

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HUD - YHDP 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]*

			-			-				
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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:
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

<b>Year entered military service (year)</b>			
<b>Year separated from military service (year)</b>			
<b>Theater of Operations: World War II</b>			
<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		
<b>Theater of Operations: Korean War</b>			
<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		
<b>Theater of Operations: Vietnam War</b>			
<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		
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<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		
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<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		
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<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		
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<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		
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<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		
<b>Branch of the Military</b>			
<input type="radio"/> Army	<input type="radio"/> Space Force		
<input type="radio"/> Air Force	<input type="radio"/> Client doesn't know		
<input type="radio"/> Navy	<input type="radio"/> Client prefers not to answer		
<input type="radio"/> Marines	<input type="radio"/> Data not collected		
<input type="radio"/> Coast Guard			
<b>Discharge Status</b>			
<input type="radio"/> Honorable	<input type="radio"/> Uncharacterized		
<input type="radio"/> General under honorable conditions	<input type="radio"/> Client doesn't know		
<input type="radio"/> Other than honorable conditions (OTH)	<input type="radio"/> Client prefers not to answer		
<input type="radio"/> Bad Conduct	<input type="radio"/> Data not collected		
<input type="radio"/> Dishonorable			

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

<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	

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

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

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
<b>IF "YES" TO PERMANENT HOUSING</b>	
Housing Move-In Date:	____/____/____

**PRIOR LIVING SITUATION**
**TYPE OF RESIDENCE** *[Head of Household and Adults]*

<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 <i>times</i> 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 <i>months</i> 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

### 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
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>			
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

### HIV-AIDS *[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

### 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	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>			
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			
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>			
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

### SURVIVOR OF DOMESTIC VIOLENCE *[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	
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>			
<input type="radio"/> Within the past three months	<input type="radio"/>	Client doesn't know	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client prefers not to answer	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected	
<input type="radio"/> One year ago or more			
<b>Are you currently fleeing?</b>	<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	
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	

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

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

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

### COVERED BY HEALTH INSURANCE *[All Clients]*

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

### Additional Information

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

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

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

<input type="checkbox"/> Excellent	<input type="checkbox"/> Poor
<input type="checkbox"/> Very good	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Good	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Fair	<input type="checkbox"/> 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
<b>If "Yes" for Pregnancy Status</b>	
<b>Due Date</b>	____/____/____

**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
<b>If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

**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
<b>If "Yes" for Formerly a Ward of Juvenile Justice System</b>	
<input type="radio"/> Less than one year	<input type="radio"/> 3 to 5 years or more
<input type="radio"/> 1 to 2 years	
<b>If "Less than one year" – Number of months</b>	

**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

**YOUTH EDUCATION STATUS**

<input type="radio"/> Not currently enrolled in any school or educational course	<input type="radio"/> Client doesn't know
<input type="radio"/> Currently enrolled but NOT attending regularly (when school or the course is in session)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Currently enrolled and attending regularly (when school or the course is in session)	<input type="radio"/> Data not collected
<b>IF "NOT CURRENTLY ENROLLED" – MOST RECENT EDUCATIONAL STATUS</b>	
<input type="radio"/> K12: Graduated from high school	<input type="radio"/> Higher education: Pursuing a credential but not currently attending

<input type="radio"/>	K12: Obtained GED	<input type="radio"/>	Higher education: Dropped out
<input type="radio"/>	K12: Dropped out	<input type="radio"/>	Higher education: Obtaining a credential/degree
<input type="radio"/>	K12: Suspended	<input type="radio"/>	Client doesn't know
<input type="radio"/>	K12: Expelled	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected
<b>IF "CURRENTLY ENROLLED" – CURRENT EDUCATIONAL STATUS</b>			
<input type="radio"/>	Pursuing a high school diploma or GED	<input type="radio"/>	Pursuing other post-secondary credential
<input type="radio"/>	Pursuing Associate's Degree	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Pursuing Bachelor's Degree	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Pursuing Graduate Degree	<input type="radio"/>	Data not collected

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

**Date**