

Alameda County HMIS



CLARITY HMIS: HSP/CCEP-P OSP

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]*

<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

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"/> CroaCan	<input type="radio"/> LaoCan	<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"/> HaiCan 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	

SOCIAL SECURITY NUMBER [All Clients]

			-			-				
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QUALITY OF SOCIAL SECURITY

<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

CURRENT NAME [All Clients]

																		N/A
Last																		<input type="radio"/>
First																		<input type="radio"/>
Middle																		<input type="radio"/>
Suffix																		<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

DATE OF BIRTH [All Clients]

		/			/					Age:
Month			Day			Year				

QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

GENDER *[All Clients]*

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

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

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

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

VETERAN STATUS *[All 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

IF “YES” TO VETERAN STATUS

Year entered military service (year)			
Year separated from military service (year)			
Theater of Operations: World War II			
<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	
Theater of Operations: Korean War			
<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
Theater of Operations: Vietnam War	
<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
Theater of Operations: Persian Gulf War (Desert Storm)	
<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
Theater of Operations: Afghanistan (Operation Enduring Freedom)	
<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
Theater of Operations: Iraq (Operation Iraqi Freedom)	
<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
Theater of Operations: Iraq (Operation New Dawn)	
<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
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	
<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
Branch of the Military	
<input type="radio"/> Army	<input type="radio"/> Space Force
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know
<input type="radio"/> Navy	<input type="radio"/> Client prefers not to answer

<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

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

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

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

<input type="radio"/>	Alameda	<input type="radio"/>	San Leandro
<input type="radio"/>	Albany	<input type="radio"/>	San Lorenzo
<input type="radio"/>	Berkeley	<input type="radio"/>	Sunol
<input type="radio"/>	Castro Valley	<input type="radio"/>	Union City
<input type="radio"/>	Dublin	<input type="radio"/>	Other unincorporated Alameda County
<input type="radio"/>	Emeryville	<input type="radio"/>	Other Bay Area County: Contra Costa
<input type="radio"/>	Fremont	<input type="radio"/>	Other Bay Area County: Marin
<input type="radio"/>	Hayward	<input type="radio"/>	Other Bay Area County: San Francisco
<input type="radio"/>	Livermore	<input type="radio"/>	Other Bay Area County: San Mateo
<input type="radio"/>	Newark	<input type="radio"/>	Other Bay Area County: Santa Clara
<input type="radio"/>	Oakland	<input type="radio"/>	Other California County

<input type="radio"/>	Piedmont	<input type="radio"/>	Other State
<input type="radio"/>	Pleasanton	<input type="radio"/>	Other Country

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

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

NOTES

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ENROLLMENT CoC *[only if multiple CoC's]* _____

FACILITY NAME

<input type="radio"/>	Amazing Grace	<input type="radio"/>	Lincoln Villa
<input type="radio"/>	Angeleon Care Home	<input type="radio"/>	McClure Care Home
<input type="radio"/>	Arcadian Care Home	<input type="radio"/>	Moonraker Villa Senior Care 2

<input type="radio"/> Bella Vista	<input type="radio"/> Mori Manor
<input type="radio"/> Diana's Care Home 1	<input type="radio"/> Pleasant Hill Manor Board & Care Home
<input type="radio"/> Fulton Care Home	<input type="radio"/> Rose Garden Vista
<input type="radio"/> Gentle Heart	<input type="radio"/> Royal Colony View Place, LLC
<input type="radio"/> Good Shepard Vista	<input type="radio"/> Scott's Villa
<input type="radio"/> Grand Lake Vista	<input type="radio"/> Thomas Adams
<input type="radio"/> Great Expectations Residential Care Home	<input type="radio"/> Tia Maria's Family Home
<input type="radio"/> Heritage Haven (Juana Care)	
<input type="radio"/> Lake Merritt Care Home	

PROGRAM ENROLLMENT

<input type="radio"/> CCEP-OSP Only
<input type="radio"/> CCEP-OSP and HSP
<input type="radio"/> HSP Only

IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/> No	<input type="radio"/> Yes
IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date:	____/____/____

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
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<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	<input type="radio"/>	

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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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
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			
<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	
Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years	
<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

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	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
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	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
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
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY	
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	
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?	<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

SURVIVOR OF DOMESTIC VIOLENCE *[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
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED	
<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	
Are you currently fleeing?	<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

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

Income Source	Amount	Income Source	Amount
<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

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<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 (<i>specify</i>):	<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

	○	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

Signature of applicant stating all information is true and correct

Date