

Agency Name: _____



CLARITY HMIS: VA-SSVF 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"/>	Client doesn't know
		<input type="radio"/>	Client refused
<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																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

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

DATE OF BIRTH *[All Clients]*

		-			-				Age:
Month			Day			Year			

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

GENDER <i>[All Clients]</i>			
<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) <i>[All Clients]</i>			
<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 <i>[All Clients]</i>			
<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 <i>[All Adults]</i>			
<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

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

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

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
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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

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

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI [Head of Household]

<input type="radio"/>	Less than 30%	<input type="radio"/>	Greater than 50%
<input type="radio"/>	30% to 50%		

LAST PERMANENT ADDRESS *[Head of Household and Adults]*

Phone Number					-					-				
Email														
Current Address (if applicable)														
Street														
City														
State										Zip Code				

QUALITY OF ADDRESS

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

HIGHEST LEVEL OF SCHOOL COMPLETED *[Head of Household, Adults]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Grades 5-6
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Grades 9-11
<input type="radio"/>	Grade 12	<input type="radio"/>	School does not have grade levels
<input type="radio"/>	GED	<input type="radio"/>	Some college
<input type="radio"/>	Associate's Degree	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Graduate Degree	<input type="radio"/>	Vocational certification
<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Data not collected	<input type="radio"/>	Client refused

VAMC STATION NUMBER *[Head of Household]*

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SSVF HP TARGETING CRITERIA: [Homeless Prevention Programs and HoH's]

Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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CURRENT HOUSING LOSS EXPECTED WITHIN

<input type="radio"/>	0-6 Days	<input type="radio"/>	7-13 Days
<input type="radio"/>	14 – 21 Days	<input type="radio"/>	21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS \$0 ?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

<input type="radio"/>	0-14% of Area Median Income (AMI) for Household Size	<input type="radio"/>	More than 30% of AMI for Household Size (0 points)
<input type="radio"/>	15 –30% of AMI for Household Size		

Sudden & Significant Decrease in Cash Income (Employment and/or Cash Benefits) And/Or Unavoidable Increase in Non-Discretionary Expenses (e.g. Rent or Medical Expenses) in the Past 6 months:

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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Major change in Household Composition (e.g. Death of Family Member, Separation Divorce from Adult Partner, Birth of New Child) in the Past 12 Months?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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RENTAL EVECTIONS WITHIN THE PAST 7 YEARS

<input type="radio"/>	4 or More Prior Rental Evictions	<input type="radio"/>	2-3 prior Rental Evictions
<input type="radio"/>	1 Prior Rental Evictions	<input type="radio"/>	No Prior Rental Evictions (0 points)

Currently at Risk of Losing Tenant Based Housing Subsidy / Housing Subsidized Building Unit

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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History of Literal Homelessness (*street/shelter/transitional housing*)

<input type="radio"/>	4 or More Times or Total of at Least 12 Months in Past Three Years	<input type="radio"/>	2-3 in the Past Three Years
<input type="radio"/>	1 Time in the Past Three Years	<input type="radio"/>	None (0 points)

Head of Household with Disabling Condition (physical health, mental health, Substance use) that directly affects ability to Secure/Maintain Housing?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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Criminal Record for arson, drug dealing/manufacture or felony offense against persons or property?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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REGISTERED SEX OFFENDER?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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At least one dependent child under age 6?

<input type="radio"/>	Yes	<input type="radio"/>	No (0 Points)
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Single parent with minor child(ren)?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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Household size of 5 or more requiring at least 3 bedrooms (due to age gender mix)?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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Any Veteran in household served in Iraq or Afghanistan?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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Female Veteran?

<input type="radio"/> Yes	<input type="radio"/> No (0 Points)
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HP applicant total points (integer) _____

Grantee targeting threshold score (integer) _____

USE OF OTHER CRISIS SERVICES; [RRH/HP Programs]

Number of Visits to an Emergency Room in the Past Year?

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

Approximate Number of Nights in Jail/Prison in the Past Year?

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

Approximate Number of Spent in an Inpatient Medical Facility in the Past Year?

<input type="radio"/> 0	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 - 2	<input type="radio"/> Client refused
<input type="radio"/> 3 - 5	<input type="radio"/> Data not collected
<input type="radio"/> 6 - 10	
<input type="radio"/> 11 - 20	
<input type="radio"/> 20 or More	

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	
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Earned Income
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance
<input type="radio"/>	Social Security Disability Income (SSDI)		<input type="radio"/>	Worker's Compensation
<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"/>	Pension or retirement income from former job		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