

Agency Name: _____



CLARITY HMIS: HHS - RHY 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]*

		/			/				
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Month

Day

Year

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-				
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QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

CURRENT NAME *[All Clients]*

																			N/A
Last																			<input type="radio"/>
First																			<input type="radio"/>
Middle																			<input type="radio"/>
Suffix																			<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Clients]*

		/			/					Age:
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Month

Day

Year

QUALITY OF DATE OF BIRTH

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	Native Hawaiian or Pacific Islander
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	White
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Hispanic/Latina/o	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Middle Eastern or North African	<input type="radio"/>	Data not collected

VETERAN STATUS *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	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			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Korean War			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Vietnam War			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Iraq (Operation New Dawn)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<input type="radio"/> No		<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes		<input type="radio"/> Client prefers not to answer	
		<input type="radio"/> Data not collected	
Branch of the Military			
Army		<input type="radio"/> Space Force	
Air Force		<input type="radio"/> Client doesn't know	
Navy		<input type="radio"/> Client prefers not to answer	
Marines		<input type="radio"/> Data not collected	
Coast Guard			

Discharge Status	
Honorable	<input type="radio"/> Uncharacterized
General under honorable conditions	<input type="radio"/> Client doesn't know
Other than honorable conditions (OTH)	<input type="radio"/> Client prefers not to answer
Bad Conduct	<input type="radio"/> Data not collected
Dishonorable	

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

<input type="radio"/> Self	<input type="radio"/> Head of household - other relation to member
<input type="radio"/> Head of household's child	<input type="radio"/> Other: non-relation member

<input type="radio"/> Head of household's spouse or partner	
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ENROLLMENT CoC *[only if multiple CoC's]* _____

WHEN CLIENT WAS ENGAGED

[Complete Date of Engagement When Client Has Been Engaged –Street Outreach Projects, for Adults & Head of Household]

Date of Engagement:	____/____/____
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IN PERMANENT HOUSING *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/> No	<input type="radio"/> Yes
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IF “YES” TO PERMANENT HOUSING

Housing Move-In Date: <i>[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]</i>	____/____/____
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PRIOR LIVING SITUATION

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

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

IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:

<input type="radio"/> GPD TIP housing subsidy	<input type="radio"/> Emergency Housing Voucher
<input type="radio"/> VASH Housing subsidy	<input type="radio"/> Family Unification Program Voucher (FUP)
<input type="radio"/> RRH or equivalent subsidy	<input type="radio"/> Foster Youth to Independence Initiative (FYI)
<input type="radio"/> HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/> Permanent Supportive Housing
<input type="radio"/> Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons
<input type="radio"/> Rental by client, with other ongoing housing subsidy	

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/> One night or less	<input type="radio"/> One month or more, but less than 90 days	<input type="radio"/> Client doesn't know
<input type="radio"/> Two to six nights	<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client prefers not to answer
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One year or longer	<input type="radio"/> Data not collected

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

<input type="radio"/> No	<input type="radio"/> Yes
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LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

<input type="radio"/> No	<input type="radio"/> Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> 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	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total number of months homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

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

Date of Status Determination	<input type="radio"/> ____/____/____
Youth Eligible for RHY Services	
<input type="radio"/> No	<input type="radio"/> Yes
IF "No" for Youth Eligible for RHY Services – Reason services are not funded by BCP grant	
<input type="radio"/> Out of age range	<input type="radio"/> Ward of the criminal justice system – immediate reunification
<input type="radio"/> Ward of the State – Immediate Reunification	<input type="radio"/> Other
If "Yes" for Youth Eligible for RHY Services – Runaway Youth?	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

DISABLING CONDITION [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer	
	<input type="radio"/> 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?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected
<input type="radio"/> 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?	<input type="radio"/> No <input type="radio"/> Client doesn't know
	<input type="radio"/> Yes <input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know		
<input type="radio"/>	Yes	<input type="radio"/>	Client prefers not to answer		
		<input type="radio"/>	Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					
Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement income from Social Security	

<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from a former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other income source (<i>specify</i>):	
<input type="radio"/>	Worker's Compensation				
Total Monthly Income for Individual:					

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

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

COVERED BY HEALTH INSURANCE *[All Clients]*

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

RHY SPECIFIC YOUTH INFORMATION

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

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

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

<input type="radio"/> Attending school regularly	<input type="radio"/> Suspended
<input type="radio"/> Attending school irregularly	<input type="radio"/> Expelled
<input type="radio"/> Graduated from high school	<input type="radio"/> Client doesn't know
<input type="radio"/> Obtained GED	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Dropped out	<input type="radio"/> Data not collected

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

Employed	
<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If "Yes" for employed – Type of employment	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
If "No" for employed – Why not employed	
<input type="radio"/> Looking for work	<input type="radio"/> Not looking for work
<input type="radio"/> Unable to work	

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

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

<input type="radio"/> Excellent	<input type="radio"/> Poor
<input type="radio"/> Very good	<input type="radio"/> Client doesn't know
<input type="radio"/> Good	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Fair	<input type="radio"/> Data not collected

PREGNANCY STATUS *[Adults and Head of Household]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If "Yes" for Pregnancy Status	
Due Date	____/____/____

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY
[Adults and Head of Household, All program types except Street Outreach]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	

If “Less than one year” – Number of months	
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FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM

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

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
If “Yes” for Formerly a Ward of Juvenile Justice System	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 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	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Mental Health Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Physical Disability – Family Member	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Alcohol or Substance Use Disorder – Family Member	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Insufficient income to support youth – Family Member	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected
Incarcerated parent of youth	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<input type="radio"/> Data not collected

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

<input type="radio"/> Self -referral	<input type="radio"/> Law Enforcement/Police
<input type="radio"/> Individual: Parent/Guardian/Relative/Friend/ Foster Parent/Other Individual	<input type="radio"/> Mental Hospital
<input type="radio"/> Outreach	<input type="radio"/> School
<input type="radio"/> Temporary Shelter	<input type="radio"/> Other organization
<input type="radio"/> Residential Project	<input type="radio"/> Client doesn't know
<input type="radio"/> Hotline	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Child Welfare/CPS	<input type="radio"/> Data not collected
<input type="radio"/> Juvenile Justice	
If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project	

Additional Information

SEX [All Clients]

<input type="radio"/> Female	<input type="radio"/> Client doesn't know
<input type="radio"/> Male	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

Signature of applicant stating all information is true and correct

Date