Alameda County HMIS



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.

Mo	nth		Da	 			Ye	ar			
		/			/						
PRO	JECT	STA	RT D	ATE	[All Clients]						

TRANSLATION ASSISTANCE NEEDED? [Head of Household]

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

IF "YES" TO TRANSLATION ASSISTANCE <u>NEEDED – INDICATE PREFE</u>RRED 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	CroaCan	0	LaoCan	0	Tamil
0	Czech	0	Lithuanian	0	Telugu
0	Dutch	0	Malayalam	0	Thai
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	HaiCan Creole	0	Portuguese	0	Yoruba

0	Diffe	erent	Prefe	erred L	angu	age		0	Clien	t does	sn't kr	า๐พ							
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	(specify):						Client prefers not to answer												
								0	Data	Data not collected									
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	Partial, street name, or code name reported							0	Client prefers not to answer Data not collected										
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○ Full DOB reported	0	Client doesn't know
Approximate or partial DOB reported	0	Client prefers not to answer
	0	Data not collected

GENDER [All Clients]

0	Woman (Girl, if child)	0	Questioning
0	Man (Boy, if child)	0	Different Identity (specify):
0	Culturally Specific Identity (e.g., Two-Spirit)	0	Client doesn't know
0	Transgender	0	Client prefers not to answer
0	Non-Binary	0	Data not collected

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	Client doesn't know				
0	Bisexual	0	Client prefers not to answer			
0	Questioning/Unsure	0	Data not collected			

RACE AND ETHNICITY (Select all applicable) [All Clients]

0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
0	Asian or Asian American	0	White
0	Black, African American, or African	0	Client doesn't know
0	Hispanic/Latina/e/o	0	Client prefers not to answer
0	Middle Eastern or North African	0	Data not collected

VETERAN STATUS [All Adults]

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

IF "YES" TO VETERAN STATUS

Ye	ear entered military service (year)		
Ye	ear separated from military service (year)		
The	eater of Operations: World War II		
0	No	0	Client doesn't know

0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	eater of Operations: Korean War										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	Theater of Operations: Vietnam War										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	eater of Operations: Persian Gulf War (Desert Storm)										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	Theater of Operations: Afghanistan (Operation Enduring Freedom)										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	Theater of Operations: Iraq (Operation Iraqi Freedom)										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Th	eater of Operations: Iraq (Operation New Dawn)										
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
	eater of Operations: Other peace-keeping operations or banon, Panama, Somalia, Bosnia, Kosovo)	mili	tary interventions (such as								
0	No	0	Client doesn't know								
0	Yes	0	Client prefers not to answer								
		0	Data not collected								
Bra	nch of the Military	1									
. u	-		F -								
0	Army	0	Space Force								
0	Air Force	0	Client doesn't know								
0	Navy	0	Client prefers not to answer								

0	Marines	0	Data not collected
0	Coast Guard		
Dis	charge Status		
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer
0	Bad Conduct	0	Data not collected
0	Dishonorable		

What is the City, State, of last permanent housing?

0	Alameda	0	San Leandro
0	Albany	0	San Lorenzo
0	Berkeley	0	Sunol
0	Castro Valley	0	Union City
0	Dublin	0	Other unincorporated Alameda County
0	Emeryville	0	Other Bay Area County: Contra Costa
0	Fremont	0	Other Bay Area County: Marin
0	Hayward	0	Other Bay Area County: San Francisco
0	Livermore	0	Other Bay Area County: San Mateo
0	Newark	0	Other Bay Area County: Santa Clara
0	Oakland	0	Other California County
0	Piedmont	0	Other State
0	Pleasanton	0	Other Country

What is the City, State, of high school last attended?

0	Alameda	0	San Leandro
0	Albany	0	San Lorenzo
0	Berkeley	0	Sunol
0	Castro Valley	0	Union City
0	Dublin	0	Other unincorporated Alameda County
0	Emeryville	0	Other Bay Area County: Contra Costa
0	Fremont	0	Other Bay Area County: Marin
0	Hayward	0	Other Bay Area County: San Francisco
0	Livermore	0	Other Bay Area County: San Mateo
0	Newark	0	Other Bay Area County: Santa Clara
0	Oakland	0	Other California County

	Piedmont		0	Other State
0	Pleasanton		0	Other Country
	at is the City, State, of family residence	e when		
0	Alameda		0	San Leandro
0	Albany		0	San Lorenzo
0	Berkeley		0	Sunol
0	Castro Valley		0	Union City
0	Dublin		0	Other unincorporated Alameda County
0	Emeryville		0	Other Bay Area County: Contra Costa
0	Fremont		0	Other Bay Area County: Marin
0	Hayward		0	Other Bay Area County: San Francisco
0	Livermore		0	Other Bay Area County: San Mateo
0	Newark		0	Other Bay Area County: Santa Clara
0	Oakland		0	Other California County
	Piedmont		0	Other State
0			_	Other State
0	Pleasanton		0	Other Country
0	Pleasanton			
OT	Pleasanton		0	
AF	Pleasanton	0		
OT SAF	Pleasanton TES RE Court Referral [All Client Households] No D/SMI [All Client Households]		Yes	Other Country
OT OT	Pleasanton TES RE Court Referral [All Client Households] No D/SMI [All Client Households] SUD	0	Yes	
OT OT	Pleasanton TES RE Court Referral [All Client Households] No D/SMI [All Client Households]		Yes	Other Country
OT OT	Pleasanton TES RE Court Referral [All Client Households] No D/SMI [All Client Households] SUD		Yes	Other Country
OT SAF	Pleasanton RE Court Referral [All Client Households] No D/SMI [All Client Households] SUD SMI Co-Occurring Disorders	0	Yes	Other Country Onfirmed Diagnosis
OT O	Pleasanton TES RE Court Referral [All Client Households] No D/SMI [All Client Households] SUD SMI	0	Yes Unco	Other Country Onfirmed Diagnosis Households]
OT O	Pleasanton RE Court Referral [All Client Households] No D/SMI [All Client Households] SUD SMI Co-Occurring Disorders ATIONSHIP TO HEAD OF HOUSEHOL	. D [All C	Yes Unco	Other Country Onfirmed Diagnosis

	ROLLMENT CoC [only if multiple CoC's	-		
	WHEN CLIENT WAS ENGAGED [Street C Date of Engagement:			nly or Night by Night Emergency Shelter]
IN F	PERMANENT HOUSING [Permanent H	ousing	j Pr	rojects, for Head of Household]
0	No	o Yes	6	
IF	"YES" TO PERMANENT HOUSING			
Н	ousing Move-In Date:			<u></u>
	IOR LIVING SITUATION PE OF RESIDENCE [Head of Household	d and .	Adı	ults]
0	Place not meant for habitation (e.g., a vel an abandoned building, bus/train/subway station/airport, or anywhere outside)	hicle,	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or morpaid 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 hor	me	0	Staying or living in a family member's room, apartment or house
0	Hospital or other residential non-psychiat medical facility	ric	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 fa	cility	0	Owned by client, no on-going housing subsidy
0	Substance abuse treatment facility or detection	ох	0	Client doesn't know
0	Transitional housing for homeless person (including homeless youth)	ıs	0	Client prefers not to answer
0	Residential project or halfway house with homeless criteria	no	0	Data not collected
	IF "RENTAL BY CLIENT, WITH ONGOING	HOUS	SINC	S SUBSIDY" – SPECIFY:
0	GPD TIP housing subsidy		0	Emergency Housing Voucher

VASH Housing subsidy

o RRH or equivalent subsidy

Family Unification Program Voucher (FUP)

o Foster Youth to Independence Initiative (FYI)

0	HCV voucher (tenant or project dedicated)	ct based) (not	0	Perm	anen	t Suppo	rti∨∈	e Housing
0	Public Housing Unit			C ''			ı.	ata a de de la companya
0	Rental by client, with other ongoing housing subsidy				-	manent persons	nou	sing dedicated for formerly
E)	NGTH OF STAY IN PRIOR LI	VING SITUATION	ON					
0	One night or less One month or 90 days			ore, bu	ıt less	than	0	Client doesn't know
0	Two to six nights	o 90 days or m	ore	, but le	ess tha	an one	0	Client prefers not to answer
0	One week or more, but less than one month	o One year or	lon	ger			0	Data not collected
Εľ	NGTH OF STAY LESS THAN	T NIGHTS [TH	, Pł	-1]				
0	No		0	Yes				
FI	NGTH OF STAY LESS THAN	I 90 DAYS [Insti	tutic	nal Ho	nusina	r Situati	•	7
	T	1 30 DATO [IIISti	1		Jusing	Gitaati		<u></u>
o N	THE NIGHT BEFORE – STAY	ED ON THE ST	RE	Yes ETS, E	EMER	RGENC	ΥS	HELTER, SAFE HAVEN
o DN		ED ON THE ST			EMER 0	RGENC No	ΥS	HELTER, SAFE HAVEN
o DN lea	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes		RE	ETS, E		1	Y S	HELTER, SAFE HAVEN
o)N /ea o	THE NIGHT BEFORE – STAY ad of Household and Adults]	of Homelessnes	REI	ETS, E	0	No /		
o N ea o	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes proximate Date This Episode of	of Homelessnes	REI	ETS, E	0	No / e Have	/ _/ n in	
o N Vea o	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes proximate Date This Episode of times the client has been seen as a second content of times the client has a second content of times the client of times the content of times t	of Homelessnes	REI	ETS, E	o	No / e Have	/ n in doe	the last 3 years
ON/ee	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes proximate Date This Episode of times the client has leading to the control of time.	of Homelessnes	REI	ETS, E	r Saf	No / e Have Client Client	/ n in doe	the last 3 years sn't know
ON lea	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes proximate Date This Episode of times the client has been decided. One Time Two Times	of Homelessnes	REI	ETS, E	r Saf	No / e Have Client Client	/ n in doe	the last 3 years sn't know fers not to answer
ON /ea	THE NIGHT BEFORE – STAY ad of Household and Adults] Yes proximate Date This Episode of times the client has I One Time Two Times Three Times Four or More Times tal number of months homele	of Homelessnes been on the stre	s Si ets,	ETS, E	r Saf	No / e Have Client Client Data	//n in doe	the last 3 years sn't know fers not to answer collected se last 3 years
ON /ea	THE NIGHT BEFORE – STAY and of Household and Adults] Yes proximate Date This Episode of times the client has It One Time Two Times Three Times Four or More Times otal number of months homele One month (this time is the first	of Homelessnes been on the stre ess on the street t month)	s Si ets,	ETS, E	r Saf	No / e Have Client Client Data r Haven	//n in doe pret	the last 3 years sn't know fers not to answer collected le last 3 years sn't know
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Yes			0	Client prefers not to answer
			0	Data not collected
HYSICAL DISABILITY [All Clients]				
No No			0	Client doesn't know
Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPEC	IFY			
	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
Expected to be of long-continued and indefinite duration and substantially impairs ability to live ndependently?			0	Data not collected
EVELOPMENTAL DISABILITY [All Clients]	7			
o No			0	Client doesn't know
Yes			0	Client prefers not to answer
			0	Data not collected
HRONIC HEALTH CONDITION [All Clients	7			
No No	<i>I</i>		0	Client doesn't know
Yes			0	Client prefers not to answer
			0	Data not collected
"YES" TO CHRONIC HEALTH CONDITION -	- SP	ECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live independently?			0	Client prefers not to answer
			0	Data not collected
WAIDO MUON A				
V-AIDS [All Clients] No			0	Client doesn't know
> Yes			0	Client prefers not to answer
			0	Data not collected

)	0			0	Client doesn't know
)	Yes			0	Client prefers not to answer
			0	Data not collected	
F'	"YES" TO MENTAL HEALTH DISORDER - \$	ı			
Expected to be of long-continued and indefinite O No				0	Client doesn't know
duration and substantially impairs ability to live one of the one				0	Client prefers not to answer
Πū	opendonay:			0	Data not collected
	OCTANGE LIGE DISCORDED IAM Olicantel			1	
	SSTANCE USE DISORDER [All Clients] No			0	Client doesn't know
)	Alcohol use disorder			0	Client prefers not to answer
)	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
-	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
dur	pected to be of long-continued and indefinite ration and substantially impairs ability to live ependently?	0	No Yes	0 0	Client doesn't know Client prefers not to answer Data not collected
dur ind	ration and substantially impairs ability to live	atio	Yes onship th	o o	Client prefers not to answer Data not collected as controlling and/or abusive?
ave	ration and substantially impairs ability to live ependently? e you experienced a past or current relationship includes domestic violence, dating violence, [Head of Household and Adults]	atio	Yes onship th	o o nat w ual a	Client prefers not to answer Data not collected as controlling and/or abusive? ssault, stalking, and human
avehis	ration and substantially impairs ability to live ependently? e you experienced a past or current relations domestic violence, dating violence, [Head of Household and Adults] No	atio	Yes onship th	onat wual a	Client prefers not to answer Data not collected ras controlling and/or abusive? ssault, stalking, and human Client doesn't know
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avenis	ration and substantially impairs ability to live ependently? e you experienced a past or current relations includes domestic violence, dating violence, [Head of Household and Adults] No Yes	o atic	Yes onship thace, sexu	onat wual a	Client prefers not to answer Data not collected as controlling and/or abusive? ssault, stalking, and human Client doesn't know Client prefers not to answer Data not collected areatened in a relationship?
avenue aff	ration and substantially impairs ability to live ependently? e you experienced a past or current relations domestic violence, dating violence, [Head of Household and Adults] No Yes "YES" When was the last time that you Within the past three months	o aticoler felt	Yes Onship thace, sexue tunsafe	onat wual a	Client prefers not to answer Data not collected ras controlling and/or abusive? ssault, stalking, and human Client doesn't know Client prefers not to answer Data not collected reatened in a relationship? Client doesn't know
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avenue av	ration and substantially impairs ability to live ependently? e you experienced a past or current relations domestic violence, dating violence, includes domestic violence, dating violence, [Head of Household and Adults] No Yes "YES" When was the last time that you Within the past three months Three to six months ago (excluding six months) Six months to one year ago (excluding one you currently seeking safety from a lationship that is controlling and/or	o atic	Yes onship thace, sexual transafe exactly)	onat wual a	Client prefers not to answer Data not collected ras controlling and/or abusive? ssault, stalking, and human Client doesn't know Client prefers not to answer Data not collected reatened in a relationship? Client doesn't know Client prefers not to answer Data not collected Data not collected
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INCOME FROM ANY SOURCE [Head of Household and Adults] ○ No ○ Client doesn't know

Yes
 Client doesn't know
 Client doesn't know
 Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

ln	come Source	Amount	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				

Total Monthly Income for Individual:

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

			<i>la artoj</i>
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 SOUP	RCES	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	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

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

0	Not currently enrolled in any school or educational course			0	Client doesn't know
0	Currently enrolled but NOT attending regularly (when school or the course is in session)		0	Client prefers not to answer	
0	Currently enrolled and attending regularly (when school or the course is in session)		0	Data not collected	
IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS					
0	K12: Graduated from high school	0	Higher education: Pursuing a credential but not currently attending		
0	K12: Obtained GED	0	Higher education: Dropped out		
0	K12: Dropped out	0	Higher education: Obtaining a credential/degree		
0	K12: Suspended	0	Client doesn't know		
0	K12: Expelled	0	Client prefers not to answer		
		0	Data not collected		
IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS					
0	Pursuing a high school diploma or GED	0	Pursuing other post-secondary credential		
0	Pursuing Associate's Degree	0	Client doesn't know		
0	Pursuing Bachelor's Degree	0	Client prefers not to answer		
0	Pursuing Graduate Degree	0	Data not collected		

Signature of applicant stating all information is true and correct

Date