

CLARITY HMIS: Surge Data Collection Form



CURRENT NAME <i>[All Clients]</i>																		N/A
Last																		○
First																		
Middle																		
Suffix																		

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-					
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DATE OF BIRTH *[All Clients]*

		-			-					Age:
Month		Day		Year						

MOTEL LOCATION

<input type="radio"/>	Abode Services - Best Western - NCV	<input type="radio"/>	Abode Services - Casa de Novo Apartments - NCV
<input type="radio"/>	Abode Services - Casa de Novo Hotel - NCV	<input type="radio"/>	Abode Services - EZ 8 Motel - NCV
<input type="radio"/>	Abode Services - Hampton Inn - NCV	<input type="radio"/>	Abode Services - Pacific Motor Inn - NCV
<input type="radio"/>	Abode Services - Project T.I.P. - NCV	<input type="radio"/>	Abode Services - The Plaza - NCV
<input type="radio"/>	HomeFirst - BHC Marbury - NCV	<input type="radio"/>	LifeMoves - E Real Motel - NCV
<input type="radio"/>	LifeMoves - Holiday Inn Sunnyvale - NCV	<input type="radio"/>	SCC DSW - Americas BV Inn - NCV
<input type="radio"/>	SCC DSW - Days Inn Gilroy - NCV	<input type="radio"/>	SCC DSW - Hampton Inn MH - NCV
<input type="radio"/>	SCC DSW - Motel 6 Campbell - NCV	<input type="radio"/>	SCC DSW - Vagabond Inn Sunnyvale - NCV

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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 *[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

CHRONIC HEALTH 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	
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 *[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

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MENTAL HEALTH PROBLEM *[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 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

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MONTHLY INCOME & SOURCES

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 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 refused
		<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 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

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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

EDUCATION INFORMATION *[All Clients 18+]*

LAST GRADE COMPLETED

<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 refused
<input type="radio"/>	GED	<input type="radio"/>	Data not collected
<input type="radio"/>	Some College		

CURRENTLY ATTENDING COLLEGE/UNIVERSITY

<input type="radio"/>	Not Currently Attending	<input type="radio"/>	Academically Disqualified
<input type="radio"/>	Attending Full Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Attending Part Time	<input type="radio"/>	Client refused

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NAME OF COLLEGE/UNIVERSITY

<input type="radio"/>	De Anza College	<input type="radio"/>	West Valley College
<input type="radio"/>	Evergreen Valley College	<input type="radio"/>	Other Bay Area College/University
<input type="radio"/>	Foothill College	<input type="radio"/>	Other CA College/University
<input type="radio"/>	Gavilan College	<input type="radio"/>	Other College/University
<input type="radio"/>	Mission College	<input type="radio"/>	Other Vocational Program
<input type="radio"/>	San Jose City College	<input type="radio"/>	Client doesn't know
<input type="radio"/>	San Jose State University	<input type="radio"/>	Client refused
<input type="radio"/>	Santa Clara University	<input type="radio"/>	Data not collected
<input type="radio"/>	Stanford University		

EXPECTED COMPLETION YEAR

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SEXUAL ORIENTATION *[For CoC: YHDP funded programs-Adults and Head of Households]*

<input type="radio"/>	Heterosexual	<input type="radio"/>	Other
<input type="radio"/>	Gay	<i>If Other please specify:</i>	
<input type="radio"/>	Lesbian	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Bisexual	<input type="radio"/>	Client refused
<input type="radio"/>	Questioning/Unsure	<input type="radio"/>	Data not collected

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