

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



## CLARITY HMIS: VA SERVICES ENROLLMENT FORM (Including HUD VASH, SSVF, GPD)

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]*

|              |  |   |            |  |   |             |  |  |
|--------------|--|---|------------|--|---|-------------|--|--|
|              |  | / |            |  | / |             |  |  |
| <b>Month</b> |  |   | <b>Day</b> |  |   | <b>Year</b> |  |  |

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

**IN PERMANENT HOUSING** *[Permanent Housing and Grant Per Diem – Case Management/Housing Retention Projects, for Head of Household]*

|                                      |                           |
|--------------------------------------|---------------------------|
| <input type="radio"/> No             | <input type="radio"/> Yes |
| <b>IF "YES" TO PERMANENT HOUSING</b> |                           |
| <b>Housing Move-In Date:</b>         | ____/____/____            |

**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           |

**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"/> Yes                          |
|   | <input type="radio"/> Client doesn't know          |
|   | <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           |

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

| Income Source  | Amount | Income Source  | Amount |
|--|--------|--|--------|
| <input type="radio"/> Earned Income                                |        | <input type="radio"/> Temporary Assistance for Needy Families (TANF) |        |
| <input type="radio"/> Unemployment Insurance                       |        | <input type="radio"/> General Assistance (GA)                        |        |
| <input type="radio"/> Supplemental Security Income (SSI)           |        | <input type="radio"/> Retirement income from Social Security         |        |
| <input type="radio"/> Social Security Disability Insurance (SSDI)  |        | <input type="radio"/> Pension or retirement income from a former job |        |
| <input type="radio"/> VA Service-Connected Disability Compensation |        | <input type="radio"/> Child support                                  |        |
| <input type="radio"/> VA Non-Service-Connected Disability Pension  |        | <input type="radio"/> Alimony and other spousal Support              |        |
| <input type="radio"/> Private Disability Insurance                 |        | <input type="radio"/> Other income source ( <i>specify</i> ):        |        |
| <input type="radio"/> Worker's Compensation                        |        |  |        |

**Total Monthly Income for Individual:**
**RECEIVING NON-CASH BENEFITS [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           |

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

|   |  |
|---|--|
| <input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)                              | <input type="radio"/> TANF Child Care Services     |
| <input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> TANF Transportation Services |
| <input type="radio"/> Other ( <i>specify</i> ):   | <input type="radio"/> Other TANF-funded services   |

**COVERED BY HEALTH INSURANCE [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 HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS**

|                                |  |
|--------------------------------|--|
| <input type="radio"/> MEDICAID | <input type="radio"/> Employer Provided Health Insurance |
|--------------------------------|--|

|   |   |
|---|---|
| <input type="radio"/> MEDICARE                                  | <input type="radio"/> Health Insurance Obtained Through COBRA |
| <input type="radio"/> State Children's Health Insurance (SCHIP) | <input type="radio"/> Private Pay Health Insurance            |
| <input type="radio"/> Veteran's Health Administration (VHA)     | <input type="radio"/> State Health Insurance for Adults       |
| <input type="radio"/> Other (specify):                          | <input type="radio"/> Indian Health Services Program          |

### SSVF HP TARGETING CRITERIA:

*[Head of Household in SSVF Homeless Prevention programs]*

#### Is Homelessness Prevention targeting screener required?

|  |  |
|--|--|
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED</b>   |  |
| <b>Housing loss expected within...</b>   |  |
| <input type="radio"/> 1-6 days   | <input type="radio"/> 7-13 days  |
| <input type="radio"/> 14-21 days   | <input type="radio"/> More than 21 days                                    |
| <b>Current household income</b>  |  |
| <input type="radio"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income)   | <input type="radio"/> 1-14% of Area Median Income (AMI) for household size |
| <input type="radio"/> 15-30% of AMI for household size   | <input type="radio"/> More than 30% of AMI for household size              |
| <b>Past experience of homelessness (street/shelter/transitional housing) (any adult)</b>   |  |
| <input type="radio"/> Most recent episode occurred within the last year  | <input type="radio"/> Most recent episode occurred more than one year ago  |
| <input type="radio"/> None   |  |
| <b>Head of Household is not a current leaseholder/renter of unit</b>   |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Head of Household (HoH) never been a leaseholder/renter of unit</b>   |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)</b>                                  |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Rental Evictions within the past 7 years (any adult)</b>  |  |
| <input type="radio"/> No prior rental evictions  | <input type="radio"/> 1 prior rental eviction                              |
| <input type="radio"/> 2 or more prior rental evictions   |  |
| <b>Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)</b>                                   |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Incarcerated as adult (any adult in household)</b>  |  |
| <input type="radio"/> Not incarcerated   | <input type="radio"/> Incarcerated once                                    |
| <input type="radio"/> Incarcerated two or more times   |  |
| <b>Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)</b>   |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Registered sex offenders (any household members)</b>  |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing</b> |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Currently pregnant (any household member)</b>   |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Single parent/guardian household with minor child(ren)</b>  |  |
| <input type="radio"/> No   | <input type="radio"/> Yes  |
| <b>Household includes one or more young children (age six or under), or a child who requires significant care</b>  |  |

|  |  |
|--|--|
| <input type="radio"/> No   | <input type="radio"/> Youngest child is under 1 year old |
| <input type="radio"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care        |  |
| <b>Household size of 5 or more requiring at least 3 bedrooms (due to household composition)</b>                                |  |
| <input type="radio"/> No   | <input type="radio"/> Yes                                |
| <b>Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC.</b> |  |
| <input type="radio"/> No   | <input type="radio"/> Yes                                |

**HP APPLICANT TOTAL POINTS (integer)** \_\_\_\_\_

**GRANTEE TARGETING THRESHOLD SCORE (integer)** \_\_\_\_\_

**VAMC STATION NUMBER** *[Head of Household]*

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

**CONNECTION WITH SOAR** *[Head of Household and Adults, SSVF RRH and Homelessness Prevention]*

|                           |  |
|---------------------------|--|
| <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           |

**HOUSEHOLD INCOME AS A PERCENTAGE OF AMI**

*[Head of Household, required for SSVF RRH and Homelessness Prevention]*

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="radio"/> 30% or less | <input type="radio"/> 51% to 80%     |
| <input type="radio"/> 31% to 50%  | <input type="radio"/> 81% or greater |

**LAST GRADE COMPLETED** *[Head of Household & Adults, Required for SSVF and VASH]*

|   |  |
|---|--|
| <input type="radio"/> Less than Grade 5                         | <input type="radio"/> Associate's degree           |
| <input type="radio"/> Grades 5-6                                | <input type="radio"/> Bachelor's degree            |
| <input type="radio"/> Grades 7-8                                | <input type="radio"/> Graduate degree              |
| <input type="radio"/> Grades 9-11                               | <input type="radio"/> Vocational certification     |
| <input type="radio"/> Grade 12/High school diploma              | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> School program does not have grade levels | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> GED                                       | <input type="radio"/> Data not collected           |
| <input type="radio"/> Some college                              |  |

**EMPLOYMENT STATUS** *[Head of Household & Adults, SSVF, GPD and VASH]*

|   |   |
|---|---|
| <b>Employed</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>If "Yes" for employed – Type of employment</b> |   |
| <input type="radio"/> Full-time                   | <input type="radio"/> Seasonal/sporadic (including day labor) |
| <input type="radio"/> Part-time                   |   |
| <b>If "No" for employed – Why not employed</b>    |   |
| <input type="radio"/> Looking for work            | <input type="radio"/> Not looking for work                    |
| <input type="radio"/> Unable to work              |   |

**GENERAL HEALTH STATUS** *[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

|                       |           |                       |                              |
|-----------------------|-----------|-----------------------|------------------------------|
| <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           |

**MENTAL HEALTH CONSULTATION** *[Head of Household and Adult Veterans]*

|                       |   |
|-----------------------|---|
| <input type="radio"/> | Mental health consultation completed  |
| <input type="radio"/> | Mental health consultation being coordinated / arranged with VA provider    |
| <input type="radio"/> | Mental health consultation being coordinated / arranged with other provider |
| <input type="radio"/> | Offer declined  |

**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**