

Agency Name: _____



CLARITY HMIS: FEMA-CoC PROJECT INTAKE FORM - MINOR

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 [All Clients]	N/A
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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]

		-			-					Age: <input type="text"/>
Month			Day			Year				

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)		
<input type="radio"/>	Other		

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"/>	Non-Hispanic/ Non-Latino	<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

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

DISABLING CONDITION *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know	
<input type="radio"/>	Yes		Physical Disability/Developmental Disability/Chronic Health Condition/HIV – AIDS/ Mental Health Problems/Substance Abuse Problem/Domestic Violence Victim Survivor (If person has ever been a victim DV)	
			<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

Signature of applicant stating all information is true and correct

Date