CLARITY HMIS: HUD-HOPWA PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

PROJECT START DATE​ *​*​ *​[All Clients]*

|  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

|  |  |  | *­* |  |  | *­* |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| QUALITY OF SOCIAL SECURITY | | | |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Approximate or partial SSN reported | ○ | Data not collected |

| CURRENT NAME *[​All Clients]* | | | | | | | | | | | | | | | | | | | | | | N/A |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  | ○ |
| First | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |
| Middle | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  | ○ |
| Suffix | |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  | ○ |
| QUALITY OF CURRENT NAME | | | | | | | | | | | | | | | | | | | | | | |
| ○ | Full name reported | | | | | | | | | | | ○ | | Client doesn’t know | | | | | | | | |
| ○ | Partial, street name, or code name reported | | | | | | | | | | | ○ | | Client refused | | | | | | | | |
| ○ | | Data not collected | | | | | | | | |

DATE OF BIRTH​ ​*[All Clients]*

|  |  | *­* |  |  | *­* |  |  |  |  | Age: |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Month DayYear

| QUALITY OF DATE OF BIRTH | | | |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client refused |
| ○ | Data not collected |

GENDER​ *​[All Clients]*

| ○ | Female | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Male | ○ | Client refused |
| ○ | A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) | ○ | Data not collected |
| ○ | Transgender | | |
| ○ | Questioning | | |

RACE ​(Select all applicable) ​*[All Clients]*

| ○ | American Indian, Alaska Native, or Indigenous | ○ | White |
| --- | --- | --- | --- |
| ○ | Asian or Asian American | ○ | Client does not know |
| ○ | Black, African American, or African | ○ | Client refused |
| ○ | Native Hawaiian or Pacific Islander | ○ | Data Not Collected |

# **ETHNICITY**​ ​[All Clients]

| ○ | Non­Hispanic/ Non­Latin(a)(o)(x) | ○ | Client does not know |
| --- | --- | --- | --- |
| ○ | Client refused |
| ○ | Hispanic/Latin(a)(o)(x) | ○ | Data Not Collected |
| ○ | Other |

VETERAN STATUS​ ​*[All Adults]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | 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 | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Korean War | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Vietnam War | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Iraq (Operation New Dawn) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| Branch of the Military | | | |
| ○ | Army | ○ | Coast Guard |
| ○ | Air Force | ○ | Client doesn’t know |
| ○ | Navy | ○ | Client refused |
| ○ | Marines | ○ | Data not collected |
| Discharge Status | | | |
| ○ | Honorable | ○ | Dishonorable |
| ○ | General under honorable conditions | ○ | Uncharacterized |
| ○ | Other than honorable conditions (OTH) | ○ | Client doesn’t know |
| ○ | Client refused |
| ○ | Bad Conduct | ○ | Data not collected |

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All Client Households]*

| ○ | Self | ○ | Head of household - other relation to member |
| --- | --- | --- | --- |
| ○ | Head of household’s child |
| ○ | Head of household’s spouse or partner | ○ | Other: non-relation member |

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

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

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-in Date | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[Head of Household and Adults]*

| ○ | Place not meant for habitation (e.g. vehicle, an abandoned building, bus/ train/subway station/ airport or anywhere outside) | ○ | Staying or living in a family member’s room, apartment, or house |
| --- | --- | --- | --- |
| ○ | Emergency shelter, including hotel/motel paid for with an emergency shelter voucher or a RHY-funded Host Home Shelter | ○ | Rental by client, with GPD TIP subsidy |
| ○ | Safe Haven | ○ | Rental by client, with VASH housing subsidy |
| ○ | Foster care home or foster care group home | ○ | Permanent housing (other than RRH) for formerly homeless persons |
| ○ | Hospital or other residential non­-psychiatric medical facility | ○ | Rental by client, with RRH or equivalent subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with HCV voucher (tenant or project based) |
| ○ | Long-term care facility or nursing home | ○ | Rental by client in a public housing unit |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Rental by client, with other ongoing housing subsidy |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Owned by client, with ongoing housing subsidy |
| ○ | Hotel or motel paid for without emergency shelter voucher | ○ | Owned by client, no on­going housing subsidy |
|
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client doesn’t know |
| ○ | Host Home (non-crisis) | ○ | Client refused |
| ○ | Staying or living in a friend’s room, apartment, or house | ○ | Data not collected |

| LENGTH OF STAY IN PRIOR LIVING SITUATION | | | | | |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client refused |
| ○ | One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |

LENGTH OF STAY LESS THAN 90 DAYS

[*Institutional Housing Situations]*

| ○ | No | ○ | Yes |
| --- | --- | --- | --- |

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

| ○ | Yes | ○ | No | | |
| --- | --- | --- | --- | --- | --- |
| Approximate Date Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years | | | | | |
| ○ | One Time | | | ○ | Client doesn’t know |
| ○ | Two Times | | | ○ | Client refused |
| ○ | Three Times | | | ○ | Data not collected |
| ○ | Four or More Times | | |  |  |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years | | | | | |
| ○ | One month (this time is the first month) | | | ○ | Client doesn’t know |
| ○ | 2­-12 months (specify number of months): \_\_\_\_\_\_\_\_ | | | ○ | Client refused |
| ○ | More than 12 months | | | ○ | Data not collected |

DISABLING CONDITION ​*[All Clients]*

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

PHYSICAL DISABILITY ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

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

CHRONIC HEALTH CONDITION ​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

HIV-AIDS ​*[All Clients]*

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

MENTAL HEALTH DISORDER ​​*[All Clients]*

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH DISORDER– SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

SUBSTANCE USE DISORDER ​*[All Clients]*

| ○ | No | ○ | Both alcohol and drug use disorders | | |
| --- | --- | --- | --- | --- | --- |
| ○ | Alcohol use disorder | ○ | Client doesn’t know | | |
| ○ | Client refused | | |
| ○ | Drug use disorder | ○ | Data not collected | | |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |

# **DOMESTIC VIOLENCE VICTIM/SURVIVOR** ​[Head of Household and Adults]

| ○ | No | ○ | | | Client doesn’t know | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | ○ | | | Client refused | | |
| ○ | | | Data not collected | | |
| IF “YES” TO DOMESTIC VIOLENCE | | | | | | | |
| LAST OCCURRENCE | | | | | | | |
| ○ | Within the past three months | | ○ | One year ago or more | | | |
| ○ | Three to six months ago (excluding six months exactly) | | ○ | Client doesn’t know | | | |
| ○ | Client refused | | | |
| ○ | Six months to one year ago (excluding one year exactly) | | ○ | Data not collected | | | |
| Are you currently fleeing? | | | ○ | No | | ○ | Client doesn’t know |
| ○ | Yes | | ○ | Client refused |
| ○ | Data not collected |

# **MONTHLY INCOME AND SOURCES** ​[Head of Household and Adults]

| ○ | No | | | | | | ○ | Client doesn’t know | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | | | | ○ | Client refused | |
| ○ | Data not collected | |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | | | | | |
| Income Source | | | Amount | Income Source | | | | | Amount |
| ○ | Earned Income | |  | ○ | | TANF (Temporary Assist for Needy Families) | | |  |
| ○ | Unemployment Insurance | |  | ○ | | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | | Pension or retirement income from former job | | |  |
| ○ | VA Service-Connected Disability Compensation | |  | ○ | | Child Support | | |  |
| ○ | VA Non-Service Connected Disability Pension | |  | ○ | | Alimony and other spousal support | | |  |
| ○ | Private disability insurance | |  | ○ | | Other income source | | |  |
| ○ | Worker’s Compensation | |  | *(specify):* | | |
| Total monthly income for Individual: | |  | | | | | | | |

# **RECEIVING NON CASH BENEFITS**​ ​[Head of Household and Adults]

| ○ | No | | | ○ | Client doesn’t know |
| --- | --- | --- | --- | --- | --- |
| ○ | Yes | | | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO NON­CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services | | |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services | | |
| ○ | Other (specify): | ○ | Other TANF-funded services | | |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) | | | |
| ○ | MEDICAID | ○ | 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 |
| ○ | MEDICARE | ○ | 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 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 |
| ○ | Veterans 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 (specify) |  | |

IF “YES” TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| IF “NO” TO RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE — SPECIFY REASON | | | |
| ○ | Applied; Decision Pending | ○ | Client Doesn’t Know |
| ○ | Applied; Client Not Eligible | ○ | Client Refused |
| ○ | Client Did Not Apply | ○ | Data Not Collected |
| ○ | Insurance Type N/A for this Client |  | |

Receiving AIDS Drug Assistance Program (ADAP)

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON | | | |
| ○ | Applied; Decision Pending | ○ | Client Doesn’t Know |
| ○ | Applied; Client Not Eligible | ○ | Client Refused |
| ○ | Client Did Not Apply | ○ | Data Not Collected |
| ○ | Insurance Type N/A for this Client |  | |

Receiving Ryan White-funded Medical or Dental Assistance

| ○ | No | ○ | Client doesn’t know |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused |
| ○ | Data not collected |
| IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON | | | |
| ○ | Applied; Decision Pending | ○ | Client Doesn’t Know |
| ○ | Applied; Client Not Eligible | ○ | Client Refused |
| ○ | Client Did Not Apply | ○ | Data Not Collected |
| ○ | Insurance Type N/A for this Client |  | |

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

| ○ | Available | ○ | Not Available |
| --- | --- | --- | --- |
| ○ | Undetectable | ○ | Client Doesn’t Know |
| ○ | Client Refused | ○ | Data Not Collected |

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

How Was the Information Obtained?

| ○ | Medical Report |
| --- | --- |
| ○ | Client Reported |
| ○ | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant stating all information is true and correct Date