Agency Name: _____

Residential project or halfway house with no

homeless criteria



CLARITY HMIS: HHS - RHY PROJECT ENROLLMENT FORM

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

CL	CLIENT NAME OR IDENTIFIER:							
	PROJECT START DATE [All Clients]							
	Month Day	Y	/ear					
RE	RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]							
0	Self	0	Head of household - other relation to member					
0	Head of household's child	0	Other: non-relation member					
0	Head of household's spouse or partner							
ΕN	ROLLMENT CoC [only if multiple CoC's]		 					
WE	IEN CLIENT WAS ENGAGED							
	mplete Date of Engagement When Client Has Be	en l	Engaged – Street Outreach Projects, for					
-	ilts & Head of Household]		ingagoa cacot caacaan rojoote, ter					
Da	ite of Engagement:		<u>/</u>					
IN	PERMANENT HOUSING [Permanent Housir	na P	Projects for Head of Household					
0	No	<u>.g</u> .	o Yes					
IF	"YES" TO PERMANENT HOUSING							
	ousing Move-In Date: [Complete Housing Move-	-In Γ)ate					
	hen Client Moves Into Permanent Housing Unit]	"" "						
			,					
	IOR LIVING SITUATION							
TY	PE OF RESIDENCE [Head of Household and	d Ac	dults Only]					
	Place not meant for habitation (e.g., a vehicle,		Hotel or motel paid for without emergency					
0	an abandoned building, bus/train/subway	0	shelter voucher					
	station/airport, or anywhere outside) Emergency shelter, including hotel or motel							
0	paid for with emergency shelter voucher, or	0	Host Home (non-crisis)					
	Host Home shelter		(non-short)					
0	Safe Haven	0	Staying or living in a friend's room, apartment,					
	Sale Havell	0	or house					
0	Foster care home or foster care group home	0	Staying or living in a family member's room, apartment or house					
0	Hospital or other residential non-psychiatric	0	Rental by client, no ongoing housing subsidy					
	medical facility		, , , , , , , , , , , , , , , , , , , ,					
0	Jail, prison or juvenile detention facility	0	Rental by client, with ongoing housing subsidy					
0	Long-term care facility or nursing home	0	Owned by client, with on-going housing subsidy					
0	Psychiatric hospital or other psychiatric facility	0	Owned by client, no on-going housing subsidy					
0	Substance abuse treatment facility or detox center	0	Client doesn't know					
0	Transitional housing for homeless persons (including homeless youth)	0	Client prefers not to answer					

0

Data not collected



IF "RENTAL BY CLIENT, WITH	ONC	JOING HC	USIN					
o GPD TIP housing subsidy			0					/oucher
VASH Housing subsidy			0					gram Voucher (FUP)
o RRH or equivalent subsidy			0	Foste	er You	ıth to In	dep	endence Initiative (FYI)
HCV voucher (tenant or project dedicated)	ct bas	sed) (not	0	Perm	nanen	t Suppo	rtive	e Housing
 Public Housing Unit 				Otho	r norn	nanant l	hou	sing dedicated for
Rental by client, with other one subsidy	going	g housing	0			omeless		
LENGTH OF STAY IN PRIOR L	_IVIN	IG SITUA	TION					
One night or less	0	One mon than 90 d	ays	•			0	Client doesn't know
Two to six nights	0	90 days o	or more	e, but I	less th	an	0	Client prefers not to answer
One week or more, but less than one month	0	One year	or lon	ger			0	Data not collected
ENCTU OF STAV LESS THAT	N 7 •		TLI D				_	
LENGTH OF STAY LESS THAI	1A \ L	אוטחו ז [_				
○ No			0	Yes				
LENGTH OF STAY LESS THAI	N 90	DAYS [Ir	nstitutio	nal H	lousind	n Situat	ions	:1
		Ditio [iii		Yes	o a on ig	y Citada	0110	'I
[Head of Household and Adults]		ONTHE	SIRE	ETS, I	EMEF		Y S	SHELTER, SAFE HAVEI
ON THE NIGHT BEFORE – STA [Head of Household and Adults] O Yes Approximate Date This Episode	of H	lomelessr	ness S	tarted	O	No //	/	
ON THE NIGHT BEFORE – STA [Head of Household and Adults] Yes Approximate Date This Episode Number of times the client has	of H	lomelessr	ness S	tarted	O	No / Haver	/ n in	the last 3 years
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o Yes			0	Client prefers not to answer
			0	Data not collected
PHYSICAL DISABILITY [All Clients]				
No			0	Client doesn't know
Yes		0	Client prefers not to answer	
0 103			0	Data not collected
IF "YES" TO PHYSICAL DISABILITY - SPECII	FY			Data Not concoled
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?		100	0	Data not collected
,				Data flot collected
DEVELOPMENTAL DISABILITY [All Clients]	1			
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
CHRONIC HEALTH CONDITION [All Clients]	1			
o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
1 2 2 2			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	– SF	PECIFY		
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
MENTAL HEALTH DISCORDED [All Cliente]			•	
MENTAL HEALTH DISORDER [All Clients] No			0	Client doesn't know
Yes			0	Client prefers not to answer
0 165			0	Data not collected
IF "YES" TO MENTAL HEALTH DISORDER -	SDE	CIEV	10	Data not collected
Expected to be of long-continued and indefinite	OFL	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?		103	0	Data not collected
			1 0	Data not conceted
SUBSTANCE USE DISORDER [All Clients]				Client desen't know
NoAlcohol use disorder			0	Client doesn't know
				Client prefers not to answer
Drug use disorder Deth cleabel and drug use disorders			0	Data not collected
○ Both alcohol and drug use disorders IF "ALCOHOL USE DISORDER" "DRUG USE	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
DISOPREPS" _ SPECIEV		No	0	Client doesn't know
DISORDERS" – SPECIFY Expected to be of long-continued and indefinite				
Expected to be of long-continued and indefinite	0			
	0	Yes	0	Client prefers not to answer Data not collected

INC	INCOME FROM ANY SOURCE [Head of Household and Adults]				
0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		



	come Source	Amount	Inc	come 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				

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,	0	TANF Transportation Services			
0	Infants, and Children (WIC)	0	TAINE Transportation Services			
0	Other (specify):	0	Other TANF-funded services			

COVERED BY HEALTH INSURANCE [All Clients]

-	overteb by the term into out the end in one into j					
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 IN	NSU	RANCE 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			

RHY SPECIFIC YOUTH INFORMATION

LAST GRADE COMPLETED [Adults and Head of Household, All program types except Street Outreach]

0	Less than Grade 5	0	Associate's degree
0	Grades 5-6	0	Bachelor's degree



0	Grades 7-8	0	Graduate degree
0	Grades 9-11	0	Vocational certification
0	Grade 12/High school diploma	0	Client doesn't know
0	School program does not have grade levels	0	Client prefers not to answer
0	GED	0	Data not collected
0	Some college		

SCHOOL STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Attending school regularly	0	Suspended
0	Attending school irregularly	0	Expelled
0	Graduated from high school	0	Client doesn't know
0	Obtained GED	0	Client prefers not to answer
0	Dropped out	0	Data not collected

EMPLOYMENT STATUS [Adults and Head of Household, All program types except Street Outreach]

Er	nployed		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
lf '	Yes" for employed – Type of employment		
0	Full-time	0	Seasonal/sporadic (including day labor)
0	Part-time		
lf '	'No" for employed – Why not employed		
0	Looking for work	0	Not looking for work
0	Unable to work		

GENERAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

DENTAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

	• • • • • • • • • • • • • • • • • • • •						
0	Excellent	0	Poor				
0	Very good	0	Client doesn't know				
0	Good	0	Client prefers not to answer				
0	Fair	0	Data not collected				

MENTAL HEALTH STATUS [Adults and Head of Household, All program types except Street Outreach]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client prefers not to answer
0	Fair	0	Data not collected

PREGNANCY STATUS [Adults and Head of Household]

_	<u> </u>		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
If "Yes" for Pregnancy Status			
Dι	ue Date		



FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

[Adults and Head of Household. All program types except Street Outreach]

L'		<u> </u>				
0	No	0	Client doesn't know			
0	Yes	0	Client prefers not to answer			
		0	Data not collected			
lf '	If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency					
0	Less than one year	0	3 to 5 years or more			
0	1 to 2 years					
If '	'Less than one year" – Number of months					

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

[Adults and Head of Household, All program types except Street Outreach]

<u></u>	and arra rroad or rroadorrord, rui program typo				
0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
If "Yes" for Formerly a Ward of Juvenile Justice System					
0	Less than one year	0	3 to 5 years or more		
0	1 to 2 years				
If '	Less than one year" – Number of months				

FAMILY CRITICAL ISSUES [Adults and Head of Household, All program types except Street Outreach]

Unemployment – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Mental Health Disorder – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Physical Disability – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Alcohol or Substance Use Disorder – Family Member	0	No	0	Client doesn't
				know
	0	Yes	0	Client prefers not
				to answer
			0	Data not
				collected
Insufficient income to support youth – Family Member	0	No	0	Client doesn't
				know



	0	Yes	0	Client prefers not to answer
			0	Data not collected
Incarcerated parent of youth	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

REFERRAL SOURCE [Adults and Head of Household, All program types except Street Outreach]

_	Colf referred	Τ_	Law Enforcement/Dolling
0	Self -referral	0	Law Enforcement/Police
	Individual: Parent/Guardian/Relative/Friend/ Foster		
0	Parent/Other Individual	0	Mental Hospital
0	Outreach	0	School
0	Temporary Shelter	0	Other organization
0	Residential Project	0	Client doesn't know
0	Hotline	0	Client prefers not to answer
0	Child Welfare/CPS	0	Data not collected
0	Juvenile Justice		
If I	Referral Source is "Outreach Project" – Number of times		
ар	proached by Outreach prior to entering project		

Additional Information

SEX [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client prefers not to answer
		0	Data not collected

Signature of applicant stating all information is true and correct

Date