

Agency Name: _____



CLARITY HMIS: HUD-CoC PROGRAM INTAKE FORM

Use block letters for text and bubble in the appropriate circles.
Please 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="radio"/>	Full SSN reported	<input type="radio"/>
		<input type="radio"/>
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>
		<input type="radio"/>

CURRENT NAME [All Clients]															N/A	
Last																<input type="radio"/>
First																<input type="radio"/>
Middle																<input type="radio"/>
Suffix																<input type="radio"/>

QUALITY OF CURRENT NAME		
<input type="radio"/>	Full name reported	<input type="radio"/>
		<input type="radio"/>
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>
		<input type="radio"/>

DATE OF BIRTH [All Clients]

		-			-					Age:
Month			Day				Year			

QUALITY OF DATE OF BIRTH		
<input type="radio"/>	Full DOB reported	<input type="radio"/>
		<input type="radio"/>
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>
		<input type="radio"/>

GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender female to male		
<input type="radio"/>	Doesn't Identify as male, female, or transgender		

RACE (Select all applicable) [All Clients]

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

ETHNICITY [All Clients]

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

VETERAN STATUS [All 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 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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
		<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 refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<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 refused
<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

CLIENT LOCATION *[only if multiple CoC's]* _____

HOUSING STATUS AT ENTRY *[Head of Household and Adults]*

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

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY - All Clients]*

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Date of Move-In	___/___/_____

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

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

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 refused
<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
[If type of stay is Interim Housing- Facility /Institution etc]

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

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date Homelessness Started	___/___/_____
Number of times 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 refused
<input type="radio"/> Four or More Times	<input type="radio"/> Data not collected
Total Number of Months 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 refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

CLIENT HAS BEEN ENGAGED [STREET OUTREACH AND ES]

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO CLIENT HAS BEEN ENGAGED	
Date of Engagement	___/___/_____

DISABLING 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

PHYSICAL DISABILITY [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 PHYSICAL DISABILITY – SPECIFY				
Currently receiving services for physical 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
Long-term physical 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
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Yes

DEVELOPMENTAL DISABILITY *[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 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
Documentation of the disability and severity on file	<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
Documentation of the disability and severity on file	<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
Expected to substantially impair independence	<input type="radio"/>	No	<input type="radio"/>	Data not collected
	<input type="radio"/>	Yes	<input type="radio"/>	Client doesn't know
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Client refused
	<input type="radio"/>	Yes	<input type="radio"/>	Data not collected

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

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	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – 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
Long-term substance abuse problem	<input type="radio"/>	No	<input type="radio"/>	Data not collected
	<input type="radio"/>	Yes	<input type="radio"/>	Client doesn't know
Documentation of the disability and severity on file	<input type="radio"/>	No	<input type="radio"/>	Client refused
	<input type="radio"/>	Yes	<input type="radio"/>	Data not collected

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

IF "YES" TO DOMESTIC VIOLENCE			
LAST OCCURRENCE			
<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"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected
Are you currently fleeing?		<input type="radio"/>	No
		<input type="radio"/>	Yes
		<input type="radio"/>	Client doesn't know
		<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"/>	TANF (Temporary Assist for Needy Families)	<input type="radio"/>	Earned Income
<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"/>	Private disability insurance
<input type="radio"/>	Alimony and other spousal support	<input type="radio"/>	Other source
<input type="radio"/>	Worker's Compensation	Specify Other"	
Total monthly amount:			

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 (Specify):

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
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided
<input type="radio"/>	MEDICARE	<input type="radio"/>	Obtained through COBRA
<input type="radio"/>	SCHIP	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	VA Medical	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify)	<input type="radio"/>	Indian Health Services Program

Signature of applicant stating all information is true and correct Date