CLARITY HMIS: MINIMUM CLIENT PROFILE 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 DayYear

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 DayYear

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 |

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 peace­keeping 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 |  |

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Signature of applicant stating all information is true and correct Date