

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.

**CLIENT NAME OR IDENTIFIER:** \_\_\_\_\_

**PROJECT STATUS DATE** *[All Clients]*

		-			-			
Month			Day			Year		

**CLIENT LOCATION** *[only if multiple CoC's]* \_\_\_\_\_

**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-in Date	____/____/____

**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**

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

**IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY**

Expected to substantially impair ability to live independently?	<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

**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**

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 refused
		<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 refused	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO HIV-AIDS – SPECIFY</b>				
Expected to substantially impair ability to live independently?	<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

**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 CONDITION – SPECIFY</b>				
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 refused
			<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	
<b>IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY</b>				
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 refused
			<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 refused	
		<input type="radio"/>	Data not collected	
<b>IF "YES" TO DOMESTIC VIOLENCE</b>				
<b>WHEN EXPERIENCE OCCURRED</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	
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>				
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>	
<b>Amount</b>			<b>Amount</b>	
<input type="radio"/>	Alimony and other spousal support		<input type="radio"/>	Child support
<input type="radio"/>	Pension or retirement income from former job		<input type="radio"/>	Earned Income
<input type="radio"/>	Retirement Income from Social Security		<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Private disability insurance
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Unemployment Insurance
<input type="radio"/>	TANF (Temporary Assist for Needy Families)		<input type="radio"/>	Worker's Compensation
<input type="radio"/>	VA Service Connected Disability Compensation		<input type="radio"/>	Other source
<input type="radio"/>	VA Non--Service Connected Disability Pension		Other (specify):	
<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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare 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 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

○ State Children's Health Insurance (SCHIP)	○ 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
○ Veteran's Administration (VA) Medical Services	○ 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
○ Employer Provided 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
○ Health Insurance 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 Insurance 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> )	

**IF "YES" TO HIV-AIDS:**

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

<input type="radio"/> Receiving Public HIV/AIDS Medical Assistance	<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

**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 (Integer between 0-1500): \_\_\_\_\_**

**How Was the Information Obtained?**

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

**Viral Load Information 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

**Count (Integer between 0-999999): \_\_\_\_\_**

**How Was the Information 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**