2026 Coordinated Entry Enrollment

Paper form · Clarity Human Services

Client Name		Client ID	
Agency		Program	
Staff Completing		Date Completed	

How to use this form. This is a paper version of the Clarity enrollment screen, for use when working through the questions with a client away from a computer. Answers must still be entered into Clarity to count as the record of enrollment. Questions marked with ↳ only appear in Clarity under certain conditions — skip them when the condition does not apply.

Project Start Date

_____ / _____ / _____ (MM / DD / YYYY)

Relationship to Head of Household

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of Household's other relation member (other relation to Head of Household)
- ☐ Other: non-relation member

Enrollment CoC

- ☐ Kansas Balance of State CoC
- ☐ Overland Park, Shawnee/Johnson County CoC
- ☐ Topeka/Shawnee County CoC
- ☐ Default

DATE OF ENGAGEMENT

Date of Engagement

↳ *Street Outreach and night-by-night Emergency Shelter programs only. Complete once the client has been engaged.*

_____ / _____ / _____ (MM / DD / YYYY)

PRIOR LIVING SITUATION

Where did you stay last night? The prior living situation may be the same as the current living situation.

Type of Residence

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
- ☐ Safe Haven
- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Rental Subsidy Type

↳ *Ask only if Type of Residence is a rented or owned situation WITH an ongoing housing subsidy.*

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based) (not dedicated)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

Length of Stay in Prior Living Situation

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Length of Stay Less Than 7 Nights

↳ *Asked for certain institutional and housed prior situations.*

☐ No ☐ Yes

Length of Stay Less Than 90 Days

↳ *Asked for certain institutional and housed prior situations.*

☐ No ☐ Yes

On the night before, did the client stay on the streets, in ES, or in a Safe Haven?

☐ No ☐ Yes

Approximate date this episode of homelessness started

_____ / _____ / _____ (MM / DD / YYYY)

Number of times on the streets, in ES, or Safe Haven in the past three years

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years

- ☐ One month (this time is the first month)
- ☐ Two Months
- ☐ Three Months
- ☐ Four Months
- ☐ Five Months
- ☐ Six Months
- ☐ Seven Months
- ☐ Eight Months
- ☐ Nine Months
- ☐ Ten Months
- ☐ Eleven Months
- ☐ Twelve Months
- ☐ More than 12 Months
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

DISABLING CONDITIONS AND BARRIERS

Disabling Condition

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

For each condition below, "Long Term" asks whether the condition is expected to be of long-continued and indefinite duration and to substantially impair the client's ability to live independently.

Physical Disability

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Long Term: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Developmental Disability

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Chronic Health Condition

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Long Term: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

HIV – AIDS

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Mental Health Disorder

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Long Term: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Substance Use Disorder

☐ No
☐ Alcohol use disorder
☐ Drug use disorder
☐ Both alcohol and drug use disorders
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Long Term: ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Survivor of Domestic Violence

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

When the experience occurred

↳ *Ask only if Survivor of Domestic Violence is "Yes."*

☐ Within the past three months
☐ Three to six months ago (excluding six months exactly)
☐ Six months to one year ago (excluding one year exactly)
☐ One year ago or more
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Are you currently fleeing?

↳ *Ask only if Survivor of Domestic Violence is "Yes."*

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If "Yes," check every source that applies and record the monthly amount for each. If "No," leave the sources blank.

☐ Earned Income Amount: $ _____
☐ Unemployment Insurance Amount: $ _____
☐ Supplemental Security Income (SSI) Amount: $ _____
☐ Social Security Disability Insurance (SSDI) Amount: $ _____
☐ VA Service-Connected Disability Compensation Amount: $ _____
☐ VA Non-Service Connected Disability Pension Amount: $ _____
☐ Private Disability Insurance Amount: $ _____
☐ Worker's Compensation Amount: $ _____
☐ Temporary Assistance for Needy Families (TANF) Amount: $ _____
☐ General Assistance (GA) Amount: $ _____
☐ Retirement Income from Social Security Amount: $ _____
☐ Pension or Retirement Income from a Former Job Amount: $ _____
☐ Child Support Amount: $ _____
☐ Alimony and Other Spousal Support Amount: $ _____
☐ Other Income Source Amount: $ _____

Other Income Source — describe

↳ *Complete only if Other Income Source is checked.*

_____

Total Monthly Income for Individual

Calculated in Clarity as the sum of all amounts above. Add the amounts by hand on paper.

$ _____

NON-CASH BENEFITS

Receiving Non-Cash Benefits

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If "Yes," check every benefit that applies.

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Childcare Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Non-Cash Benefit

Other Non-Cash Benefit — source

↳ *Complete only if Other Non-Cash Benefit is checked.*

_____

HEALTH INSURANCE

Covered by Health Insurance

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If "Yes," check every insurance source that applies.

☐ MEDICAID
☐ MEDICARE
☐ State Children's Health Insurance Program
☐ Veteran's Health Administration (VHA)
☐ Employer-Provided Health Insurance
☐ Health Insurance Obtained Through COBRA
☐ Private Pay Health Insurance
☐ State Health Insurance for Adults
☐ Indian Health Services Program
☐ Other Health Insurance

Other Health Insurance — source

↳ *Complete only if Other Health Insurance is checked.*

_____

GENDER IDENTITY

Gender Identity

☐ Male ☐ Female ☐ Transgender ☐ Other ☐ Client prefers not to answer ☐ Data Not Collected