Agency Name: ____

CLARITY HMIS: HUD-COC INTAKE FORM

Use block letters for text and mark appropriate boxes with an "X". Complete a separate form for each household member.

PROGRAM ENTRY DATE *[All Clients]*

		-			-				

Month *Day* *Year*

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				

QUALITY OF SOCIAL SECURITY			
	Full SSN reported		Client doesn't know
	Approximate or partial SSN reported		Client refused
			Data not collected

CURRENT NAME *[All Clients]*

																	N/A
Last																	
First																	
Middle																	
Suffix																	

QUALITY OF CURRENT NAME			
	Full name reported		Client doesn't know
	Partial, street name, or code name reported		Client refused
			Data not collected

DATE OF BIRTH *[All Clients]*

		-			-					*Age:*
Month			*Day*			*Year*				

QUALITY OF DATE OF BIRTH			
	Full DOB reported		Client doesn't know
	Approximate or partial DOB reported		Client refused
			Data not collected

GENDER *[All Clients]*

	Female		Other
	Male		Client doesn't know

	Transgender male to female		Client refused
	Transgender female to male		Data not collected
Specify "Other"			

RACE (select all that apply) *[All Clients]*

	American Indian or Alaskan Native		White/Caucasian
	Asian		Client does not know
	Black/African American		Client refused
	Hawaiian or Other Pacific Islander		Data Not Collected

ETHNICITY *[All Clients]*

	Non-Hispanic/ Non-Latino		Client doesn't know
			Client refused
	Hispanic/Latino		Data not collected

VETERAN STATUS *[All Adults]*

	No		Client doesn't know
	Yes		Client refused
			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			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Korean War			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Vietnam War			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
	No		Client doesn't know
	Yes		Client refused

CLARITY HUMAN SERVICES

			Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
	No		Client doesn't know
	Yes		Client refused
			Data not collected
Branch of the Military			
	Army		Coast Guard
	Air Force		Client doesn't know
	Navy		Client refused
	Marines		Data not collected
Discharge Status			
	Honorable		Dishonorable
	General under honorable conditions		Uncharacterized
	Other than honorable conditions (OTH)		Client doesn't know
			Client refused
	Bad Conduct		Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Clients]*

	Self		Head of household's other relation member
	Head of household's child		
	Head of household's spouse or partner		Other: non-relation member

HOUSING STATUS AT ENTRY *[Head of Household and Adults]*

	Homeless		Fleeing domestic violence		Client doesn't know
	At imminent risk of losing housing		At-risk of homelessness		Client refused
	Homeless only under other federal statutes		Stably housed		Data not collected

RESIDENCE PRIOR TO PROGRAM ENTRY *[Head of Household and Adults]*

	Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher		Rental by client, with VASH subsidy
	Foster care home or group home		Rental by client, with GTD TIP subsidy

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	Hospital or other residential non-psychiatric medical facility		Rental by client, with other ongoing housing subsidy
	Hotel or motel paid for without emergency shelter voucher		Residential project or halfway house with no homeless criteria
	Jail, prison or juvenile detention facility		Safe Haven
	Long-term care facility or nursing home		Staying or living in a family member's room, apartment or house
	Owned by client, no on-going housing subsidy		Staying or living in a friend's room, apartment or house
	Owned by client, with ongoing housing subsidy		Substance abuse treatment facility or detox center
	Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)		Transitional housing for homeless persons (including homeless youth)
	Place not meant for habitation		Other
	Psychiatric hospital or other psychiatric facility		Client doesn't know
			Client refused
	Rental by client, no ongoing housing subsidy		Data not collected
		Specify "Other"	

LENGTH OF STAY IN PREVIOUS PLACE					
	One day or less		One to three months		Client doesn't know
	Two days to one week		More than three months, but less than one year		Client refused
	More than one week, but less than one month		One year or longer		Data not collected

CLIENT HAS BEEN ENGAGED *[STREET OUTREACH AND ES NIGHT-BY-NIGHT PROGRAMS ONLY - Head of Household and Adults]*

	No		Yes
IF "YES" TO CLIENT HAS BEEN ENGAGED			
Date of Engagement	____/____/___________		

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY - All Clients]*

	Yes		No
IF "YES" TO PERMANENT HOUSING			
Date of Move-In	____/____/___________		

ENTERING FROM THE STREETS, EMERGENCY SHELTER, OR SAFE HAVEN *[Head of Household and Adults]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected
IF "YES" TO ENTERING FROM STREETS, ES, OR SAFE HAVEN			
Approximate date started	____/____/___________		

CLARITY
HUMAN SERVICES

NUMBER OF TIMES ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN IN PAST THREE YEARS *[Head of Household and Adults]*

	Never in the 3 years		4 or more
	1		Client doesn’t know
	2		Client refused
	3		Data not collected

IF ONE OR MORE TIMES ON THE STREETS, IN ES, OR SAFE HAVEN			
Number of months homeless on the streets, in ES, or Safe Haven in past three years			
	One month (this time is the first month)		Client doesn’t know
	2-12 months (specify number of months): _________		Client refused
	More than 12 months		Data not collected

DISABLING CONDITION *[All Adults]*

	No		Client doesn’t know
	Yes		Client refused
			Data not collected

PHYSICAL DISABILITY *[All Clients]*

	No		Client doesn’t know
	Yes		Client refused
			Data not collected

IF “YES” TO PHYSICAL DISABILITY – SPECIFY				
Currently receiving services for physical disability		No		Client doesn’t know
		Yes		Client refused
				Data not collected
Long-term physical disability		No		Client doesn’t know
		Yes		Client refused
				Data not collected
Documentation of the disability and severity on file		No		Yes

DEVELOPMENTAL DISABILITY *[All Clients]*

	No		Client doesn’t know
	Yes		Client refused
			Data not collected

IF “YES” TO DEVELOPMENTAL DISABILITY – SPECIFY				
Currently receiving services for developmental disability		No		Client doesn’t know
		Yes		Client refused
				Data not collected
Expected to substantially impair independence		No		Client doesn’t know
		Yes		Client refused

				Data not collected
Documentation of the disability and severity on file		No		Yes

CHRONIC HEALTH CONDITION *[All Clients]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
Currently receiving services/treatment for this condition		No		Client doesn't know
		Yes		Client refused
				Data not collected
Long-term chronic health condition		No		Client doesn't know
		Yes		Client refused
				Data not collected
Documentation of the disability and severity on file		No		Yes

HIV-AIDS *[All Clients]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected

IF "YES" TO HIV-AIDS – SPECIFY				
Currently receiving services/treatment for this condition		No		Client doesn't know
		Yes		Client refused
				Data not collected
Expected to substantially impair independence		No		Client doesn't know
		Yes		Client refused
				Data not collected
Documentation of the disability and severity on file		Yes		No

MENTAL HEALTH PROBLEM *[All Clients]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected

IF "YES" TO MENTAL HEALTH PROBLEM – SPECIFY				
Currently receiving services/treatment for this condition		No		Client doesn't know
		Yes		Client refused
				Data not collected
Long-term mental health problem		No		Client doesn't know
		Yes		Client refused
				Data not collected

Documentation of the disability and severity on file		No		Yes

SUBSTANCE ABUSE PROBLEM *[All Clients]*

	No		Both alcohol and drug abuse
	Alcohol abuse		Client doesn't know
			Client refused
	Drug abuse		Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY				
Currently receiving services/treatment for this condition		No		Client doesn't know
		Yes		Client refused
				Data not collected
Long-term substance abuse problem		No		Client doesn't know
		Yes		Client refused
				Data not collected
Documentation of the disability and severity on file		No		Yes

DOMESTIC VIOLENCE *[Head of Household and Adults]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected

IF "YES" TO DOMESTIC VIOLENCE			
Last Occurrence			
	Within the past three months		One year ago or more
	Three to six months ago (excluding six months exactly)		Client doesn't know
			Client refused
	Six months to one year ago (excluding one year exactly)		Data not collected
Are you currently fleeing?		No		Client doesn't know
		Yes		Client refused
				Data not collected

INCOME FROM ANY SOURCE *[Head of Household and Adults]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		**Amount**	**Income Source**		**Amount**
	Earned Income			TANF (Temporary Assistance for Needy Families)	
	Unemployment Insurance			General Assistance (GA)	
	Supplemental Security Income (SSI)			Retirement Income from Social Security	

	Social Security Disability Income (SSDI)			Pension or retirement income from former job	
	VA Service-Connected Disability Compensation			Child support	
	VA Non-Service Connecte Disability Pension			Alimony and other spousal support	
	Private disability insurance			Other source	
	Worker's Compensation		**Specify "Other"**		
Total monthly amount:					

RECEIVING NON-CASH BENEFITS *[Head of Household and Adults]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
	SNAP		Other TANF Benefit
	WIC		Section 8
	TANF Childcare		Temporary Rental Assistance
	TANF Transportation		Other source
Specify "Other"			

COVERED BY HEALTH INSURANCE *[All Clients]*

	No		Client doesn't know
	Yes		Client refused
			Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
	MEDICAID (MassHealth)		Employer Provided
	MEDICARE		Obtained through COBRA
	SCHIP		Private Pay Health Insurance
	VA Medical		State Health Insurance for Adults (ConnectorCare)