

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



## CLARITY HMIS: HUD-CoC 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			Day			Year			

### TRANSLATION ASSISTANCE NEEDED? [Head of Household]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Insert language option	<input type="radio"/> Insert language option
<input type="radio"/> Different Preferred Language (specify):	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### SOCIAL SECURITY NUMBER [All Clients]

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### QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

### CURRENT NAME [All Clients]

																			N/A	
Last																				<input type="radio"/>
First																				<input type="radio"/>
Middle																				<input type="radio"/>
Suffix																				<input type="radio"/>

### QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected



<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

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

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

**WHEN CLIENT WAS ENGAGED** *[Street Outreach Only or Night by Night Emergency Shelter]*

<b>Date of Engagement:</b>	____/____/____
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**Is Client a Managed Care Plan (MCP) Member?** *[Individual is enrolled in a managed care health insurance plan]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

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

**PRIOR LIVING SITUATION**

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

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected

**IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:**

<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS** [*Institutional Housing Situations*]

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**  
*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b>	____/____/____
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
<b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

<b>Zip Code</b> of Last Address:	<b>City</b> of Last Address:
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**DISABLING CONDITION** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<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 prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO PHYSICAL DISABILITY – 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 prefers not to answer
		<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 prefers not to answer
	<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 prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO CHRONIC 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 prefers not to answer
		<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 prefers not to answer
	<input type="radio"/> Data not collected

### MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER – 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 prefers not to answer
		<input type="radio"/> Data not collected

### SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<input type="radio"/> Both alcohol and drug use disorders		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – 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 prefers not to answer
		<input type="radio"/> Data not collected

### SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<input type="radio"/> One year ago or more		
<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 prefers not to answer
		<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 prefers not to answer		
	<input type="radio"/> Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal support	
<input type="radio"/> Private disability insurance		<input type="radio"/> Other income source ( <i>specify</i> ):	
<input type="radio"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</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 prefers not to answer
	<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 Child Care 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 prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health 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 Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Inland Empire Health Plan (IEHP)	<input type="radio"/> Molina Healthcare
<input type="radio"/> Kaiser Permanente	<input type="radio"/> Indian Health Services Program
<input type="radio"/> Other (specify):	

**Supervisory District City:** \_\_\_\_\_

**SEXUAL ORIENTATION** [*For CoC: YHDP and PSH funded programs – Adults and Head of Household*]

<input type="radio"/> Heterosexual	<input type="radio"/> Other
<input type="radio"/> Gay	<i>If Other please specify:</i>
<input type="radio"/> Lesbian	<input type="radio"/> Client doesn't know
<input type="radio"/> Bisexual	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Questioning/Unsure	<input type="radio"/> Data not collected

**YOUTH EDUCATION STATUS** [*For CoC: YHDP funded programs – Head of Household*]

<input type="radio"/> Not currently enrolled in any school or educational course	<input type="radio"/> Client doesn't know
<input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/> Data not collected
<b>IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS</b>	
<input type="radio"/> K12: Graduated from high school	<input type="radio"/> Higher education: Pursuing a credential but not currently attending
<input type="radio"/> K12: Obtained GED	<input type="radio"/> Higher education: Dropped out
<input type="radio"/> K12: Dropped out	<input type="radio"/> Higher education: Obtaining a credential/degree
<input type="radio"/> K12: Suspended	<input type="radio"/> Client doesn't know
<input type="radio"/> K12: Expelled	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS</b>	
<input type="radio"/> Pursuing a high school diploma or GED	<input type="radio"/> Pursuing other post-secondary credential
<input type="radio"/> Pursuing Associate's Degree	<input type="radio"/> Client doesn't know
<input type="radio"/> Pursuing Bachelor's Degree	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Pursuing Graduate Degree	<input type="radio"/> Data not collected

x \_\_\_\_\_  
***Signature of Applicant stating all  
information is true and correct.***

\_\_\_\_\_  
**Date**