

Alameda County HMIS

CLARITY HMIS: VA SERVICES STATUS FORM (Including HUD VASH, SSVF, GPD)

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

	ROJECT	7				- <u>-</u>						
		/			/							
I	Month		Da	y		}	e ar					
IYSICA	L DISAE	3ILITY	' [not r	equire	ed for SSV	FJ						
No								0	Client doesn't know			
Yes								0	Client prefers not to answer			
								0	Data not collected			
"YES"	TO PHY	SICAL	. DISA	BILIT	Y – SPECI	FY						
xpected	to be of I	ong-co	ontinue	d and	l indefinite	0	No	0	Client doesn't know			
•		•			lity to live	0	Yes	0	Client prefers not to answer			
ndepende	ently?							0	Data not collected			
Yes								0	Client prefers not to answer			
No No	10121017		,, (D.L.)	<u> </u>	ot required		<u> </u>	0	Client doesn't know			
Yes								0	Data not collected			
									Data not collected			
HRONIC	HEALT	н со	NDITI	ON [r	not require	d for	SSVF]		Tou			
						0	Client doesn't know					
o No						o Yes						
o No								0	Client prefers not to answer			
No Yes						-		0	Data not collected			
No Yes	TO CHR	ONIC	HEAL	гн сс	ONDITION	– SF	ECIFY					
No Yes F "YES"					ONDITION I indefinite	– SF	PECIFY No					
No Yes F "YES" Expected duration a	to be of l	ong-co	ontinue	ed and				0	Data not collected			
No Yes F "YES" Expected duration a	to be of l	ong-co	ontinue	ed and	l indefinite	0	No	0	Data not collected Client doesn't know			
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No Yes F "YES" Expected duration a independent	to be of I and subst ently?	ong-co antially	ontinue y impai	ed and irs abi	l indefinite	0	No	0 0 0	Client doesn't know Client prefers not to answer Data not collected			
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			0	Data not collected
			1	
MENTAL HEALTH DISORDER [not required f	or S	SVF]		1 an
o No	0	Client doesn't know		
o Yes	0	Client prefers not to answer		
	0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER –	SPE	CIFY		
	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite	0	Yes	0	Client prefers not to answer
duration and substantially impairs ability to live		_	0	Data not collected
independently?				
SUBSTANCE USE DISORDER [not required to	for S	SVF]		
o No			0	Client doesn't know
Alcohol use disorder			0	Client prefers not to answer
Drug use disorder			0	Data not collected
Both alcohol and drug use disorders				
IF "ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
DISORDERS" – SPECIFY		_	1	
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 real busive? This includes domestic violence numan trafficking. [Head of Household and No	, da	ting viol		_
· Yes			0	Client prefers not to answer
- 100			0	Data not collected
IF "YES" When was the last time that you	r thi			
Within the past three months		0	Client doesn't know	
Three to six months ago (excluding six months)	xactly)	0	Client prefers not to answer	
Six months to one year ago (excluding one year)	0	Data not collected		
One year ago or more				
Are you currently seeking safety from a	0	Client doesn't know		
relationship that is controlling and/or	0	Yes	0	Client prefers not to answer
abusive? This includes domestic		<u> </u>	0	Data not collected
violence, dating violence, sexual assault,	_			
stalking, and human trafficking.	,			
otaning, and naman damening.			1	<u> </u>
NCOME FROM ANY SOURCE [Head of Hol				
	useł	nold and A	Adult	ts]
○ No	useh o	Client do		_ -
NoYes		Client do	esn'	_ -

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(come Source	Amount	Inc		Source	Amou		
	Earned Income	Income			emporary Assistance for Needy amilies (TANF)			
	Unemployment Insurance	ice			eral Assis			
	Supplemental Security Income (SSI)				Retirement income from Social Security			
	Social Security Disability Insurance (SSDI)				sion or re ner job	tirement income from a		
	VA Service-Connected Disability Compensation	VA Service-Connected Disability			d support			
	VA Non-Service-Connected Disability Pension		0	Alim	ony and	other spousal Support		
	Private Disability Insurance				er income	source (specify):		
				Ī				
	Mankania Canananatian							
	Worker's Compensation							
0	tal Monthly Income for Individua	ıl:						
	·	ıl:						
	·	ıl:						
0	·		of Ho	ouseł	nold and	Adults]		
0	tal Monthly Income for Individua		of Ho	ousel	nold and	Adults] Client doesn't know		
0	tal Monthly Income for Individua		of Ho	ousel			rer	
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o No

Client doesn't know

0 169				Olient prefers not to answer		
			0	Data not collected		
IN PERMANENT HOUSING [Permanent F	Hous	ing Projects, fo	r He	ead of Household]		
o No	0	Yes				
IF "YES" TO PERMANENT HOUSING						
Housing Move-In Date:*						
*If client moved into permanent housing	ı, ma	ake sure to up	date	e on the enrollment screen.		

Signature of applicant stating all information is true and correct Date