○	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
		○	Client prefers not to answer
○	Yes	○	Data not collected

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

### 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 CURRENT PERMANENT ADDRESS** *[All Clients]*

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### HOMELESS PREVENTION INFORMATION

**REASON FOR ASSISTANCE** *[Head of Household and Adults ]*

<input type="radio"/>	Change in family composition (i.e., separation, death, etc.)
<input type="radio"/>	Must leave current living situation ( i.e., overcrowded, asked to leave, argument with co-tenants, etc.)
<input type="radio"/>	Fleeing domestic/family violence
<input type="radio"/>	Income Loss (i.e., job loss, benefits ended)
<input type="radio"/>	Income Reduction (i.e., work hours reduction, benefits reduction, etc.)
<input type="radio"/>	Medical emergency (self or family member)
<input type="radio"/>	Rent increase (incl. moving to new unit)
<input type="radio"/>	Unexpected major expense

<input type="radio"/>	Moving from temporary arrangement to permanent housing		
<input type="radio"/>	Moving from an unsafe or illegal unit		
<input type="radio"/>	Other	<input type="radio"/>	Client doesn't know
	Other Reason: _____	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**IS THE HOUSEHOLD ELIGIBLE FOR ANY OTHER FINANCIAL ASSISTANCE FUNDING SOURCES AT YOUR AGENCY?**

<input type="radio"/>	No	<input type="radio"/>	Yes	<input type="radio"/>	Don't Know
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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
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IF "YES" TO PERMANENT HOUSING

Housing Move-In Date:	____/____/____
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**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		

**WHAT TYPE OF RENTAL HOME DO YOU LIVE IN? [ALL CLIENTS WITH ANSWER TO "TYPE OF RESIDENCE" IS ANY OPTION STARTING WITH "RENTAL BY CLIENT"]**

<input type="radio"/>	Market rate rental housing	<input type="radio"/>	Affordable housing (unit or complex designated affordable or BMR)
<input type="radio"/>	Rent stabilized (rental unit that is covered by rent control)	<input type="radio"/>	Housing subsidized by Section 8
<input type="radio"/>	Housing subsidized by another long-term subsidy	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client prefers not to answer		

**LENGTH OF STAY IN CURRENT 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

**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
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<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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## ADDITIONAL HOMELESS PREVENTION INFORMATION

### HOW LONG HAVE YOU BEEN AT YOUR CURRENT RESIDENCE?

1 calendar month or less		9-11 months	
2-3 months		12-18 months	
4-5 months		19-24 months	
6-8 months		24+ months	

### WHAT IS YOUR CURRENT MONTHLY RENT?

*[The enrolled household's share of the rent if they split the rent with others]*

Amount:	\$ _____
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### HOW MANY TIMES HAVE YOU BEEN EVICTED IN THE LAST 7 YEARS?

*[Only include evictions that went through the court/legal system]*

<input type="radio"/>	0 times	<input type="radio"/>	3 or more times
<input type="radio"/>	1 time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2 times	<input type="radio"/>	Client prefers not to answer

### HAS A RECENT RENT INCREASE CONTRIBUTED TO YOUR RISK OF HOMELESSNESS?

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

**WHAT WAS YOUR MONTHLY GROSS INCOME THREE MONTHS AGO?**

Amount:	\$ _____
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**ARE YOU DOUBLED-UP, MEANING THERE IS MORE THAN ONE HOUSEHOLD/FAMILY LIVING IN A SINGLE-FAMILY UNIT?**

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

**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**

	<input type="radio"/> No	<input type="radio"/> Client doesn't know
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Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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

### DOMESTIC VIOLENCE VICTIM/SURVIVOR *[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 DOMESTIC VIOLENCE

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
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

### IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<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	
<input type="radio"/>	Worker's Compensation		(specify):		
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

### IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<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

### 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"/>	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
<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

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

**Date**