CLARITY HMIS: PROFILE FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *­* |  |  | *­* |  |  |  |  |

QUALITY OF SOCIAL SECURITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Approximate or partial SSN reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME *[​All Clients]* | | | | | | | | | | | | | | | | | | | N/A |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |

QUALITY OF CURRENT NAME

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

DATE OF BIRTH​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  | Age: |

Month DayYear

QUALITY OF DATE OF BIRTH

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

GENDER​ *​[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

RACE AND ETHNICITY ​(Select all applicable) ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |
| ○ | Black, African American, or African | ○ | Client doesn’t know |
| ○ | Hispanic/Latina/e/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data not collected |

VETERAN STATUS*​ ​[All Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | 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 | | | | | | |
| ○ | | | No | | ○ | Client doesn’t know |
| ○ | | | Yes | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Korean War | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Vietnam War | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Iraq (Operation New Dawn) | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | | | | |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Yes | | | ○ | Client prefers not to answer |
|  | | | | | ○ | Data not collected |
| Branch of the Military | | | | | | |
| ○ | | Army | | | ○ | Space Force |
| ○ | | Air Force | | | ○ | Client doesn’t know |
| ○ | | Navy | | | ○ | Client prefers not to answer |
| ○ | | Marines | | | ○ | Data not collected |
| ○ | | Coast Guard | | |  | |
| Discharge Status | | | | | | |
| ○ | Honorable | | | | ○ | Uncharacterized |
| ○ | General under honorable conditions | | | | ○ | Client doesn’t know |
| ○ | Other than honorable conditions (OTH) | | | | ○ | Client prefers not to answer |
| ○ | Bad Conduct | | | | ○ | Data not collected |
| ○ | Dishonorable | | | |  | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant stating all information is true and correct Date