

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



## CLARITY HMIS: MINIMUM 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]*

|  |  |  |   |  |  |   |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|
|  |  |  | - |  |  | - |  |  |  |  |
|--|--|--|---|--|--|---|--|--|--|--|

### 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]* \_\_\_\_\_

**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 |
|--------------------------|---------------------------|

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

|                          |                           |
|--------------------------|---------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes |
|--------------------------|---------------------------|

**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                           |
| <b>Approximate Date This Episode of Homelessness Started</b> ____/____/____                             |  |
| <b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b> |  |
| <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  |  |
| <b>Total number of <i>months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>     |  |
| <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           |

**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           |

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