Alameda County HMIS

CLARITY HMIS: COORDINATED ENTRY ENROLLMENT FORM



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

CLIENT	NAM	E OR	IDEN	NTIFIE	ER: _						-	 	 	 	 	 _
	PRO	JECT	T STA	RT D	ATE	[All C	Clients	s]			_					
			/			/										
	Мс	onth		Da	ay		ı	Ye	ar	1						

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

0	Albanian	0	Hebrew	0	Punjabi
0	American Sign Language	0	Hindi	0	Romanian
0	Amharic	0	Hmong	0	Russian
0	Arabic	0	Hungarian	0	Serbian
0	Armenian	0	Igbo	0	Sinhalese
0	Bengali	0	Indonesian	0	Slovak
0	Bosnian	0	Italian	0	Somali
0	Bulgarian	0	Japanese	0	Spanish
0	Burmese	0	Khmer	0	Swedish
0	Chinese	0	Korean	0	Tagalog
0	Croatian	0	Laotian	0	Tamil
0	Czech	0	Lithuanian		Telugu
0	Dutch	0	Malayalam	Malayalam O Th	
0	English	0	Mam	0	Turkish
0	Farsi	0	Marathi	0	Ukrainian
0	French	0	Navajo	0	Urdu
0	German	0	Nepali	0	Vietnamese
0	Greek	0	Polish	0	Yiddish
0	Haitian Creole	0	Portuguese	0	Yoruba
0	Different Preferred Language (specify):	0	Client doesn't know		
	(opcony).	0	Client prefers not to answ	er	
		0	Data not collected		

ENROLLMENT CoC [only if multiple CoC's]								
WHEN CLIENT WAS ENGAGE	D [Street Outreach Only or Night by Night Emergency Shelter]							
Date of Engagement:								
	<u> </u>							
IN PERMANENT HOUSING [Pe	ermanent Housing Projects, for Head of Household]							
o No	o Yes							
IF "YES" TO PERMANENT HOU	SING							
Housing Move-In Date:								

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher		
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)		
0	Safe Haven	0	Staying or living in a friend's room, apartment, or house		
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house		
0	Hospital or other residential non-psychiatric medical facility	0	Rental by client, no ongoing housing subsidy		
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy		
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy		
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy		
0	Substance abuse treatment facility or detox center	0	Client doesn't know		
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer		
0	Residential project or halfway house with no homeless criteria	0	Data not collected		
II	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SINC	SUBSIDY" – SPECIFY:		
0	GPD TIP housing subsidy	0	Emergency Housing Voucher		
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)		
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)		
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing		
0	Public Housing Unit		Other permanent housing dedicated for fermany		
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons		

o One night or less	LEI	NGTH OF STAY IN PRIOR LI	VIN	IG SITUATION	I						
vear vear vear vear vear vear vear vear vear vear vear v	0	One night or less	0		nore	e, but	less	than		Client doesn't know	
than one month College College College	0	Two to six nights	0	1	e, b	ut less	s tha	an one		•	
DISABLING CONDITION [All Clients] Disabling Conditions (All Clients] Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Condition (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Condition (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Client doesn't know (Client doesn't know (Client doesn't know (Client prefers not to answer (Client doesn't know (Cl	0		0	One year or lo	nge	r			0	Data not collected	
DISABLING CONDITION [All Clients] Disabling Conditions (All Clients] Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Condition (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Condition (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Disabling Conditions (All Clients) Client doesn't know (Client doesn't know (Client doesn't know (Client prefers not to answer (Client doesn't know (Cl	LE	NGTH OF STAY LESS THAN	7	NIGHTS [TH, F	PH]						
ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] Yes		o No o Yes									
ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults] Yes	LE	ENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situati 1									
HAVEN [Head of Household and Adults] ○ Yes										,	
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	HA	VEN [Head of Household and			REI	ETS,	EM	1	C١	/ SHELTER, SAFE	
Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years O							0	No			
One Time One Time Olient doesn't know Client prefers not to answer One Three Times One month homeless on the streets, ES, or Safe Haven in the last 3 years One month (this time is the first month) Olient prefers not to answer Client doesn't know Client prefers not to answer Data not collected RESOURCE ZONE [All Clients] East County (Dublin, Pleasanton, Livermore) Mid County West (Alameda, San Leandro) North County (Berkeley, Emeryville, Albany) Oakland Clients] Street Health Other DISABLING CONDITION [All Clients] Clients] Client doesn't know Client prefers not to answer Access Point	A	proximate Date This Episode	of	Homelessness	Sta	rted	-	/	_/_		
○ Two Times ○ Client prefers not to answer ○ Three Times ○ Data not collected ○ Four or More Times ○ Client doesn't know 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 [All Clients] ○ 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 [All Clients] ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ Other ○ Client doesn't know	Νι	ımber of <i>time</i> s the client has b	ee	n on the streets	s, E	S, or	Safe	Haven i	in	the last 3 years	
○ Three Times ○ Data not collected ○ Four or More Times 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 [All Clients] ○ 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 [All Clients] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ Other ○ Client doesn't know	0	One Time					0	Client d	loe	esn't know	
○ 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 [All Clients] ○ 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 [All Clients] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ Other Other	0	Two Times					0	Client p	t prefers not to answer		
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) ○ 2-12 months (specify number of months): ○ 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 [All Clients] ○ 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 [All Clients] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ Street Health ○ Access Point ○ Other	0	Three Times					0	Data no	ata not collected		
○ 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 [All Clients] ○ 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 [All Clients] ○ Other Access Point HCS REFERRAL SOURCE - OTHER [All Clients] ○ Other ○ Client doesn't know											
o 2-12 months (specify number of months): o Client prefers not to answer o More than 12 months	То	1			ES,	or Sa	ife F				
○ More than 12 months ○ Data not collected RESOURCE ZONE [All Clients] ○ 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 [All Clients] ○ Other Access Point □ Other DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know		,									
RESOURCE ZONE [All Clients] Seast County (Dublin, Pleasanton, Livermore) Mid County East (Hayward, Unincorporated) North County (Berkeley, Emeryville, Albany) South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [All Clients] Street Health Other HCS REFERRAL SOURCE - OTHER [All Clients] DISABLING CONDITION [All Clients] No Client doesn't know	0	\	of m	ionths):			0		·		
○ 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 [All Clients] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ DISABLING CONDITION [All Clients] ○ Client doesn't know	0	More than 12 months					0	Data no	ot o	collected	
○ 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 [All Clients] ○ Street Health ○ Access Point ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ DISABLING CONDITION [All Clients] ○ Client doesn't know	RE	SOURCE ZONE [All Clients]									
 Mid County West (Alameda, San Leandro) ○ North County (Berkeley, Emeryville, Albany) ○ Oakland ○ South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [All Clients] ○ Street Health ○ Other HCS REFERRAL SOURCE - OTHER [All Clients] ○ DISABLING CONDITION [All Clients] ○ No ○ Client doesn't know 		-	on.	Livermore)	0	Mid	Cou	ntv East	(H	avward. Unincorporated)	
Oakland O South County (Fremont, Newark, Union City) HCS REFERRAL SOURCE [All Clients] O Street Health O Other HCS REFERRAL SOURCE - OTHER [All Clients] O DISABLING CONDITION [All Clients] O No O Client doesn't know	0	```			0				•	<u> </u>	
 Street Health Other Access Point HCS REFERRAL SOURCE - OTHER [All Clients] □ DISABLING CONDITION [All Clients] No Client doesn't know 	0	Oakland		,	0			_ ` `			
Other HCS REFERRAL SOURCE - OTHER [All Clients] DISABLING CONDITION [All Clients] No Client doesn't know	нс	S REFERRAL SOURCE [All	Clie	ents]							
HCS REFERRAL SOURCE - OTHER [All Clients] DISABLING CONDITION [All Clients] No Client doesn't know	0	Street Health			0	Acce	ess l	Point			
DISABLING CONDITION [All Clients] No Client doesn't know	0	Other									
DISABLING CONDITION [All Clients] No Client doesn't know	нс	S REFERRAL SOURCE - O	ГНЕ	ER [All Clients]							
○ No ○ Client doesn't know	0										
○ No ○ Client doesn't know	DIS	SABLING CONDITION [A][C]	ent	 ts]							
○ Yes ○ Client prefers not to answer				_			0	Client d	loe	esn't know	
	0	Yes					0	Client p	re	fers not to answer	

			0	Data not collected
DUVEICAL DISABILITY [All Clientel			I	I
PHYSICAL DISABILITY [All Clients]			0	Client doesn't know
o Yes			0	Client prefers not to answer
0 165			0	Data not collected
 IF "YES" TO PHYSICAL DISABILITY – SPECII	EV			Data not collected
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected
DEVELOPMENTAL DISABILITY [All Clients]	,			
○ No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
CHRONIC HEALTH CONDITION [All Clients]	1		1	Officer to the second to
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
IF "VEO" TO OURONIO HEALTH CONDITION		NEOIEV	0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	– SF	ECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected
HIV-AIDS [All Clients]				
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
MENTAL HEALTH DISORDER [All Clients]				
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
IE (SVEO) TO MENTAL LIE ALTIL DIOODDED	<u> </u>	015)/	0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER —	37E	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected
SUBSTANCE USE DISORDED [All Olionto]				
SUBSTANCE USE DISORDER [All Clients]			0	Client doesn't know
Alcohol use disorder			0	Client prefers not to answer
- / MOONOL GOO GIOOLGOI			Ŭ	Short prototo flot to dilawoi

0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
	"ALCOHOL USE DISORDER" "DRUG USE SORDERS" – SPECIFY	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
Ex	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
inc	lependently?			0	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]

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

INCOME FROM ANY SOURCE [Head of Household and Adults]

	CINE I NOM ANT SOUNCE [Fleat	or rious	CIIO	ia ana Additoj	
0	No	C)	Client doesn't know	
0	Yes	C)	Client prefers not to answer	
		C)	Data not collected	
IF	"YES" TO INCOME FROM ANY SOU	RCE – IN	NDIC	ATE ALL SOURCES THAT APPLY	
In	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):	
0	Worker's Compensation		1		

Total Monthly Income for Individual:	

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 doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE – HEALTH IN	SU	RANCE 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

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

0	Heterosexual	0	Other
0	Gay	If Other please specify:	
0	Lesbian	0	Client doesn't know
0	Bisexual	0	Client prefers not to answer
0	Questioning/Unsure	0	Data not collected

Signature of applicant stating all information is true and correct

Date