



# Alameda County HMIS

## CLARITY HMIS: HHS-PATH PROJECT ENROLLMENT 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 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]* \_\_\_\_\_

### CONNECTION WITH SOAR *[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

### 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
Approximate Date This Episode of Homelessness Started		____/____/____	

<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

## WHEN CLIENT WAS ENGAGED

<b>Date of Engagement:</b> <i>[Adults and Head of Household]</i>	____/____/____
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## PATH STATUS *[Adults and Head of Household]*

<b>Date of Status Determination</b>	<input type="radio"/>	____/____/____
Client Became Enrolled in PATH	<input type="radio"/>	No
	<input type="radio"/>	Yes
<b>IF "NO" TO ENROLLED IN PATH</b>		
Reason Not Enrolled	<input type="radio"/>	Client was found ineligible for PATH
	<input type="radio"/>	Client was not enrolled for other reason(s)
	<input type="radio"/>	Unable to locate client

## 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
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	No	<input type="radio"/>	Client doesn't know
	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	
<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** *[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	
<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** *[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		
<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"/>	Yes
		<input type="radio"/>	Client doesn't know
		<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
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<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"/>	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
		<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

**Additional Information****SEX [All Clients]**

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

**Date**