

Agency Name: \_\_\_\_\_



### CLARITY HMIS: VA SERVICES INTAKE 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.

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

Month			Day				Year			

**SOCIAL SECURITY NUMBER** *[All Clients]*

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QUALITY OF SOCIAL SECURITY	
<input type="radio"/> Full SSN reported	<input type="radio"/> Client doesn't know <input type="radio"/> Client refused
<input type="radio"/> Approximate or partial SSN reported	<input type="radio"/> Data not collected

CURRENT NAME <i>[All Clients]</i>															N/A			
Last																		○
First																		○
Middle																		○
Suffix																		○

QUALITY OF CURRENT NAME	
<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know <input type="radio"/> Client refused
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Data not collected

**DATE OF BIRTH** *[All Clients]*

												Age:	
Month										Day		Year	

QUALITY OF DATE OF BIRTH	
<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know <input type="radio"/> Client refused
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Data not collected

**GENDER** *[All Clients]*

<input type="radio"/> Female	<input type="radio"/> Client doesn't know <input type="radio"/> Client refused
<input type="radio"/> Male	<input type="radio"/> Data not collected
<input type="radio"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/> Data not collected
<input type="radio"/> Transgender	
<input type="radio"/> Questioning	

**RACE** (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY** *[All Clients]*

<input type="radio"/>	NonHispanic/ NonLatin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS** *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>			
<b>Year separated from military service (year)</b>			
<b>Theater of Operations: World War II</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Korean War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Vietnam War</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

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

**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"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non relation member

**CLIENT LOCATION** *[only if multiple CoC's]* \_\_\_\_\_

**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
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. vehicle, an abandoned building, bus/ train/subway station/ airport or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel/motel paid for with an emergency shelter voucher or a RHY-funded Host Home Shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison, or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment, or house	<input type="radio"/>	Data not collected

**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 refused
<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 - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN**
*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
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**Approximate Date Homelessness Started**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years**

<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client refused
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	

**Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years**

<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 refused
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**LAST PERMANENT ADDRESS** *[Head of Household, required for SSVF and VASH]*

Street Address															
City															
State								Zip Code							

**QUALITY OF ADDRESS**

<input type="radio"/> Full address reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client refused
	<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 refused
	<input type="radio"/> Data not collected

**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 refused
	<input type="radio"/> Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused
		<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 refused
		<input type="radio"/>	Data not collected

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<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 refused
		<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 refused
		<input type="radio"/>	Data not collected

**IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY**

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**SUBSTANCE USE DISORDER** *[not required for SSVF]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

**IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY**

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
<b>IF "YES" TO DOMESTIC VIOLENCE</b>					
<b>LAST OCCURRENCE</b>					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

**MONTHLY INCOME AND SOURCES** *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client refused		
		<input type="radio"/>	Data not collected		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>					
<b>Income Source</b>		<b>Amount</b>	<b>Income Source</b>		<b>Amount</b>
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<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 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				
<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 refused
		<input type="radio"/>	Data not collected
<b>IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare 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 refused
		<input type="radio"/>	Data not collected

**IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	MEDICAID	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	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 Administration (VA) Medical Services	<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 Households in SSVF Homeless Prevention programs]**

**Is Homelessness Prevention targeting screener required?**

<input type="radio"/>	No	<input type="radio"/>	Yes
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**IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED**

<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>History of literal 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.</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<b>Head of household (HoH) never been a leaseholder</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 offenderst (any household members)</b>			
<input type="radio"/>	No	<input type="radio"/>	Yes
<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 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 [For SSVF and VA: Grant per Diem – Case Management/Housing Retention]**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**HOUSEHOLD INCOME AS A PERCENTAGE OF AMI** [*Head of Household, required for SSVF and VASH*]

<input type="radio"/> Less than 30%	<input type="radio"/> Greater than 50%
<input type="radio"/> 30% to 50%	

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

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

**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 refused
	<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 & Adults, HUD-VASH OTH only*]

<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 refused
<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