

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



## CLARITY HMIS: HUD-CoC 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>	
<b>Housing Move-in Date</b>	____/____/____

**CITY OF PERMANENT HOUSING LOCATION** *[Rapid Re-Housing Projects, for Heads of Households]*

<input type="radio"/> Unincorporated King County (includes any community not otherwise listed)	<input type="radio"/> Medina
<input type="radio"/> Algona	<input type="radio"/> Mercer Island
<input type="radio"/> Auburn	<input type="radio"/> Milton
<input type="radio"/> Bear Creek/Sammamish (Unincorporated)	<input type="radio"/> Newcastle
<input type="radio"/> Beaux Arts	<input type="radio"/> Normandy Park
<input type="radio"/> Bellevue	<input type="radio"/> North Highline (Unincorporated)
<input type="radio"/> Black Diamond	<input type="radio"/> North Bend
<input type="radio"/> Bothell	<input type="radio"/> Pacific
<input type="radio"/> Burien	<input type="radio"/> Redmond
<input type="radio"/> Carnation	<input type="radio"/> Renton
<input type="radio"/> Clyde Hill	<input type="radio"/> Sammamish
<input type="radio"/> Covington	<input type="radio"/> Sea Tac
<input type="radio"/> Des Moines	<input type="radio"/> Seattle
<input type="radio"/> Duvall	<input type="radio"/> Shoreline
<input type="radio"/> East Federal Way (Unincorporated)	<input type="radio"/> Skykomish
<input type="radio"/> East Renton (Unincorporated)	<input type="radio"/> Snoqualmie
<input type="radio"/> Enumclaw	<input type="radio"/> Snoqualmie Valley/Northeast King County (Unincorporated)
<input type="radio"/> Fairwood (Unincorporated)	<input type="radio"/> Southeast King County (Unincorporated)
<input type="radio"/> Federal Way	<input type="radio"/> Tukwila
<input type="radio"/> Four Creeks/Tiger Mountain (Unincorporated)	<input type="radio"/> Vashon/Maury Island
<input type="radio"/> Hunts Point	<input type="radio"/> West Hill (Unincorporated)
<input type="radio"/> Issaquah	<input type="radio"/> Woodinville
<input type="radio"/> Kenmore	<input type="radio"/> Yarrow Point
<input type="radio"/> Kent	<input type="radio"/> Washington State (outside of King County)
<input type="radio"/> Kirkland	<input type="radio"/> Outside of Washington State
<input type="radio"/> Lake Forest Park	<input type="radio"/> Client Doesn't Know
<input type="radio"/> Maple Valley	<input type="radio"/> Client Refused
	<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

**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

**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 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

**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				
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

**IF "YES" TO DOMESTIC VIOLENCE**

**WHEN EXPERIENCE OCCURRED**

<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"/>	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

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

<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

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Insurance Obtained through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veteran's Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

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