Agency Name: _____

**CLARITY**
HUMAN SERVICES

# 2026 CLARITY PROJECT INTAKE FORM
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]*

| | | | - | | | - | | | |
|---|---|---|---|---|---|---|---|---|---|

## QUALITY OF SOCIAL SECURITY

| | | | | |
|---|---|---|---|---|
| ○ | Full SSN reported | ○ | Client doesn't know |
| ○ | Approximate or partial SSN reported | ○ | Client prefers not to answer |
| | | ○ | Data not collected |

### CURRENT NAME *[All Clients]*

| | | | | | | | | | | | | | | | | | N/A |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Last | | | | | | | | | | | | | | | | | ○ |
| First | | | | | | | | | | | | | | | | | ○ |
| Middle | | | | | | | | | | | | | | | | | ○ |
| Suffix | | | | | | | | | | | | | | | | | ○ |

## QUALITY OF CURRENT NAME

| | | | | |
|---|---|---|---|---|
| ○ | Full name reported | ○ | Client doesn't know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer |
| | | ○ | Data not collected |

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

| | | / | | | / | | | | Age: |
|---|---|---|---|---|---|---|---|---|---|

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

## QUALITY OF DATE OF BIRTH

| | | | | |
|---|---|---|---|---|
| ○ | Full DOB reported | ○ | Client doesn't know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
| | | ○ | Data not collected |

## GENDER

| | | | | |
|---|---|---|---|---|
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn't know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

## RACE AND ETHNICITY (Select all applicable) *[All Clients]*

| | | | | |
|---|---|---|---|---|
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |

| | | | |
|---|---|---|---|
| ○ | Black, African American, or African | ○ | Client doesn't know |
| ○ | Hispanic/Latina/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data not collected |

## VETERAN STATUS [All Adults]

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

## IF "YES" TO VETERAN STATUS

| | | | |
|---|---|---|---|
| **Year entered military service (year)** | | | |
| **Year separated from military service (year)** | | | |
| **Theater of Operations: World War II** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Korean War** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Vietnam War** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Persian Gulf War (Desert Storm)** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Afghanistan (Operation Enduring Freedom)** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation Iraqi Freedom)** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Iraq (Operation New Dawn)** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)** | | | |
| ○ | No | ○ | Client doesn't know |
| ○ | Yes | ○ | Client prefers not to answer |
| | | ○ | Data not collected |
| **Branch of the Military** | | | |
| ○ | Army | ○ | Space Force |
| ○ | Air Force | ○ | Client doesn't know |
| ○ | Navy | ○ | Client prefers not to answer |
| ○ | Marines | ○ | Data not collected |
| ○ | Coast Guard | | |
| **Discharge Status** | | | |
| ○ | Honorable | ○ | Uncharacterized |
| ○ | General under honorable conditions | ○ | Client doesn't know |

| | | | | |
|---|---|---|---|---|
| ○ | Other than honorable conditions (OTH) | ○ | Client prefers not to answer |
| ○ | Bad Conduct | ○ | Data not collected |
| ○ | Dishonorable | | |

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

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

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

## WHEN CLIENT WAS ENGAGED  *[Street Outreach Only or Night by Night Emergency Shelter]*

| | |
|---|---|
| **Date of Engagement:** | ____/____/_____ |

## IN PERMANENT HOUSING *[Permanent Housing 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 non-psychiatric 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 on-going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on-going 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 |
| ○ | 2-12 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 |

## PHYSICAL DISABILITY  *[All Clients]*

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

| IF "YES" TO PHYSICAL DISABILITY – SPECIFY | | | | |
|---|---|---|---|---|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn't know |
| | ○ | Yes | ○ | Client prefers not to answer |
| | | | ○ | Data not collected |

## DEVELOPMENTAL DISABILITY  *[All Clients]*

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

## CHRONIC HEALTH CONDITION  *[All Clients]*

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

| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | | | | |
|---|---|---|---|---|
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | No | ○ | Client doesn't know |
| | ○ | Yes | ○ | Client prefers not to answer |
| | | | ○ | Data not collected |

## HIV-AIDS  *[All Clients]*

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

## MENTAL HEALTH DISORDER  *[All Clients]*

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

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

## SUBSTANCE USE DISORDER  *[All Clients]*

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

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

| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | ○ | 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 |

_____

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