

# 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 NAME OR IDENTIFIER: \_\_\_\_\_

### PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

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

<input type="radio"/>	Albanian	<input type="radio"/>	Hebrew	<input type="radio"/>	Punjabi
<input type="radio"/>	American Sign Language	<input type="radio"/>	Hindi	<input type="radio"/>	Romanian
<input type="radio"/>	Amharic	<input type="radio"/>	Hmong	<input type="radio"/>	Russian
<input type="radio"/>	Arabic	<input type="radio"/>	Hungarian	<input type="radio"/>	Serbian
<input type="radio"/>	Armenian	<input type="radio"/>	Igbo	<input type="radio"/>	Sinhalese
<input type="radio"/>	Bengali	<input type="radio"/>	Indonesian	<input type="radio"/>	Slovak
<input type="radio"/>	Bosnian	<input type="radio"/>	Italian	<input type="radio"/>	Somali
<input type="radio"/>	Bulgarian	<input type="radio"/>	Japanese	<input type="radio"/>	Spanish
<input type="radio"/>	Burmese	<input type="radio"/>	Khmer	<input type="radio"/>	Swedish
<input type="radio"/>	Chinese	<input type="radio"/>	Korean	<input type="radio"/>	Tagalog
<input type="radio"/>	Croatian	<input type="radio"/>	Laotian	<input type="radio"/>	Tamil
<input type="radio"/>	Czech	<input type="radio"/>	Lithuanian	<input type="radio"/>	Telugu
<input type="radio"/>	Dutch	<input type="radio"/>	Malayalam	<input type="radio"/>	Thai
<input type="radio"/>	English	<input type="radio"/>	Mam	<input type="radio"/>	Turkish
<input type="radio"/>	Farsi	<input type="radio"/>	Marathi	<input type="radio"/>	Ukrainian
<input type="radio"/>	French	<input type="radio"/>	Navajo	<input type="radio"/>	Urdu
<input type="radio"/>	German	<input type="radio"/>	Nepali	<input type="radio"/>	Vietnamese
<input type="radio"/>	Greek	<input type="radio"/>	Polish	<input type="radio"/>	Yiddish
<input type="radio"/>	Haitian Creole	<input type="radio"/>	Portuguese	<input type="radio"/>	Yoruba
<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		

**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>	____/____/____
----------------------------	----------------

**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
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>	
<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
-----------------------	----	-----------------------	-----

**LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situation]**

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

**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

**RESOURCE ZONE [All Clients]**

<input type="radio"/>	East County (Dublin, Pleasanton, Livermore)	<input type="radio"/>	Mid County East (Hayward, Unincorporated)
<input type="radio"/>	Mid County West (Alameda, San Leandro)	<input type="radio"/>	North County (Berkeley, Emeryville, Albany)
<input type="radio"/>	Oakland	<input type="radio"/>	South County (Fremont, Newark, Union City)

**HCS REFERRAL SOURCE [All Clients]**

<input type="radio"/>	Street Health	<input type="radio"/>	Access Point
<input type="radio"/>	Other		

**HCS REFERRAL SOURCE - OTHER [All Clients]**

<input type="radio"/>	
-----------------------	--

**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

**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]**

<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” When was the last time that you felt unsafe or threatened in a relationship?</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 seeking safety from a relationship that is controlling and/or abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking.</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>					
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>	
<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				

**Total Monthly Income for Individual:**

**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"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**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

---

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

**Date**