



# Alameda County HMIS

## CLARITY HMIS: VA SERVICES ENROLLMENT 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.

CLIENT NAME OR IDENTIFIER: \_\_\_\_\_

### PROJECT START DATE *[All Clients]*

		/			/			
Month			Day			Year		

### RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member
<input type="radio"/> Head of household's spouse or partner	

ENROLLMENT CoC *[only if multiple CoC's]* \_\_\_\_\_

### 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	

### 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 Situations]

<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
<b>Approximate Date This Episode of Homelessness Started</b> ____/____/____	
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<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	
<b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<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
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**PHYSICAL DISABILITY** *[not required for SSVF]*

<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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>				
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** *[not required for SSVF]*

<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** *[not required for SSVF]*

<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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>				
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** *[not required for SSVF]*

<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** *[not required for SSVF]*

<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	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>				
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** *[not required for SSVF]*

<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			
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>				
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	
<b>IF "YES" When was the last time that you felt unsafe or threatened in a relationship?</b>				
<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			
<b>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.</b>	<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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>					
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 (specify):	
<input type="radio"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</b>			

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<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
<b>IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> MEDICAID	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veteran's Health Administration (VHA)	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**SSVF HP TARGETING CRITERIA:**

*[Head of Household in SSVF Homeless Prevention programs]*

**Is Homelessness Prevention targeting screener required?**

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>“YES” TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED</b>			
<b>Housing loss expected within...</b>			
<input type="radio"/>	1-6 days	<input type="radio"/>	7-13 days
<input type="radio"/>	14-21 days	<input type="radio"/>	More than 21 days
<b>Current household income</b>			
<input type="radio"/>	\$0 (i.e., not employed, not receiving cash benefits, no other current income)	<input type="radio"/>	1-14% of Area Median Income (AMI) for household size
<input type="radio"/>	15-30% of AMI for household size	<input type="radio"/>	More than 30% of AMI for household size
<b>Past experience of homelessness (street/shelter/transitional housing) (any adult)</b>			
<input type="radio"/>	Most recent episode occurred within the last year	<input type="radio"/>	Most recent episode occurred more than one year ago
<input type="radio"/>	None		
<b>Head of Household is not a current leaseholder/renter of unit</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Head of Household (HoH) never been a leaseholder/renter of unit</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Rental Evictions within the past 7 years (any adult)</b>			
<input type="radio"/>	No prior rental evictions	<input type="radio"/>	1 prior rental eviction
<input type="radio"/>	2 or more prior rental evictions		
<b>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Incarcerated as adult (any adult in household)</b>			
<input type="radio"/>	Not incarcerated	<input type="radio"/>	Incarcerated once
<input type="radio"/>	Incarcerated two or more times		
<b>Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Registered sex offenders (any household members)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes

**S IF**

<b>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Currently pregnant (any household member)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Single parent/guardian household with minor child(ren)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Household includes one or more young children (age six or under), or a child who requires significant care</b>			
<input type="radio"/>	No	<input type="radio"/>	Youngest child is under 1 year old
<input type="radio"/>	Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care		
<b>Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes

**HP APPLICANT TOTAL POINTS (integer)** \_\_\_\_\_

**GRANTEE TARGETING THRESHOLD SCORE (integer)** \_\_\_\_\_

**VAMC STATION NUMBER** *[Head of Household]*

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**CONNECTION WITH SOAR** *[Head of Household and Adults, SSVF RRH and Homelessness Prevention]*

<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

**HOUSEHOLD INCOME AS A PERCENTAGE OF AMI**

*[Head of Household, required for SSVF RRH and Homelessness Prevention]*

<input type="radio"/>	30% or less	<input type="radio"/>	51% to 80%
<input type="radio"/>	31% to 50%	<input type="radio"/>	81% or greater

**LAST GRADE COMPLETED** *[Head of Household & Adults, Required for SSVF and VASH]*

<input type="radio"/>	Less than Grade 5	<input type="radio"/>	Associate's degree
<input type="radio"/>	Grades 5-6	<input type="radio"/>	Bachelor's degree
<input type="radio"/>	Grades 7-8	<input type="radio"/>	Graduate degree
<input type="radio"/>	Grades 9-11	<input type="radio"/>	Vocational certification
<input type="radio"/>	Grade 12/High school diploma	<input type="radio"/>	Client doesn't know
<input type="radio"/>	School program does not have grade levels	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some college		

**EMPLOYMENT STATUS** *[Head of Household & Adults, SSVF, GPD and VASH]*

<b>Employed</b>			
<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
<b>If "Yes" for employed – Type of employment</b>			
<input type="radio"/>	Full-time	<input type="radio"/>	Seasonal/sporadic (including day labor)
<input type="radio"/>	Part-time		
<b>If "No" for employed – Why not employed</b>			
<input type="radio"/>	Looking for work	<input type="radio"/>	Not looking for work
<input type="radio"/>	Unable to work		

**GENERAL HEALTH STATUS** *[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

<input type="radio"/>	Excellent	<input type="radio"/>	Poor
<input type="radio"/>	Very good	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Good	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Fair	<input type="radio"/>	Data not collected

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**Signature of applicant stating all information is true and correct****Date**