Alameda County HMIS

CLARITY HMIS: HUD-CoC PROJECT INTAKE FORM

PROJECT START DATE [All Clients]



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

	Month Day		Year			
R.	ANSLATION ASSISTANCE N	EEDED	? [Head of Hous	eholo	1]	
0	No		-	t doesn't know		
0	Yes			0	Clien	t prefers not to answer
				0	Data	not collected
= "	YES" TO TRANSLATION ASSIS	STANCE	NEEDED – INDIC	CATE	PREFI	ERRED 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	Different Preferred Language	0	Client doesn't kn	ow	l	

Client prefers not to answer

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	Data not collected																
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Approximate or partial DOB reported						0	_	Client prefers not to answer									
•						0	I	Data not collected									
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ЭΕI	NDEF	R [All Cli	ients1														
0		nan (Girl		ld)							0	(Questioning				
0	Man	(Boy, if	child)								0	Ī	Different Identity (specify):				
0	Cultu	urally Sp	ecific l	ldent	ity (e	.g.,	Two-S	Spirit)			0	(Client doesn'	t kno)W		
0	Tran	sgender									0	(Client prefers	not	to ans	wer	-

)		0	Other
)	Gay	lf (Other please specify:
	Lesbian	0	Client doesn't know
)	Bisexual	0	Client prefers not to answer
)	Questioning/Unsure	0	Data not collected
Δ	CE AND ETHNICITY (Select all applicable) [All Cl	lients]	
)	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander
)	Asian or Asian American	0	White
)	Black, African American, or African	0	Client doesn't know
)	Hispanic/Latina/e/o	0	Client prefers not to answer
)	Middle Eastern or North African	0	Data not collected
	TERAN STATUS [All Adults]	T	
)	No	0	Client doesn't know
)	Yes	0	Client prefers not to answer
		0	Data not collected
e/	YES" TO VETERAN STATUS ar entered military service (year) ar separated from military service (year)		
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e h	ar entered military service (year) ar separated from military service (year) eater of Operations: World War II	0	Client doesn't know Client prefers not to answer
e h	ar entered military service (year) ar separated from military service (year) eater of Operations: World War II	0	Client prefers not to answer
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Data not collected

o Non-Binary

○ Yes ○ Client prefers not to answer ○ Data not collected Theater of Operations: Iraq (Operation Iraqi Freedom) ○ No ○ Client doesn't know ○ Pes ○ Client prefers not to answer ○ Data not collected Theater of Operations: Iraq (Operation New Dawn) ○ Yes ○ Client doesn't know ○ Pes ○ 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 ○ Noyy ○ Client prefers not to answer ○ Client prefers not to answer						
Theater of Operations: Iraq (Operation Iraqi Freedom) ○ No						
○ 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 ○ Space Force ○ Army ○ Space Force ○ Air Force ○ Client doesn't know						
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Branch of the Military						
 ○ Army ○ Air Force ○ Client doesn't know 						
○ Air Force ○ Client doesn't know						
Client profess not to answer						
○ 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						
o 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
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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
0	Piedmont	0	Other State
0	Pleasanton	0	Other Country

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

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

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RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self	0	Head of household - other relation to member
0	Head of household's child	0	Other: non-relation member
0	Head of household's spouse or partner		

0	Head of household's spouse or partner						
ENI	ROLLMENT CoC [only if multiple CoC	;'s]_					
WH	WHEN CLIENT WAS ENGAGED [Street Outreach Only or Night by Night Emergency Shelter]						
Date of Engagement:							
IN F	N PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]						
0	No	0	Yes				
IF	IF "YES" TO PERMANENT HOUSING						
Нс	ousing Move-In Date:		1 1				

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
IF	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SINC	S 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	t ba	ised) (not	0	Perma	anen	t Supportiv	e Housina	
	dedicated)								
0	Public Housing Unit Rental by client, with other ong subsidy	doing housing				Other permanent housing dedicated for formerly comeless persons			
.EI	NGTH OF STAY IN PRIOR LI	VIN	IG SITUATIO	ON					
0	One night or less	0	One month 90 days	or m	nore, bu	ıt les	s than o	Client doesn't know	
0	Two to six nights	0	90 days or r one year	nore	e, but le	ss th	an	Client prefers not to answer	
0	One week or more, but less than one month	0	One year or	lon	ger		0	Data not collected	
.EI	NGTH OF STAY LESS THAN	7 N	NIGHTS [TH	, PH	-]]				
0	No			0	Yes				
.EI	NGTH OF STAY LESS THAN	90	DAYS [Instit	utio	nal Hou	ısing	Situations	1	
0	No			0	Yes				
Не	THE NIGHT BEFORE – STAY and of Household and Adults]	ΈD	ON THE ST	REI	ETS, E	Į.	T	HELTER, SAFE HAVEN	
He °						MER	No	HELTER, SAFE HAVEN	
Че ∘ Ај	ead of Household and Adults] Yes	of	Homelessnes	ss S	started	0	No //	,	
He ∘ Al	yes pproximate Date This Episode	of	Homelessnes	ss S	started	0	No // e Haven in	,	
⊢le ∘ Al	yes pproximate Date This Episode umber of times the client has be	of	Homelessnes	ss S	started	o -	No / Haven in Client do	the last 3 years	
<i>le</i> ○ Al	Yes pproximate Date This Episode umber of times the client has to	of	Homelessnes	ss S	started	Safe	No / Haven in Client do	the last 3 years esn't know efers not to answer	
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Al Ni	yes pproximate Date This Episode umber of times the client has to the Times Two Times Three Times Four or More Times	of l	Homelessnes n on the stre	ss S ets,	ES, or	Safe	No / Haven in Client doo Client pre Data not	the last 3 years esn't know efers not to answer collected	
Al Nu	Yes proximate Date This Episode umber of times the client has to the Times Two Times Three Times Four or More Times otal number of months homele	of I	Homelessnes n on the street on the street	ss S ets,	ES, or	Safe	No / / / P Haven in Client doc Client pre Data not Haven in th	the last 3 years esn't know efers not to answer collected ne last 3 years	
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		0	Data not collected
F "YES" TO PHYSICAL DISABILITY – SPECIF	Y		
Expected to be of long-continued and indefinite	No	0	Client doesn't know
duration and substantially impairs ability to	Yes	0	Client prefers not to answer
ive o independently?			Data not collected
		l l	
EVELOPMENTAL DISABILITY [All Clients]			T
○ No		0	Client doesn't know
Yes		0	Client prefers not to answer
		0	Data not collected
HRONIC HEALTH CONDITION [All Clients]			
○ No		0	Client doesn't know
Yes		0	Client prefers not to answer
		0	Data not collected
F "YES" TO CHRONIC HEALTH CONDITION –	SPECIFY	l	
Expected to be of long-continued and indefinite	o No	0	Client doesn't know
duration and substantially impairs ability to live	o Yes	0	Client prefers not to answer
ndependently?		0	Data not collected
IV-AIDS [All Clients] No		0	Client doesn't know
Yes		0	Client prefers not to answer
		0	Data not collected
ENTAL HEALTH DISORDER [All Clients]		'	
○ No		0	Client doesn't know
Yes		0	Client prefers not to answer
		0	Data not collected
<u> </u>			
F "YES" TO MENTAL HEALTH DISORDER – S	PECIFY		
F "YES" TO MENTAL HEALTH DISORDER – S Expected to be of long-continued and indefinite	PECIFY o No	0	Client doesn't know
Expected to be of long-continued and indefinite		0	
	o No		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live	o No	0	Client prefers not to answer
Expected to be of long-continued and indefinite duration and substantially impairs ability to live	o No	0	Client prefers not to answer
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? UBSTANCE USE DISORDER [All Clients] No	o No	0	Client prefers not to answer Data not collected Client doesn't know
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? UBSTANCE USE DISORDER [All Clients] No Alcohol use disorder	o No	0	Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? UBSTANCE USE DISORDER [All Clients] No	o No	0 0	Client prefers not to answer Data not collected Client doesn't know

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY				
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

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 f	elt	unsafe o	r thi	reatened in a relationship?	
0	Within the past three months			0	Client doesn't know	
0	Three to six months ago (excluding six month	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	e you currently seeking safety from a	0	No	0	Client doesn't know	
	ationship that is controlling and/or	0	Client prefers not to answer			
	usive? This includes domestic	0	Data not collected			
	olence, dating violence, sexual assault, 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 '	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY							
In	Income Source Amou			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							
To	otal 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

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

_	Not accompatible appealled in any cabaal are advantion		_	Client decen't know		
0	Not currently enrolled in any school or educational course			0	Client doesn't know	
	Currently enrolled but NOT attending regularly (whe	n school	_	Client profess not to answer	
0	or the course is in session)			0	Client prefers not to answer	
	Currently enrolled and attending regularly (wher	n sc	hool		Data not callegted	
0	or the course is in session)			0	Data not collected	
IF	IF "NOT CURRENTLY ENROLLED" - MOST RECENT EDUCATION				L STATUS	
	1440 0 1 4 15 1 1 1 1		Higher educ	atio	on: Pursuing a credential but not	
0	K12: Graduated from high school	0	currently atte	enc		
0	K12: Obtained GED	0	Higher educ	atio	on: Dropped out	
0	K12: Dropped out	0	Higher educ	atio	on: Obtaining a credential/degree	
0	K12: Suspended	0	Client doesn	า't k	know	
0	K12: Expelled	0	Client prefer	rs n	ot to answer	
		0	Data not col	llec	ted	

IF	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