

# **CLARITY HMIS: ANNUAL ASSESSMENT**

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

CLIENT UNIQUE IDENTIFIER:  SOCIAL SECURITY NUMBER [All Clients]	
SOCIAL SECURITY NUMBER [All Clients]	
QUALITY OF SOCIAL SECURITY	
QUALITY OF SOCIAL SECURITY	
QUALITY OF SOCIAL SECURITY	
○ Approximate or partial SSN reported ○ Client prefers not t	o answer
O Data not collected	
CURRENT NAME [All Clients]	N/A
Last	0
First	0
Middle	0
Suffix	0
QUALITY OF CURRENT NAME	
○ Full name reported ○ Client doesn't know	,
	answer
<ul> <li>○ Partial, street name, or code name reported</li> <li>○ Client doesn't know</li> <li>○ Client prefers not to</li> </ul>	
'	
○ Partial, street name, or code name reported ○ Client prefers not to ○ Data not collected	
Partial, street name, or code name reported     Olient prefers not to Data not collected  CONNECTION WITH SOAR [PATH and VA Programs Only]	N
O Partial, street name, or code name reported O Data not collected  CONNECTION WITH SOAR [PATH and VA Programs Only]	



PATH STATUS [PATH Programs Only] [Adu	ılts a	and Head c	of Ho	usehold]
Date of Status Determination	0	_		
Client Deceme Enrolled in DATIL	0	No		
Client Became Enrolled in PATH	0	Yes		
IF "NO" TO ENROLLED IN PATH				
	0	Client was	foun	d ineligible for PATH
Reason Not Enrolled	0	Client was	not e	enrolled for other reason(s)
	0	Unable to	locate	e client
IN PERMANENT HOUSING [Permanent He	ousi	na Proiects	s for	Head of Household1
○ No □	_	es	3, 101	Trodu of Frodoctional
IF "YES" TO PERMANENT HOUSING				
Housing Move-In Date:		ll		_
DISABLING CONDITION [All Clients]				
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
PHYSICAL DISABILITY [All Clients]			I	,
o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
'			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPEC	CIFY	,		
Expected to be of long-continued and indefinit	e	o No	0	Client doesn't know
duration and substantially impairs ability to live	•	o Yes	0	Client prefers not to answer
independently?			0	Data not collected
DEVELOPMENTAL DISABILITY [All Client	s]			
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
				Data not collected
CHRONIC HEALTH CONDITION [All Client	ts]			
o No		0	Client doesn't know	
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	N – \$	SPECIFY		
Expected to be of long-continued and indefinit	_	o No	0	Client doesn't know
duration and substantially impairs ability to live	<b>.</b>	o Yes	0	Client prefers not to answer
independently?	0	Data not collected		



### **HIV-AIDS** [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

**MENTAL HEALTH DISORDER** [All Clients]

0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY					
Ex	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
ind	lependently?			0	Data not collected

**SUBSTANCE USE DISORDER** [All Clients]

0	No			0	Client doesn't know
0	Alcohol use disorder			0	Client prefers not to answer
0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
				<u> </u>	
	"ALCOHOL USE DISORDER" "DRUG USE I SORDERS" – SPECIFY	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
DI		DIS(	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE  Client doesn't know
DI Ex	SORDERS" – SPECIFY			1	

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]

0	No	0	Client doesn't know		
0	Yes				Client prefers not to answer
				0	Data not collected
IF	"YES" When was the last time that you f	unsafe o	r thr	eatened in a relationship?	
0	Within the past three months				Client doesn't know
0	Three to six months ago (excluding six month	ns e	xactly)	0	Client prefers not to answer
0	Six months to one year ago (excluding one year exactly)				Data not collected
0	One year ago or more				
Ar	Are you currently seeking safety from a ONO				Client doesn't know
re	relationship that is controlling and/or o Yes				Client prefers not to answer
abusive? This includes domestic				0	Data not collected
vic	olence, dating violence, sexual assault,				
sta	alking, and human trafficking.				



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

0	No		)	Client doesn't know	
0	Yes	(	)	Client prefers not to answer	
		(	)	Data not collected	
IF	"YES" TO INCOME FROM ANY SOU	RCE – IN	NDIC	CATE ALL SOURCES THAT APPLY	
Inc	come Source	Amount	Inc	ome Source	Amount
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job	
0	VA Service-Connected Disability Compensation		0	Child support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support	
0	Private disability insurance		0	Other income source (specify):	
		1	l		1

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS – INDICATE ALL SOUR	CES	THAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

### **COVERED BY HEALTH INSURANCE** [All Clients]

0	No	0	Client	does	sn't know
0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
				0	Data not collected
IF '	"NO" TO RECEIVING RYAN WHITE-FUNDED MED	DICA	AL OR D	ENT	AL ASSISTANCE – SPECIFY
RE	ASON				
0	Applied; decision pending			0	Client doesn't know
0	Applied; client not eligible			0	Client prefers not to answer
0	Client did not apply			0	Data not collected
0	Insurance type N/A for this client				
0	Yes	0	Client	prefe	ers not to answer
		0	Data n	ot co	ollected



IF	IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS					
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Health Insurance Obtained Through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults			
0	Other (specify):	0	Indian Health Services Program			

	ADDITIONAL INFORMATION	[For RHY and YHDP Programs O	nlv1
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Pr	egnancy Status		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Dι	ue Date:	•	

Receiving AIDS Drug Assistance Program (ADAP) [HOPWA Programs Only]

	reconning rule brug reconstitution regioni (rule rule rule oring)					
0	No	0	Client doesn't know			
0	Yes	0	Client prefers not to answer			
		0	Data not collected			
IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON			P) – SPECIFY REASON			
0	Applied; decision Pending	0	Client doesn't know			
0	Applied; client not eligible	0	Client prefers not to answer			
0	Client did not apply	0	Data not collected			
0	Insurance type N/A for this client					

## **Receiving Ryan White-funded Medical or Dental Assistance** [HOPWA Programs Only]

T-cell (CD4) Count Available [HOPWA Programs Only]

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		

T-cell count (Integer between 0-1500):	[HOPWA Programs Only] <b>How</b>
was the Information Obtained?	

0	Medical Report
0	Client report
0	Other (specify)



Viral Load Information [HOPWA Programs Only]

0	Not available	0	Client doesn't know		
0	Available	0	Client prefers not to answer		
0	Undetectable	0	Data not collected		

Count (Integer between 0-1500): \_\_\_\_\_ [HOPWA Programs Only] How

was the Information obtained? [HOPWA Programs Only]						
0	Medical Report					
0	Client report					
0	Other (specify)					
Has the participant been prescribed anti-retroviral drugs? [HOPWA Programs Only]						
0	No	0	Client doesn't know			
0	Yes	0	Client prefers not to answer			
			Data not collected			
Staff Completing (Print Name):			Date:			