Agency Name: _____

CLARITY HMIS: VA SERVICES ENROLLMENT 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.

CLIENT NAME OR IDENTIFIER: _____

PROJECT START DATE *[All Clients]*

		/			/				
Month			**Day**			**Year**			

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

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

ENROLLMENT CoC *[only if multiple CoC's]* _____

IN PERMANENT HOUSING *[Permanent Housing and Grant Per Diem – Case Management/Housing Retention Projects, for Head of Household]*

○	No	○	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-In Date:	____/____/_____		

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[Head of Household and Adults]*

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

IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
○	GPD TIP housing subsidy	○	Emergency Housing Voucher
○	VASH Housing subsidy	○	Family Unification Program Voucher (FUP)
○	RRH or equivalent subsidy	○	Foster Youth to Independence Initiative (FYI)
○	HCV voucher (tenant or project based) (not dedicated)	○	Permanent Supportive Housing
○	Public Housing Unit	○	Other permanent housing dedicated for formerly homeless persons
○	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION

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

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

○	No	○	Yes

LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations]*

○	No	○	Yes

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

○	Yes	○	No
Approximate Date This Episode of Homelessness Started		____/____/_____	
Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years			
○	One Time	○	Client doesn't know
○	Two Times	○	Client prefers not to answer
○	Three Times	○	Data not collected
○	Four or More Times		
Total number of *months* homeless on the streets, ES, or Safe Haven in the last 3 years			
○	One month (this time is the first month)	○	Client doesn't know
○	212 months (specify number of months): _____	○	Client prefers not to answer
○	More than 12 months	○	Data not collected

DISABLING CONDITION *[All Clients]*

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

SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults]*

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

		○	Data not collected
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED			
○	Within the past three months	○	Client doesn't know
○	Three to six months ago (excluding six months exactly)	○	Client prefers not to answer
○	Six months to one year ago (excluding one year exactly)	○	Data not collected
○	One year ago or more		
Are you currently fleeing?	○ No	○	Client doesn't know
	○ Yes	○	Client prefers not to answer
		○	Data not collected

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

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

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		**Amount**	**Income Source**		**Amount**
○	Earned Income		○	Temporary Assistance for Needy Families (TANF)	
○	Unemployment Insurance		○	General Assistance (GA)	
○	Supplemental Security Income (SSI)		○	Retirement income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from a former job	
○	VA Service-Connected Disability Compensation		○	Child support	
○	VA Non-Service-Connected Disability Pension		○	Alimony and other spousal Support	
○	Private Disability Insurance		○	Other income source *(specify):*	
○	Worker's Compensation				
Total Monthly Income for Individual:					

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

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
○	Supplemental Nutrition Assistance Program (SNAP)	○	TANF Child Care Services
○	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	○	TANF Transportation Services
○	Other (specify):	○	Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Clients]*

○	No	○	Client doesn't know

○	Yes	○	Client prefers not to answer
		○	Data not collected
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS			
○	MEDICAID	○	Employer Provided Health Insurance
○	MEDICARE	○	Health Insurance Obtained Through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veteran's Health Administration (VHA)	○	State Health Insurance for Adults
○	Other (specify):	○	Indian Health Services Program

SSVF HP TARGETING CRITERIA:

[Head of Household in SSVF Homeless Prevention programs]

Is Homelessness Prevention targeting screener required?

○	No	○	Yes
IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED			
Housing loss expected within...			
○	1-6 days	○	7-13 days
○	14-21 days	○	More than 21 days
Current household income			
○	$0 (i.e., not employed, not receiving cash benefits, no other current income)	○	1-14% of Area Median Income (AMI) for household size
○	15-30% of AMI for household size	○	More than 30% of AMI for household size
Past experience of homelessness (street/shelter/transitional housing) (any adult)			
○	Most recent episode occurred within the last year	○	Most recent episode occurred more than one year ago
○	None		
Head of Household is not a current leaseholder/renter of unit			
○	No	○	Yes
Head of Household (HoH) never been a leaseholder/renter of unit			
○	No	○	Yes
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)			
○	No	○	Yes
Rental Evictions within the past 7 years (any adult)			
○	No prior rental evictions	○	1 prior rental eviction
○	2 or more prior rental evictions		
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)			
○	No	○	Yes
Incarcerated as adult (any adult in household)			
○	Not incarcerated	○	Incarcerated once
○	Incarcerated two or more times		
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)			
○	No	○	Yes
Registered sex offenders (any household members)			
○	No	○	Yes
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing			
○	No	○	Yes
Currently pregnant (any household member)			

○	No	○	Yes
Single parent/guardian household with minor child(ren)			
○	No	○	Yes
Household includes one or more young children (age six or under), or a child who requires significant care			
○	No	○	Youngest child is under 1 year old
○	Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care		
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)			
○	No	○	Yes
Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC.			
○	No	○	Yes

HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER *[Head of Household]*

CONNECTION WITH SOAR *[Head of Household and Adults, SSVF RRH and Homelessness Prevention]*

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

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI
[Head of Household, required for SSVF RRH and Homelessness Prevention]

○	30% or less	○	51% to 80%
○	31% to 50%	○	81% or greater

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

○	Less than Grade 5	○	Associate's degree
○	Grades 5-6	○	Bachelor's degree
○	Grades 7-8	○	Graduate degree
○	Grades 9-11	○	Vocational certification
○	Grade 12/High school diploma	○	Client doesn't know
○	School program does not have grade levels	○	Client prefers not to answer
○	GED	○	Data not collected
○	Some college		

EMPLOYMENT STATUS *[Head of Household & Adults, SSVF, GPD and VASH]*

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

If "Yes" for employed – Type of employment			
○	Fulltime	○	Seasonal/sporadic (including day labor)
○	Part-time		
If "No" for employed – Why not employed			
○	Looking for work	○	Not looking for work
○	Unable to work		

GENERAL HEALTH STATUS *[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

○	Excellent	○	Poor
○	Very good	○	Client doesn't know
○	Good	○	Client prefers not to answer
○	Fair	○	Data not collected

MENTAL HEALTH CONSULTATION *[Veterans]*

○	Mental health consultation completed
○	Mental health consultation being coordinated / arranged with VA provider
○	Mental health consultation being coordinated / arranged with other provider
○	Offer declined

SEX *[All Clients]*

○	Female	○	Client doesn't know
○	Male	○	Client prefers not to answer
		○	Data not collected

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