

Agency Name: _____

CLARITY HMIS: HUD-COC MINIMUM INTAKE FORM

Use block letters for text and mark appropriate boxes with an “X”. Complete a separate form for each household member.

PROGRAM ENTRY DATE [All Clients]

		-			-				
Month		Day			Year				

ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]

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SOCIAL SECURITY NUMBER [All Clients]

			-			-				
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QUALITY OF SOCIAL SECURITY

<input type="checkbox"/>	Full SSN reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial SSN reported	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

CURRENT NAME [All Clients]

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

QUALITY OF CURRENT NAME

<input type="checkbox"/>	Full name reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Partial, street name, or code name reported	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

DATE OF BIRTH [All Clients]

		-			-					Age:
Month		Day			Year					

QUALITY OF DATE OF BIRTH

<input type="checkbox"/>	Full DOB reported	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Approximate or partial DOB reported	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

GENDER [All Clients]

<input type="checkbox"/>	Female	<input type="checkbox"/>	Other
<input type="checkbox"/>	Male	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Transgender male to female	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Transgender female to male	<input type="checkbox"/>	Data not collected
Specify "Other"			

RACE (select all that apply) [All Clients]

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Client does not know
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Data Not Collected

ETHNICITY [All Clients]

<input type="checkbox"/>	Non-Hispanic/ Non-Latino	<input type="checkbox"/>	Client doesn't know
		<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Data not collected

VETERAN STATUS [All Adults]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
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Year separated from military service (year)	
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Theater of Operations: World War II

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

Theater of Operations: Korean War

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

Theater of Operations: Vietnam War

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Branch of the Military			
<input type="checkbox"/>	Army	<input type="checkbox"/>	Coast Guard
<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Marines	<input type="checkbox"/>	Data not collected
Discharge Status			
<input type="checkbox"/>	Honorable	<input type="checkbox"/>	Dishonorable
<input type="checkbox"/>	General under honorable conditions	<input type="checkbox"/>	Uncharacterized
<input type="checkbox"/>	Other than honorable conditions (OTH)	<input type="checkbox"/>	Client doesn't know
		<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Bad Conduct	<input type="checkbox"/>	Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

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

HOUSING STATUS AT ENTRY [Head of Household and Adults]

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Fleeing domestic violence	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	At imminent risk of losing housing	<input type="checkbox"/>	At-risk of homelessness	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Homeless only under other federal statutes	<input type="checkbox"/>	Stably housed	<input type="checkbox"/>	Data not collected

RESIDENCE PRIOR TO PROGRAM ENTRY [*Head of Household and Adults*]

<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	<input type="checkbox"/>	Rental by client, with VASH subsidy
<input type="checkbox"/>	Foster care home or group home	<input type="checkbox"/>	Rental by client, with GTD TIP subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria
<input type="checkbox"/>	Jail, prison or juvenile detention facility	<input type="checkbox"/>	Safe Haven
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house
<input type="checkbox"/>	Owned by client, no on-going housing subsidy	<input type="checkbox"/>	Staying or living in a friend's room, apartment or house
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy	<input type="checkbox"/>	Substance abuse treatment facility or detox center
<input type="checkbox"/>	Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Other
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	Client refused
<input type="checkbox"/>		<input type="checkbox"/>	Data not collected
		Specify "Other"	

LENGTH OF STAY IN PREVIOUS PLACE

<input type="checkbox"/>	One day or less	<input type="checkbox"/>	One to three months	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Two days to one week	<input type="checkbox"/>	More than three months, but less than one year	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	More than one week, but less than one month	<input type="checkbox"/>	One year or longer	<input type="checkbox"/>	Data not collected

ENTERING FROM THE STREETS, EMERGENCY SHELTER, OR SAFE HAVEN

 [*Head of Household and Adults*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

IF "YES" TO ENTERING FROM STREETS, ES, OR SAFE HAVEN

Approximate date started	___ / ___ / _____
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NUMBER OF TIMES ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN IN PAST THREE YEARS [*Head of Household and Adults*]

<input type="checkbox"/>	Never in the 3 years	<input type="checkbox"/>	4 or more
<input type="checkbox"/>	1	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	2	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	3	<input type="checkbox"/>	Data not collected

IF ONE OR MORE TIMES ON THE STREETS, IN ES, OR SAFE HAVEN

Number of months homeless on the streets, in ES, or Safe Haven in past three years

<input type="checkbox"/>	One month (this time is the first month)	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	2-12 months (specify number of months): _____	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	More than 12 months	<input type="checkbox"/>	Data not collected

DISABLING CONDITION [*All Adults*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected

Signature of applicant stating all information is true and correct Date