Agency Name: _____

![Clarity Human Services logo]

CLARITY HMIS: MINIMUM PROJECT ENROLLMENT FORM
Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT START DATE *[All Clients]*

		/		/			

Month **Day** **Year**

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

o	Self	o	Head of household - other relation to member
o	Head of household's child	o	Other: non-relation member
o	Head of household's spouse or partner		

ENROLLMENT CoC *[only if multiple CoC's]* _____

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

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

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

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

LENGTH OF STAY IN PRIOR LIVING SITUATION

○	One night or less	○	One month or more, but less than 90 days	○	Client doesn't know
○	Two to six nights	○	90 days or more, but less than one year	○	Client prefers not to answer
○	One week or more, but less than one month	○	One year or longer	○	Data not collected

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

○	No	○	Yes

LENGTH OF STAY LESS THAN 90 DAYS *[Institutional Housing Situations]*

○	No	○	Yes

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

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

DISABLING CONDITION *[All Clients]*

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

SEX *[All Clients]*

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

_____

Signature of applicant stating all information is true and correct   Date