Program Enrollment

Paper form — KS Balance of State & Johnson County · 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.

Program Entry 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

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

The type of living arrangement the night before entry into the program.

- ☐ 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

Duration of the 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

Approximate Date Homelessness Started

The approximate date the homeless situation began.

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

Times Homeless in the Past Three Years

Regardless of where they stayed last night — number of times on the streets, in ES, or in SH 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 Months Homeless 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

CITY AND COUNTY OF RESIDENCE DURING PRIOR LIVING SITUATION

Prior City

_____

Prior County

Kansas county name, or write "Out of State."

_____

Prior Region

- ☐ Region 1: Northwest
- ☐ Region 2: Southwest
- ☐ Region 3: North Central
- ☐ Region 4: South Central
- ☐ Region 5: Northeast
- ☐ Region 6: Douglas
- ☐ Region 7: East Central
- ☐ Region 8: Southeast
- ☐ Region 9: Flint Hills
- ☐ Johnson County
- ☐ Kansas City, KS
- ☐ Topeka
- ☐ Wichita
- ☐ Out of State
- ☐ Client prefers not to answer

DISABLING CONDITIONS & BARRIERS

> ***Note for HMIS staff:*** *The specific disabling conditions below follow FY2026 HMIS Data Standards elements 4.05–4.10. Confirm they exist on the Clarity Program Enrollment screen before collecting them.*

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. A "Yes" to both parts on any of these qualifies the client for a "Yes" on Disabling Condition.

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

HEALTH INSURANCE

Covered by Health Insurance

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

Check every insurance source that applies. These are asked only when Covered by Health Insurance is "Yes."

☐ MEDICAID

Medicaid provider

↳ *Ask only if MEDICAID is checked.*

☐ Sunflower
☐ United/Optium
☐ Healthy Blue
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

☐ MEDICARE

☐ Other Health Insurance

Other Health Insurance Source

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

_____

INCOME

> ***Note for HMIS staff:*** *Monthly income and sources follows FY2026 HMIS Data Standards element 4.02. Confirm these fields exist on the Clarity Program Enrollment screen before collecting them.*

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

The sum of all amounts above. Add them by hand on paper.

$ _____

VETERAN STATUS

Veteran Status

A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

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

> **If the client is a veteran:**
> Veterans can be connected to a VA staff member by calling the National Call Center for Homeless Veterans at 877-424-3838.

DOMESTIC VIOLENCE

Victim of Domestic Violence

Whether the person is a survivor of domestic violence.

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

Last Occurrence of Domestic Violence

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

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

Is it safe to call you?

↳ *Ask only if the client is currently fleeing.*

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

Is it safe to identify as a provider?

↳ *Ask only if the client is currently fleeing.*

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

Is it safe to leave a message?

↳ *Ask only if the client is currently fleeing.*

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

> **SafeLine Kansas — if the client is fleeing or has experienced domestic violence:**
> 24/7 hotline connecting households with trained Victim Service Providers: 1-888-363-2287, or text SAFE to 847411.