

Agency Name: _____



CLARITY HMIS: SCC UPLIFT 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]*

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QUALITY OF SOCIAL SECURITY			
<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

CURRENT NAME <i>[All Clients]</i>																		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"/>	Client refused
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Data not collected

DATE OF BIRTH *[All Clients]*

Month				Day				Year				Age:							

QUALITY OF DATE OF BIRTH			
<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Data not collected

GENDER [All Clients]

<input type="radio"/> Female	<input type="radio"/> Client doesn't know
<input type="radio"/> Male	<input type="radio"/> Client refused
<input type="radio"/> Trans Female (MTF or Male to Female)	<input type="radio"/> Data not collected
<input type="radio"/> Trans Male (FTM or Female to Male)	
<input type="radio"/> Gender Non-Conforming (i.e. not exclusively male or female)	

RACE (Select all applicable) [All Clients]

<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Client does not know
<input type="radio"/> Asian	<input type="radio"/> Client refused
<input type="radio"/> Black/African American	<input type="radio"/> Data Not Collected
<input type="radio"/> Hawaiian or Other Pacific Islander	
<input type="radio"/> White/Caucasian	

ETHNICITY [All Clients]

<input type="radio"/> NonHispanic/ NonLatino	<input type="radio"/> Client does not know
	<input type="radio"/> Client refused
<input type="radio"/> Hispanic/Latino	<input type="radio"/> Data Not Collected
	<input type="radio"/> Other

VETERAN STATUS [All Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
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 refused
	<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 refused
	<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 refused
	<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
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<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<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 refused
		<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 refused
		<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 refused
		<input type="radio"/>	Data not collected
Theater of Operations: Other peacekeeping 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 refused
		<input type="radio"/>	Data not collected
Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

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"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

CLIENT LOCATION [only if multiple CoC's] _____

ZIP CODE OF LAST PERMANENT ADDRESS [All Clients]

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UPLIFT: IS THE CLIENT HOMELESS OR SERIOUSLY AT RISK OF LOSING THEIR HOUSING DUE TO LACK OF TRANSPORTATION? [All Clients]

<input type="radio"/>	Yes
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UPLIFT: IS THE CLIENT HOMELESS? [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Yes
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UPLIFT: IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR AGENCY? [All Clients]

<input type="radio"/>	Yes
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UPLIFT: WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

<input type="radio"/>	Badge only	<input type="radio"/>	Badge and Sticker
<input type="radio"/>	Sticker		

UPLIFT: WHAT TIME PERIOD IS THE PASS FOR? [All Clients]

<input type="radio"/>	Jan-Mar	<input type="radio"/>	Jul-Sep
<input type="radio"/>	Apr-Jun	<input type="radio"/>	Oct-Dec

**LIVING SITUATION
TYPE OF RESIDENCE**

[Head of Household and Adults]

<input type="radio"/>	Emergency shelter, including hotel/motel paid for w/ voucher	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with GPD TIP subsidy
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with VASH subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Interim Housing	<input type="radio"/>	Residential project or halfway house with no homeless criteria
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Safe Haven
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Owned by client, no ongoing housing subsidy	<input type="radio"/>	Staying or living in a friend's room, apartment or house
<input type="radio"/>	Owned by client, with ongoing housing subsidy	<input type="radio"/>	Substance abuse treatment facility or detox center
<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons	<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)

<input type="radio"/>	Place not meant for habitation	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Data not collected

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 refused
<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

[If type of stay is Interim Housing- Facility /Institution etc]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
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Approximate Date Homelessness Started ____/____/____

Number of times 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 refused
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		

Total Number of Months 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 refused
<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 refused
		<input type="radio"/>	Data not collected

PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY <i>[All Clients]</i>			
<input type="radio"/>	No		<input type="radio"/> Client doesn't know
<input type="radio"/>	Yes		<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY			
Expected to substantially impair ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

CHRONIC HEALTH CONDITION <i>[All Clients]</i>			
<input type="radio"/>	No		<input type="radio"/> Client doesn't know
<input type="radio"/>	Yes		<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

HIV-AIDS <i>[All Clients]</i>			
<input type="radio"/>	No		<input type="radio"/> Client doesn't know
<input type="radio"/>	Yes		<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

IF "YES" TO HIV-AIDS – SPECIFY			
Expected to substantially impair ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

MENTAL HEALTH PROBLEM <i>[All Clients]</i>			
<input type="radio"/>	No		<input type="radio"/> Client doesn't know
<input type="radio"/>	Yes		<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY			
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/> Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

SUBSTANCE ABUSE PROBLEM [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug abuse	
<input type="radio"/> Alcohol abuse	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug abuse	<input type="radio"/> Data not collected	
IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO DOMESTIC VIOLENCE WHEN EXPERIENCE OCCURRED		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
Are you currently fleeing?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<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 refused		
	<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"/> Alimony and Other Spousal Support		<input type="radio"/> Child support	
<input type="radio"/> Pension or Retirement income from former job		<input type="radio"/> Earned Income	
<input type="radio"/> Retirement Income from Social Security		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Private Disability Insurance	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Unemployment Insurance	
<input type="radio"/> TANF (Temporary Assist for Needy Families)		<input type="radio"/> Worker's Compensation	
<input type="radio"/> VA Service Connected Disability Compensation		<input type="radio"/> Other source	
<input type="radio"/> VA Non-Service Connected Disability Pension		Specify Other"	
Total monthly amount:			

RECEIVING NONCASH 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 refused
		<input type="radio"/>	Data not collected

IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Childcare 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 refused
		<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"/>	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 Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

PRIMARY LANGUAGE [*All Clients, optional*]

<input type="radio"/>	English	<input type="radio"/>	Mandarin
<input type="radio"/>	Spanish	<input type="radio"/>	Tagalog
<input type="radio"/>	Vietnamese	<input type="radio"/>	Other
		<input type="radio"/>	Unknown

Signature of applicant stating all information is true and correct Date