

Agency Name: _____

CLARITY HMIS: SCC-UPLIFT SPECIFIC QUESTIONS

Use block letters for text and mark appropriate boxes with an "X". Complete a separate form for each household member.

ASSESSMENT DATE [All Clients]

		-			-				
Month		Day			Year				

CURRENT NAME [All Clients]

																		N/A
Last																		
First																		
Middle																		<input type="checkbox"/>
Suffix																		<input type="checkbox"/>

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

UPLIFT: IS THE CLIENT HOMELESS? [All Clients]
ASS FOR? [All Clients]
 No Yes

UPLIFT: IS THE CLIENT CURRENTLY RECEIVING CASE MANAGEMENT FROM YOUR AGENCY? [All Clients]
 Yes

UPLIFT: WHAT TYPE OF TRANSIT PASS ARE YOU REQUESTING? [All Clients]

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

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

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

Signature of applicant stating all information is true and correct Date