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# **CLARITY HMIS: HUD - YHDP PROJECT INTAKE FORM**

Use block letters for text and bubble in the appropriate circles.

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# QUALITY OF DATE OF BIRTH

○ Full DOB reported	0	Client doesn't know
Approximate or partial DOB reported	0	Client prefers not to answer
	0	Data not collected

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

	in to 27 th 2 2 min to 11 1 ( constrain approache) [ in control							
0	American Indian, Alaska Native, or Indigenous	0	Native Hawaiian or Pacific Islander					
0	Asian or Asian American	0	White					
0	Black, African American, or African	0	Client doesn't know					
0	Hispanic/Latina/o	0	Client prefers not to answer					



Middle Eastern or North African	0	Data not collected
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# VETERAN STATUS [All Adults]

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

#### **IF "YES" TO VETERAN STATUS**

٧٠	ar entered military service (year)		
	ar separated from military service (year)		
	eater of Operations: World War II		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
	103	0	Data not collected
Th	eater of Operations: Korean War	0	Data Not conceted
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
	100	0	Data not collected
Th	eater of Operations: Vietnam War		Bata Het demotida
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Persian Gulf War (Deser	t Storm)	1
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Afghanistan (Operation	Enduring Freed	dom)
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Iraq (Operation Iraqi Fre	edom)	•
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
Th	eater of Operations: Iraq (Operation New Day	vn)	
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
	eater of Operations: Other peace-keeping op	erations or mili	tary interventions (such as
<u>∟e</u> ○	banon, Panama, Somalia, Bosnia, Kosovo) No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
0	165	0	Data not collected
Br	anch of the Military	0	Data Not collected
<u>о</u>	Army	0	Space Force
0	Air Force	0	Client doesn't know
			_
0	Navy	0	Client prefers not to answer
0	Marines	0	Data not collected
<u>o</u> :	Coast Guard		
	scharge Status	1	l lin als a manufación a d
0	Honorable	0	Uncharacterized
0	General under honorable conditions	0	Client doesn't know
0	Other than honorable conditions (OTH)	0	Client prefers not to answer



0	Bad Conduct	0	Data not collected
0	Dishonorable		

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							
EN	ENROLLMENT CoC [only if multiple CoC's]							

WHEN CLIEN!	WAS ENGAGED	[Street	Outreacn	Only of	r Night by	Nignt Emer	rgency	Sneiterj

Date of Engagement:	

## IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

	-		<u> </u>
0	No	0	Yes
IF	"YES" TO PERMANENT HOUSING		
Н	ousing Move-In Date:		

#### PRIOR LIVING SITUATION

# TYPE OF RESIDENCE [Head of Household and Adults]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	0	Hotel or motel paid for without emergency shelter voucher
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	0	Host Home (non-crisis)
0	Safe Haven	0	Staying or living in a friend's room, apartment, 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 medical facility	0	Rental by client, no ongoing housing subsidy
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	Residential project or halfway house with no homeless criteria	0	Data not collected
I	F "RENTAL BY CLIENT, WITH ONGOING HOUS	SIN	G SUBSIDY" – SPECIFY:
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	0	



	-								
0					er permanent housing dedicated for				
	Subsidy			lomiei	merly homeless persons				
Ε	NGTH OF STAY IN PRIOR L	IVI	NG SITUA	TION					
	One month or more, but less								
0	One night or less	0	than 90 d					0	Client doesn't know
0	Two to six nights	0	90 days c	or mor	e, but le	ss th	an	0	Client prefers not to
	One week or more, but less		one year						answer
0	than one month	0	One year	or lon	ger			0	Data not collected
F	NGTH OF STAY LESS THAI	N 7	NIGHTS /	TH P	H1				
0	No			0	Yes				
	110				1.00				
_E	NGTH OF STAY LESS THAI	N 90	DAYS [/r	nstituti	onal Ho	ısing	g Situa	tions	·]
0	No			0	Yes				
					1				
	THE NIGHT BEFORE - STA			STRE	ETS, E	MEF	RGEN	CY S	HELTER, SAFE
	VEN [Head of Household and	d Ad	lults]		П		1		
0	Yes					0	No		
Approximate Date This Episode of Homelessness Started/									
ΑĮ	oproximate Date This Episode	of I	Homelessr	ness S	Started	-	/_	/	
	oproximate Date This Episode umber of <i>tim</i> es the client has					Safe	/_ e Have	/ n in	the last 3 years
						Safe			the last 3 years
N	umber of times the client has						Clien	t doe	
<b>N</b>	One Time Two Times Three Times					0	Clien Clien	t doe t pre	esn't know
<ul><li>NI</li><li>O</li><li>O</li><li>O</li></ul>	One Time Two Times Three Times Four or More Times	beer	n on the st	reets	ES, or	0 0	Clien Clien Data	t doe t pre not d	esn't know fers not to answer collected
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**CHRONIC HEALTH CONDITION** [All Clients]

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

**HIV-AIDS** [All Clients]

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

MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
	0	Data not collected		
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
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
0	Both alcohol and drug use disorders				
IF	"ALCOHOL USE DISORDER" "DRUG USE I	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
	"ALCOHOL USE DISORDER" "DRUG USE   SORDERS" – SPECIFY	DIS	ORDER"	OR "	BOTH ALCOHOL AND DRUG USE
DI		DIS(	ORDER"	OR "	Client doesn't know
DI Ex	SORDERS" – SPECIFY	T	1	OR "   0   0	

**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				
		0	No	0	Client doesn't know
Ar	e you currently fleeing?	0	Yes	0	Client prefers not to answer
				0	Data not collected

**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			
IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY					



Inc	come Source	Amount	ount Income Source				
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						
То	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	"YES" TO NON-CASH BENEFITS – INDICATE ALL SOUP	RCES	S 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 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

#### **Additional Information**

#### **GENERAL HEALTH STATUS**

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**

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**

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

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	ie Date			

#### FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY

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 Child Welfare/Fos			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

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	Syste	em
0	Less than one year	0	3 to 5 years or more
0	1 to 2 years		
lf '	'Less than one year" - Number of months		

# SEX [All Clients]

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

### YOUTH EDUCATION STATUS

0	Not currently enrolled in any school or educational course				Client doesn't know
	Currently enrolled but NOT attending regularly		)	Client prefers not to answer	
0	(when school or the course is in session)				0
	Currently enrolled and attending regularly (when school or the course is in session)		0	Data not collected	
0	(when school or the course is in session)				
IF	IF "NOT CURRENTLY ENROLLED" - MOST RECENT EDUCATIONAL STATUS				
	K12: Graduated from high school		Higher educ	ucation: Pursuing a credential but not	
0			currently attending		



0	K12: Obtained GED	0	Higher education: Dropped out
0	K12: Dropped out	0	Higher education: Obtaining a credential/degree
0	K12: Suspended	0	Client doesn't know
0	K12: Expelled	0	Client prefers not to answer
		0	Data not collected
IF	"CURRENTLY ENROLLED" - CURRENT EDU	IONAL STATUS	
0	Pursuing a high school diploma or GED	0	Pursuing other post-secondary credential
0	Pursuing Associate's Degree	0	Client doesn't know
0	Pursuing Bachelor's Degree	0	Client prefers not to answer
0	Pursuing Graduate Degree	0	Data not collected

Signature of applicant stating all information is true and correct

Date