Agency Name:	
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2026 CLARITY PROJECT ENROLLMENT FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

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ſ	PROJEC	,	ART D	ATE	[All	Clients <u>.</u>	1	
		/	<u> </u>		/			
	Month		D	ay			Ye	ear
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HEN (CLIENT W	AS E	NGA	GED	[Stree	t Outre	ach (Only or Night by Night Emergency Shelter]
ate of	f Engagem	ent:					_/	
							_	
- L	MANENT	HOU	SING	[Perm	naner		sing F Yes	Projects, for Head of Household]
	0" TO DED	N A A A I F	-NIT II			0	res	
	S" TO PER			OUSII	NG			
Housin	ng Move-In	Date:				-	_/	
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Plac an a stat	OF RESIDE ce not mear abandoned tion/airport,	nt for I buildi or any	E <i>[Hea</i> habitating, bu	tion (e s/train e outsi	.g., a /subw de)	vehicle ⁄ay		dults] Hotel or motel paid for without emergency shelter voucher
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0	GPD TIP housing subsidy	0	Emergency Housing Voucher
0	VASH Housing subsidy	0	Family Unification Program Voucher (FUP)
0	RRH or equivalent subsidy	0	Foster Youth to Independence Initiative (FYI)
0	HCV voucher (tenant or project based) (not dedicated)	0	Permanent Supportive Housing
0	Public Housing Unit		Other permanent housing dedicated for
0	Rental by client, with other ongoing housing subsidy	0	Other permanent housing dedicated for formerly homeless persons

LENGTH OF STAY IN PRIOR LIVING SITUATION

0	One night or less	0	One month or more, but less than 90 days	0	Client doesn't know
0	Two to six nights	0	90 days or more, but less than one year	0	Client prefers not to answer
0	One week or more, but less than one month	0	One year or longer	0	Data not collected

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LEN	NGTH OF STAY LESS THAN 90 DAYS [Instit	tutic	onal Housing Situations]
0	No	0	Yes



ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]		
○ Yes	0	No
Approximate Date This Episode of Homelessness St	tarted	
Number of times the client has been on the streets, I	ES, or Safe	e Haven in the last 3 years
o One Time	0	Client doesn't know
o Two Times	0	Client prefers not to answer
Three Times	0	Data not collected
Four or More Times		•
Total number of months homeless on the streets, ES	S, or Safe	Haven in the last 3 years
One month (this time is the first month)	0	Client doesn't know
2-12 months (specify number of months):	0	Client prefers not to answer
More than 12 months	0	Data not collected
	1	
DISABLING CONDITION [All Clients]		T-au
o No	0	Client doesn't know
o Yes	0	Client prefers not to answer
	0	Data not collected
PHYSICAL DISABILITY [All Clients]		
No	0	Client doesn't know
o Yes	0	Client prefers not to answer
1.55	0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECIFY		1
Expected to be of long-continued and indefinite o No) 0	Client doesn't know
duration and substantially impairs ability to live o Ye		Client prefers not to answer
independently?	0	Data not collected
DEVELOPMENTAL DISABILITY [All Clients]		
No	0	Client doesn't know
o Yes	0	Client prefers not to answer
	0	Data not collected
CHRONIC HEALTH CONDITION [All Clients]	•	
o No	0	Client doesn't know
o Yes	0	Client prefers not to answer
	0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION - SPEC		
Expected to be of long-continued and indefinite o No		Client doesn't know
duration and substantially impairs ability to live o Ye	es o	Client prefers not to answer
independently?	0	Data not collected
HIV-AIDS [All Clients]		
No	0	Client doesn't know
o Yes	0	Client prefers not to answer
<u> </u>	0	Data not collected
	U	Data not conected

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer



			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER - S				
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know
0	Alcohol use disorder	0	Client prefers not to answer		
0	Drug use disorder	0	Data not collected		
	Both alcohol and drug use disorders				
IF	"ALCOHOL USE DISORDER" "DRUG USE I	DIS	ORDER" (OR "	BOTH ALCOHOL AND DRUG USE
DI	SORDERS" – SPECIFY				
Ex	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
inc	dependently?			0	Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No			0	Client doesn't know			
0	Yes			0	Client prefers not to answer			
				0	Data not collected			
IF	"YES" TO SURVIVOR OF DOMESTIC VIOLE	ENC	E - SPEC	IFY	WHEN EXPERIENCE OCCURRED			
0	Within the past three months			0	Client doesn't know			
0	Three to six months ago (excluding six month	ns e	xactly)	0	Client prefers not to answer			
0	Six months to one year ago (excluding one year	ear	exactly)	0	Data not collected			
0	One year ago or more							
			No	0	Client doesn't know			
Are you currently fleeing?			Yes	0	Client prefers not to answer			
	-			0	Data not collected			

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No			Client doesn't know				
0	Yes	()	Client prefers not to answer				
				Data not collected				
IF	"YES" TO INCOME FROM ANY SOU	RCE - II	NDIC	ATE ALL SOURCES THAT APPLY				
Inc	come Source	Amount	Inc	ome Source	Amount			
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)				
0	Unemployment Insurance		0	General Assistance (GA)				
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security				
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job				
0	VA Service-Connected Disability Compensation		0	Child support				
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support				
0	Private disability insurance	_	0	Other income source (specify):				
0	Worker's Compensation							
To	tal Monthly Income for Individual:			·				

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected



IF	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY					
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services			
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services			
0	Other (specify):	0	Other TANF-funded services			

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know			
0	Yes	0	Client prefers not to answer			
		0	Data not collected			
IF "YES" TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Health Insurance Obtained Through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance			
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults			
0	Other (specify):	0	Indian Health Services Program			

Signature of applicant stating all information is true and correct	Date