

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 |
| IF "YES" TO PERMANENT HOUSING | |
| Housing Move-in Date | ____/____/____ |

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"/> Beaux Arts | <input type="radio"/> Newcastle |
| <input type="radio"/> Bellevue | <input type="radio"/> Normandy Park |
| <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"/> Enumclaw | <input type="radio"/> Skykomish |
| <input type="radio"/> Federal Way | <input type="radio"/> Snoqualmie |
| <input type="radio"/> Hunts Point | <input type="radio"/> Tukwila |
| <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 |

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 | | |
| 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 | |
| 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 |

| | | | | |
|-----------------------------------|-----------------------|-----|-----------------------|---------------------|
| Are you currently fleeing? | <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): | | |
| 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"/> | 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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) | | | |
| <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"/> | State Children's Health Insurance (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"/> | Veteran's Administration (VA) Medical Services | <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 Health Insurance | <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"/> | Health Insurance Obtained through COBRA | <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"/> | Private Pay Health Insurance | <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 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 (specify) | |

IF "YES" TO HIV-AIDS:

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)?

| | |
|---|--------------------------------------|
| ○ Receiving AIDS Drug Assistance Program (ADAP) | ○ 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 |

T-cell (CD4) Count Available

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

T-cell Count (Integer between 0-1500): _____

How Was the Information Obtained?

| |
|-------------------|
| ○ Medical Report |
| ○ Client Reported |
| ○ 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) |

Signature of applicant stating all information is true and correct Date