



CLARITY
HUMAN SERVICES

Please complete a separate form for each household member.

		/			/				
Month			Day			Year			

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○	Full SSN reported	○	Client doesn't know
○	Approximate or partial SSN reported	○	Client prefers not to answer
		○	Data not collected

[illegible]

○	Full name reported	○	Client doesn't know
○	Partial, street name, or code name reported	○	Client prefers not to answer
		○	Data not collected

		/			/				Age:
Month			Day			Year			

o	Full DOB reported	o	Client doesn't know
o	Approximate or partial DOB reported	o	Client prefers not to answer
		o	Data not collected

<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

Year entered military service (year)	
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Year separated from military service (year)			
Theater of Operations: World War II			
<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
Theater of Operations: Korean War			
<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
Theater of Operations: Vietnam War			
<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
Theater of Operations: Persian Gulf War (Desert Storm)			
<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
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<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
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<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
Theater of Operations: Iraq (Operation New Dawn)			
<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
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<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

Branch of the Military			
<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		
Discharge Status			
<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]* _____

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
IF “YES” TO PERMANENT HOUSING	
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

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

IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED			
<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		
Are you currently fleeing?		<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 (specify):	
<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 (specify):	<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
IF "YES" TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED	
Housing loss expected within...	
<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
Current household income	
<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
Past experience of homelessness (street/shelter/transitional housing) (any adult)	
<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	
Head of Household is not a current leaseholder/renter of unit	
<input type="radio"/> No	<input type="radio"/> Yes
Head of Household (HoH) never been a leaseholder/renter of unit	
<input type="radio"/> No	<input type="radio"/> Yes
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	
<input type="radio"/> No	<input type="radio"/> Yes
Rental Evictions within the past 7 years (any adult)	
<input type="radio"/> No prior rental evictions	<input type="radio"/> 1 prior rental eviction
<input type="radio"/> 2 or more prior rental evictions	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	
<input type="radio"/> No	<input type="radio"/> Yes
Incarcerated as adult (any adult in household)	
<input type="radio"/> Not incarcerated	<input type="radio"/> Incarcerated once
<input type="radio"/> Incarcerated two or more times	
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	
<input type="radio"/> No	<input type="radio"/> Yes

Registered sex offenders (any household members)	
<input type="radio"/> No	<input type="radio"/> Yes
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	
<input type="radio"/> No	<input type="radio"/> Yes
Currently pregnant (any household member)	
<input type="radio"/> No	<input type="radio"/> Yes
Single parent/guardian household with minor child(ren)	
<input type="radio"/> No	<input type="radio"/> Yes
Household includes one or more young children (age six or under), or a child who requires significant care	
<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	
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	
<input type="radio"/> No	<input type="radio"/> Yes
Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC.	
<input type="radio"/> No	<input type="radio"/> Yes

HP APPLICANT TOTAL POINTS (integer) _____

GRANTEE TARGETING THRESHOLD SCORE (integer) _____

VAMC STATION NUMBER *[Head of Household]*

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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]*

Employed	
<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" for employed – Type of employment	
<input type="radio"/> Full-time	<input type="radio"/> Seasonal/sporadic (including day labor)
<input type="radio"/> Part-time	
If "No" for employed – Why not employed	
<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 & 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

Signature of applicant stating all information is true and correct

Date