

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



## CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT FORM

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

### ASSESSMENT DATE *[All Clients]*

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

<b>CURRENT NAME <i>[All Clients]</i></b>															N/A	
Last																○
First																○
Middle																○
Suffix																○

### DISABLING CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

### PHYSICAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

### IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Currently receiving services for physical disability	○	No	○	Client doesn't know
	○	Yes	○	Client refused
Long-term physical disability	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Documentation of the disability and severity on file	○	No	○	Yes

### DEVELOPMENTAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY				
Currently receiving services for developmental disability	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**CHRONIC HEALTH CONDITION** *[All Clients]*

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

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Long-term chronic health condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**HIV-AIDS** *[All Clients]*

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

**IF "YES" TO HIV-AIDS – SPECIFY**

Currently receiving services/treatment for this condition	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
	<input type="radio"/>		Data not collected	
<b>Documentation of the disability and severity on file</b>	<input type="radio"/>	No	<input type="radio"/>	Yes

**MENTAL HEALTH PROBLEM** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH PROBLEM – SPECIFY</b>		
Currently receiving services/treatment for this condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Long-term mental health problem	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/> No <input type="radio"/> Yes	

**SUBSTANCE ABUSE PROBLEM** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>		
Currently receiving services/treatment for this condition	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
Long-term substance abuse problem	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected
<b>Documentation of the disability and severity on file</b>	<input type="radio"/> No <input type="radio"/> Yes	

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

<b>IF "YES" TO DOMESTIC VIOLENCE</b>					
<b>LAST OCCURRENCE</b>					
<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 refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
<b>Are you currently fleeing?</b>		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<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 refused
		<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"/>	TANF (Temporary Assistance for Needy Families)	
<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 Income (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service Connect Disability Pensioned		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other source	
<input type="radio"/>	Worker's Compensation		<b>Specify Other"</b>		
<b>Total monthly amount:</b>					

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

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

<input type="radio"/>	SNAP	<input type="radio"/>	Other TANF Benefit
<input type="radio"/>	WIC	<input type="radio"/>	Section 8
<input type="radio"/>	TANF Childcare	<input type="radio"/>	Temporary Rental Assistance
<input type="radio"/>	TANF Transportation	<input type="radio"/>	Other
<b>Specify Other:</b>			

**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 refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO HEALTH INSURANCE &amp; REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)</b>			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	SCHIP	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	VA Medical	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Employer Provided	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

○	Obtained through COBRA	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Private Pay Health Insurance	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	State Health for Adults	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Indian Health Services Program	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Other Health Insurance ( <b>specify</b> )		

**Receiving Public HIV/AIDS Medical Assistance?**

○	Receiving Public HIV/AIDS Medical Assistance	○	Applied Decision – Pending
		○	Applied Client Not-Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected

**Receiving AIDS Drug Assistance Program (ADAP)?**

<input type="radio"/>	Receiving AIDS Drug Assistance Program (ADAP)	<input type="radio"/>	Applied Decision – Pending
		<input type="radio"/>	Applied Client Not-Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

**T-cell (CD4) Count Available**

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

**T-cell Count: \_\_\_\_\_ How Was the Data Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

**Viral Load Available**

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

**Viral Load: \_\_\_\_\_ How Was the Data Obtained?**

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

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