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.

PROJECT START DATE *[All Clients]*

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

TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

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

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

SOCIAL SECURITY NUMBER [*All Clients*]

			-		**-**				

QUALITY OF SOCIAL SECURITY

○	Full SSN reported	○	Client doesn't know
○	Approximate or partial SSN reported	○	Client prefers not to answer
		○	Data not collected

CURRENT NAME [*All Clients*]

																N/A
Last																○
First																○
Middle																○
Suffix																○

QUALITY OF CURRENT NAME

○	Full name reported	○	Client doesn't know
○	Partial, street name, or code name reported	○	Client prefers not to answer
		○	Data not collected

DATE OF BIRTH [*All Clients*]

		/		**/**				Age:
Month		**Day**			**Year**			

QUALITY OF DATE OF BIRTH

○	Full DOB reported	○	Client doesn't know
○	Approximate or partial DOB reported	○	Client prefers not to answer
		○	Data not collected

GENDER [*All Clients*]

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

○	Non-Binary	○	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

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

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

VETERAN STATUS *[All Adults]*

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

IF "YES" TO VETERAN STATUS

Year entered military service (year)			
Year separated from military service (year)			
Theater of Operations: World War II			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Korean War			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Vietnam War			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			

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

Theater of Operations: Iraq (Operation Iraqi Freedom)

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

Theater of Operations: Iraq (Operation New Dawn)

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

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

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

Branch of the Military

○	Army	○	Space Force
○	Air Force	○	Client doesn't know
○	Navy	○	Client prefers not to answer
○	Marines	○	Data not collected
○	Coast Guard		

Discharge Status

○	Honorable	○	Uncharacterized
○	General under honorable conditions	○	Client doesn't know
○	Other than honorable conditions (OTH)	○	Client prefers not to answer
○	Bad Conduct	○	Data not collected
○	Dishonorable		

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

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

○	Pleasanton	○	Other Country

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

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

What is the City, State, of family residence when born?

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

NOTES

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

○	Self	○	Head of household - other relation to member
○	Head of household's child	○	Other: non-relation member
○	Head of household's spouse or partner		

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 Situations]

○	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

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	○	Client doesn't know
	Yes	○	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	○	Client doesn't know
	○	Yes	○	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

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