Alameda County HMIS

CLARITY HMIS: HUD-CoC PROJECT ENROLLMENT FORM

Use block letters for text and bubbles in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT START DATE *[All Clients]*

		/			/				
Month			**Day**			**Year**			

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

○	Albanian	○	Hebrew	○	Punjabi
○	American Sign Language	○	Hindi	○	Romanian
○	Amharic	○	Hmong	○	Russian
○	Arabic	○	Hungarian	○	Serbian
○	Armenian	○	Igbo	○	Sinhalese
○	Bengali	○	Indonesian	○	Slovak
○	Bosnian	○	Italian	○	Somali
○	Bulgarian	○	Japanese	○	Spanish
○	Burmese	○	Khmer	○	Swedish
○	Chinese	○	Korean	○	Tagalog
○	CroaCan	○	LaoCan	○	Tamil
○	Czech	○	Lithuanian	○	Telugu
○	Dutch	○	Malayalam	○	Thai
○	English	○	Mam	○	Turkish
○	Farsi	○	Marathi	○	Ukrainian
○	French	○	Navajo	○	Urdu
○	German	○	Nepali	○	Vietnamese
○	Greek	○	Polish	○	Yiddish
○	HaiCan Creole	○	Portuguese	○	Yoruba
○	Different Preferred Language (*specify*):	○	Client doesn't know		
		○	Client prefers not to answer		
		○	Data not collected		

ENROLLMENT CoC *[only if multiple CoC's]* _____

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

Date of Engagement:	____/____/_____

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

○	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., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	○	Hotel or motel paid for without emergency shelter voucher
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	○	Host Home (non-crisis)
○	Safe Haven	○	Staying or living in a friend's room, apartment, or house
○	Foster care home or foster care group home	○	Staying or living in a family member's room, apartment or house
○	Hospital or other residential non-psychiatric medical facility	○	Rental by client, no ongoing housing subsidy
○	Jail, prison or juvenile detention facility	○	Rental by client, with ongoing housing subsidy
○	Long-term care facility or nursing home	○	Owned by client, with on-going housing subsidy
○	Psychiatric hospital or other psychiatric facility	○	Owned by client, no on-going housing subsidy
○	Substance abuse treatment facility or detox center	○	Client doesn't know
○	Transitional housing for homeless persons (including homeless youth)	○	Client prefers not to answer
○	Residential project or halfway house with no homeless criteria	○	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
○	GPD TIP housing subsidy	○	Emergency Housing Voucher
○	VASH Housing subsidy	○	Family Unification Program Voucher (FUP)
○	RRH or equivalent subsidy	○	Foster Youth to Independence Initiative (FYI)
○	HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing

○	Public Housing Unit	○	Other permanent housing dedicated for formerly homeless persons
○	Rental by client, with other ongoing housing subsidy		

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 prefers not to answer
○	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 Situati]*

○	No	○	Yes

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

○	Yes	○	No
Approximate Date This Episode of 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 prefers not to answer
○	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 prefers not to answer
○	More than 12 months	○	Data not collected

RESOURCE ZONE *[CE Only]*

○	East County (Dublin, Pleasanton, Livermore)	○	Mid County East (Hayward, Unincorporated)
○	Mid County West (Alameda, San Leandro)	○	North County (Berkeley, Emeryville, Albany)
○	Oakland	○	South County (Fremont, Newark, Union City)

HCS REFERRAL SOURCE *[CE Only]*

○	Street Health	○	Access Point
○	Other		

HCS REFERRAL SOURCE - OTHER *[CE Only]*

○	

DISABLING CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

PHYSICAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	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 ○ Yes	○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	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 ○ Yes	○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected

HIV-AIDS *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	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 prefers not to answer
			○	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

○	No	○	Client doesn't know
○	Alcohol use disorder	○	Client prefers not to answer
○	Drug use disorder	○	Data not collected
○	Both alcohol and drug use disorders		

IF "ALCOHOL USE DISORDER" "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 prefers not to answer
			○	Data not collected

Have you experienced a past or current relationship that was controlling and/or abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking. *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" When was the last time that you felt unsafe or threatened in a relationship?			
○	Within the past three months	○	Client doesn't know
○	Three to six months ago (excluding six months exactly)	○	Client prefers not to answer
○	Six months to one year ago (excluding one year exactly)	○	Data not collected
○	One year ago or more		

Are you currently seeking safety from a relationship that is controlling and/or abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking.				
	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	**Amount**	**Income Source**	**Amount**

○	Earned Income		○	Temporary Assistance for Needy Families (TANF)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from a 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 *(specify):*	
○	Worker's Compensation				

Total Monthly Income for Individual:

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

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
IF "YES" TO NON-CASH 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 prefers not to answer
		○	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
○	MEDICAID	○	Employer Provided Health Insurance
○	MEDICARE	○	Health Insurance Obtained Through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veteran's Health Administration (VHA)	○	State Health Insurance for Adults
○	Other (specify):	○	Indian Health Services Program

SEX ***[All Clients]***

○	Female	○	Client doesn't know
○	Male	○	Client prefers not to answer
		○	Data not collected

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

○	Heterosexual	○	Other
○	Gay	*If Other please specify:*	

○	Lesbian	○	Client doesn't know
○	Bisexual	○	Client prefers not to answer
○	Questioning/Unsure	○	Data not collected

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

○	Not currently enrolled in any school or educational course	○	Client doesn't know
○	Currently enrolled but NOT attending regularly (when school or the course is in session)	○	Client prefers not to answer
○	Currently enrolled and attending regularly (when school or the course is in session)	○	Data not collected

IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS			
○	K12: Graduated from high school	○	Higher education: Pursuing a credential but not currently attending
○	K12: Obtained GED	○	Higher education: Dropped out
○	K12: Dropped out	○	Higher education: Obtaining a credential/degree
○	K12: Suspended	○	Client doesn't know
○	K12: Expelled	○	Client prefers not to answer
		○	Data not collected
IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS			
○	Pursuing a high school diploma or GED	○	Pursuing other post-secondary credential
○	Pursuing Associate's Degree	○	Client doesn't know
○	Pursuing Bachelor's Degree	○	Client prefers not to answer
○	Pursuing Graduate Degree	○	Data not collected

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