



Alameda County HMIS

CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT FORM

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

CLIENT NAME OR IDENTIFIER: _____

PROJECT STATUS DATE *[All Clients]*

		/			/				
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Month

Day

Year

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

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]*

<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” When was the last time that you felt unsafe or threatened in a relationship?			
<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 seeking safety from a relationship that is controlling and/or abusive? This includes domestic violence, dating violence, sexual assault, stalking, and human trafficking.	<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 (specify):	<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
		<input type="radio"/>	Data not collected
IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; decision pending
		<input type="radio"/>	Applied; client not eligible
		<input type="radio"/>	Client did not apply
		<input type="radio"/>	Insurance type N/A for this client
		<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
	Veteran's Health Administration (VHA)	<input type="radio"/>	Applied; decision pending

○		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	Employer Provided Health Insurance	○	Applied; decision pending
		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	Health Insurance Obtained through COBRA	○	Applied; decision pending
		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	Private Pay Health Insurance	○	Applied; decision pending
		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	State Health Insurance for Adults	○	Applied; decision pending
		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	Indian Health Services Program	○	Applied; decision pending
		○	Applied; client not eligible
		○	Client did not apply
		○	Insurance type N/A for this client
		○	Client doesn't know
		○	Client prefers not to answer
		○	Data not collected
○	Other Health Insurance (specify)		

IF “YES” TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

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

	<input type="radio"/>	Data not collected
IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON		
<input type="radio"/>	Applied; decision Pending	<input type="radio"/>
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>
<input type="radio"/>	Client did not apply	<input type="radio"/>
<input type="radio"/>	Insurance type N/A for this client	

Receiving Ryan White-funded Medical or Dental Assistance

<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 “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON			
<input type="radio"/>	Applied; decision pending	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Applied; client not eligible	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Client did not apply	<input type="radio"/>	Data not collected
<input type="radio"/>	Insurance type N/A for this client		

T-cell (CD4) Count Available

<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

T-cell Count (Integer between 0-1500): _____
How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Viral Load Information Available

<input type="radio"/>	Not available	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Available	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Undetectable	<input type="radio"/>	Data not collected

Count (Integer between 0-999999): _____
How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client report
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

<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

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:*	____/____/____
<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

Signature of applicant stating all information is true and correct Date