## Alameda County HMIS

## CLARITY HMIS: HUD-CoC STATUS ASSESSMENT FORM

CLIENT NAME OR IDENTIFIER:



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

	PROJECT STA	ATUS DATE [/	11 Clien	ts]			
			/				
	Month	Day		Y	ear		
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ŀ		ISING [Perma				cts, for	Head of Household]
•	No "YES" TO PERMAN	JENT HOUSING	<u> </u>	Yes			
	TEO TOTERMINA						
(	ousing Move-In Date	e:*	<u> </u>	/_	/_		_
	client moved into pe	rmanent housin	g, make	sure	to upda	te on th	ne <b>enrollment screen</b> .
,	YSICAL DISABILIT	<b>FY</b> [All Clients]	1				
	No					0	Client doesn't know
Yes						0	Client prefers not to answer
						0	Data not collected
	"YES" TO PHYSICA	AL DISABILITY	- SPEC	IFY			
×	spected to be of long-	-continued and	indefinite	e	No	0	Client doesn't know
duration and substantially impairs ability to live						0	Client prefers not to answer
(	dependently?					0	Data not collected
,	VELOPMENTAL D	ISABILITY [Al	II Client:	 s]		·	
	No					0	Client doesn't know
	Yes					0	Client prefers not to answer
						0	Data not collected
1	RONIC HEALTH C	CONDITION /A	II Client	<u></u>			
	No			<u> </u>		0	Client doesn't know
	Yes					0	Client prefers not to answer
	1					0	Data not collected
	"YES" TO CHRONI	C HEALTH CO	NDITION	1 – SP	ECIFY	1	1
				0	No	0	Client doesn't know

No   Client doesn't know   Client prefers not to answer   Data not collected		ected to be of long-continued and indefinite			0	Data not collected
IV-AIDS [All Clients]  No Yes  Client doesn't know Client prefers not to answer Data not collected  IENTAL HEALTH DISORDER [All Clients]  No Yes  Client doesn't know Client doesn't know 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 Client doesn't know Client prefers not to answer Data not collected  UBSTANCE USE DISORDER [All Clients]  No Client doesn't know Client prefers not to answer Data not collected  UBSTANCE USE DISORDER [All Clients]  No Client doesn't know Client prefers not to answer Data not collected  UBSTANCE USE DISORDER [All Clients]  No Client doesn't know Client prefers not to answer Data not collected  Data not collected  Client prefers not to answer	inde					
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Inemployment Insurance		С		Tempora Families	•	Assistance for Needy NF)	
		С		General	Ass	istance (GA)	
Supplemental Security Income (SSI)		С		Retireme	ent i	ncome from Social Security	
Social Security Disability Insurance (SSDI)		С		Pension former jo		etirement income from a	
'A Service-Connected Disability Compensation		С				rt	
'A Non-Service-Connected Disability		С	'	Alimony	and	l other spousal <b>s</b> upport	
							1
•		0		Other inc	com	e source (specify):	
-							
Monthly Income for Individual:							
RECEIVING NON-CASH BENE	FITS /	Неа	ad	of House	eho	old and Adults]	
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Yes					0	Client prefers not to answer	
					0	Data not collected	
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Other (specify):					0	Other TANF-funded services	;
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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     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

Signature of applicant stating all information is true and correct

Date