CLARITY HMIS: HHS-RHY 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]*

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

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

| 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  |

# **WHEN CLIENT WAS ENGAGED**

# [Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Households]

| Date of Engagement: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |
| --- | --- |

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

| ○ |  No | ○ |  Yes |
| --- | --- | --- | --- |
|  IF “YES” TO PERMANENT HOUSING |
| Housing Move-In Date: *[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]*  | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE

*[Head of Household and Adults Only]*

| ○ | Place not meant for habitation (e.g., a 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 or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter | ○ | Rental by client, with GPD TIP housing 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 non­psychiatric 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 - STAYED ON THE STREETS, ES, 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  |
| ○ | 2­12 months (specify number of months): \_\_\_\_\_\_\_\_  | ○ | Client refused  |
| ○ | More than 12 months  | ○ | Data not collected  |

RHY ­ BCP STATUS *​[BCP ONLY]*

| Date of status determination  |  \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| ○  | No  | ○  | Yes  |
| If ‘No’ for ‘Youth Eligible for RHY Services’ – Reason services are not funded by BCP grant  |
| ○ | Out of age range  | ○  | Ward of the criminal justice system – immediate reunification  |
| ○ | Ward of the State – Immediate Reunification  | ○ | Other  |
|  |
| Runaway Youth? [If ‘Yes’ to ‘Youth Eligible for RHY Services’] | ○ | Client doesn’t know  |
| ○ | No | ○ | Client Refused |
| ○ | Yes | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 and substantially impairs ability to live independently? | ○ | 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 DISORDERS” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY  |
| --- |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn’t know  |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |

# **MONTHLY INCOME AND SOURCES**

# **INCOME FROM ANY SOURCE** ​[Head of Household and Adult]

| ○ | 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 Childcare 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 ­ HEALTH INSURANCE COVERAGE DETAILS  |
| ○ | MEDICAID  | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE  | ○ | Insurance Obtained through COBRA  |
| ○ | State Children’s Health Insurance (SCHIP)  | ○ | Private Pay Health Insurance  |
| ○ | Veteran’s Administration (VA) Medical Services | ○ | State Health Insurance for Adults  |
| ○ | Other (specify) | ○ | Indian Health Services Program |

RHY SPECIFIC YOUTH INFORMATION

SEXUAL ORIENTATION ​*[Adults and Head of Households]*

| ○ | Heterosexual | ○ | Other |
| --- | --- | --- | --- |
| ○ | Gay | *If Other, please specify:*  |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual  | ○ | Client refused  |
| ○ | Questioning/Unsure | ○ | Data not collected  |

LAST GRADE COMPLETED ​*[*​*Adults and Head of Households, All program types except Street Outreach]*

| ○ | Less than Grade 5 | ○ | Associate Degree |
| --- | --- | --- | --- |
| ○ | Grades 5-6  | ○ | Bachelor's Degree |
| ○ | Grades 7-8  | ○ | Graduate Degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12 | ○ | Client doesn’t know |
| ○ | School does not have grade levels | ○ | Client refused |
| ○ | GED  | ○ | Data not collected  |
| ○ | Some college |  |

SCHOOL STATUS ​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Attending school regularly | ○ | Suspended |
| --- | --- | --- | --- |
| ○ | Attending school irregularly | ○ | Expelled |
| ○ | Graduate from high school | ○ | Client doesn’t know |
| ○ | Obtained GED | ○ | Client refused  |
| ○ | Dropped out | ○ | Data not collected  |

EMPLOYMENT STATUS ​​*[Adults and Head of Households, All program types except Street Outreach]*

| Employed  |
| --- |
| ○ | No  | ○ | Client doesn’t know  |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| If “Yes” for employed – Type of employment  |
| ○ | Full­ time  | ○ | Seasonal/sporadic (including day labor)  |
| ○ | Part-time  |
| If “No” for employed – Why not employed  |
| ○ | Looking for work  | ○ | Not looking for work |
| ○ | Unable to work  |

GENERAL HEALTH STATUS ​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent  | ○ | Poor  |
| --- | --- | --- | --- |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

DENTAL HEALTH STATUS ​​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent  | ○ | Poor  |
| --- | --- | --- | --- |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

MENTAL HEALTH STATUS ​*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | Excellent  | ○ | Poor  |
| --- | --- | --- | --- |
| ○ | Very good  | ○ | Client doesn’t know  |
| ○ | Good  | ○ | Client refused  |
| ○ | Fair  | ○ | Data not collected  |

PREGNANCY STATUS ​*[Adults and Head of Households]*

| ○ | No | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
| IF “YES” for Pregnancy Status |
| Due Date | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

*[Adults and Head of Households, All program types except Street Outreach]*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes | ○ | Client refused  |
| ○ | Data not collected  |
| If “Yes” for Formerly a Ward of Child Welfare/Foster Care Agency  |
| ○ | Less than one year  | ○ | 3 to 5 years or more  |
| ○ | 1 to 2 years  |  |
| If “Less than one year” – Number of months  |   |

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

*[Adults and Head of Households, All program types except Street Outreach*

| ○ | No  | ○ | Client doesn’t know  |
| --- | --- | --- | --- |
| ○ | Yes  | ○ | Client refused  |
| ○ | Data not collected  |
| If “Yes” for Formerly a Ward of Juvenile Justice System |
| ○ | Less than one year  | ○ | 3 to 5 years or more  |
| ○ | 1 to 2 years  |  |
| If “Less than one year” – Number of months |  |

FAMILY CRITICAL ISSUES ​*[Adults and Head of Households, All program types except Street Outreach]*

| Unemployment – Family Member  | ○ | No  | ○ | Yes  |
| --- | --- | --- | --- | --- |
| Mental Health Disorder – Family Member  | ○ | No  | ○ | Yes  |
| Physical Disability – Family Member  | ○ | No  | ○ | Yes  |
| Alcohol or Substance Use Disorder – Family Member  | ○ | No  | ○ | Yes  |
| Insufficient income to support youth – Family Member  | ○ | No  | ○ | Yes  |
| Incarcerated parent of youth  | ○ | No  | ○ | Yes  |

REFERRAL SOURCE

*[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]*

| ○ | Self ­referral  | ○ | Law Enforcement/Police |
| --- | --- | --- | --- |
| ○ | Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | ○ | Mental Hospital |
| ○ | Outreach | ○ | School |
| ○ | Temporary Shelter | ○ | Other organization  |
| ○ | Residential Project | ○ | Client doesn’t know  |
| ○ | Hotline | ○ | Client refused  |
| ○ | Child Welfare/CPS | ○ | Data not collected  |
| ○ | Juvenile Justice |  |
| If Referral Source is “Outreach Project” – Number of times approached by Outreach prior to entering project  |   |

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

 Signature of applicant stating all information is true and correct Date