

Agency Name: _____



CLARITY HMIS: VA SERVICES STATUS 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 STATUS DATE *[All Clients]*

		/			/			
Month			Day			Year		

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 (<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 (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

CONNECTION WITH SOAR *[Heads of Household and Adults, SSVF Rapid Rehousing 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

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:*	____/____/____
<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

Signature of applicant stating all information is true and correct Date