CLARITY HMIS: VA SERVICES ENROLLMENT FORM

(Including HUD VASH, SSVF, GPD)

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

Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PROJECT START DATE​ *​*​ *​[All Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  |

Month DayYear

RELATIONSHIP TO HEAD OF HOUSEHOLD ​*[All Client Households]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child | ○ | Other: non­relation member |
| ○ | Head of household’s spouse or partner |  | |

# 

ENROLLMENT CoC *[only if multiple CoC’s] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-In Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE *[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Hotel or motel paid for without emergency shelter voucher |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Host Home (non-crisis) |
| ○ | Safe Haven | ○ | Staying or living in a friend’s room, apartment, or house |
| ○ | Foster care home or foster care group home | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Hospital or other residential non­psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on­going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Client doesn’t know |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client prefers not to answer |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY: | | | |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

LENGTH OF STAY IN PRIOR LIVING SITUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client prefers not to answer |
| ○ | One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS *[TH, PH]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | Yes | ○ | | No |
| Approximate Date This Episode of Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One Time | ○ | | Client doesn’t know |
| ○ | Two Times | ○ | | Client prefers not to answer |
| ○ | Three Times | ○ | | Data not collected |
| ○ | Four or More Times |  | | |
| Total number of *months* homeless on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One month (this time is the first month) | ○ | | Client doesn’t know |
| ○ | 2­12 months (specify number of months): \_\_\_\_\_\_\_\_ | ○ | | Client prefers not to answer |
| ○ | More than 12 months | ○ | | Data not collected |

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

PHYSICAL DISABILITY ​*[not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[not required for SSVF]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

HIV-AIDS ​*[not required for SSVF]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

MENTAL HEALTH DISORDER ​*[not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SUBSTANCE USE DISORDER ​*[not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Alcohol use disorder | | | ○ | Client prefers not to answer |
| ○ | Drug use disorder | | | ○ | Data not collected |
| ○ | Both alcohol and drug use disorders | | |  | |
| IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE DISORDERS” – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SURVIVOR OF DOMESTIC VIOLENCE *​[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | Within the past three months | | | ○ | Client doesn’t know |
| ○ | Three to six months ago (excluding six months exactly) | | | ○ | Client prefers not to answer |
| ○ | Six months to one year ago (excluding one year exactly) | | | ○ | Data not collected |
| ○ | One year ago or more | | |  | |
| Are you currently fleeing? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

INCOME FROM ANY SOURCE *​[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | ○ | Client doesn’t know | |
| ○ | Yes | | ○ | Client prefers not to answer | |
|  | | | ○ | Data not collected | |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | |
| Income Source | | Amount | Income Source | | Amount |
| ○ | Earned Income |  | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | ○ | Alimony and other spousal Support |  |
| ○ | Private Disability Insurance |  | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  |
| Total Monthly Income for Individual: | | | | | |

RECEIVING NON-CASH BENEFITS​ *​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE – HEALTH INSURANCE COVERAGE DETAILS | | | |
| ○ | MEDICAID | ○ | Employer Provided Health Insurance |
| ○ | MEDICARE | ○ | Health Insurance Obtained Through COBRA |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Private Pay Health Insurance |
| ○ | Veteran’s Health Administration (VHA) | ○ | State Health Insurance for Adults |
| ○ | Other (specify): | ○ | Indian Health Services Program |

SSVF HP TARGETING CRITERIA:  
*[Head of Household in SSVF Homeless Prevention programs]*

Is Homelessness Prevention targeting screener required?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES IF “YES” TO HOMELESSNESS PREVENTION TARGETING SCREENER REQUIRED | | | |
| Housing loss expected within... | | | |
| ○ | 1-6 days | ○ | 7-13 days |
| ○ | 14-21 days | ○ | More than 21 days |
| Current household income | | | |
| ○ | $0 (i.e., not employed, not receiving cash benefits, no other current income) | ○ | 1-14% of Area Median Income (AMI) for household size |
| ○ | 15-30% of AMI for household size | ○ | More than 30% of AMI for household size |
| Past experience of homelessness (street/shelter/transitional housing) (any adult) | | | |
| ○ | Most recent episode occurred within the last year | ○ | Most recent episode occurred more than one year ago |
| ○ | None |
| Head of Household is not a current leaseholder/renter of unit | | | |
| ○ | No | ○ | Yes |
| Head of Household (HoH) never been a leaseholder/renter of unit | | | |
| ○ | No | ○ | Yes |
| Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household) | | | |
| ○ | No | ○ | Yes |
| Rental Evictions within the past 7 years (any adult) | | | |
| ○ | No prior rental evictions | ○ | 1 prior rental eviction |
| ○ | 2 or more prior rental evictions |  | |
| Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult) | | | |
| ○ | No | ○ | Yes |
| Incarcerated as adult (any adult in household) | | | |
| ○ | Not incarcerated | ○ | Incarcerated once |
| ○ | Incarcerated two or more times |  | |
| Discharged from jail or prison within last six months after incarceration of 90 days or more (adults) | | | |
| ○ | No | ○ | Yes |
| Registered sex offenders (any household members) | | | |
| ○ | No | ○ | Yes |
| Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing | | | |
| ○ | No | ○ | Yes |
| Currently pregnant (any household member) | | | |
| ○ | No | ○ | Yes |
| Single parent/guardian household with minor child(ren) | | | |
| ○ | No | ○ | Yes |
| Household includes one or more young children (age six or under), or a child who requires significant care | | | |
| ○ | No | ○ | Youngest child is under 1 year old |
| ○ | Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care | | |
| Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix) | | | |
| ○ | No | ○ | Yes |
| Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population | | | |
| ○ | No | ○ | Yes |

HP APPLICANT TOTAL POINTS (integer) \_\_\_\_\_\_\_\_\_\_\_\_\_

GRANTEE TARGETING THRESHOLD SCORE (integer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAMC STATION NUMBER ​*[Head of Household]*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

CONNECTION WITH SOAR ​*[Head of Household and Adults*, *SSVF RRH and Homelessness Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI  
*[Head of Household, required for SSVF RRH and Homelessness Prevention]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 30% or less | ○ | 51% to 80% |
| ○ | 31% to 50% | ○ | 81% or greater |

LAST GRADE COMPLETED ​*[Head of Household & Adults,* Required for SSVF and VASH]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Less than Grade 5 | ○ | Associate’s degree |
| ○ | Grades 5-6 | ○ | Bachelor’s degree |
| ○ | Grades 7-8 | ○ | Graduate degree |
| ○ | Grades 9-11 | ○ | Vocational certification |
| ○ | Grade 12/High school diploma | ○ | Client doesn’t know |
| ○ | School program does not have grade levels | ○ | Client prefers not to answer |
| ○ | GED | ○ | Data not collected |
| ○ | Some college |  | |

EMPLOYMENT STATUS ​*[Head of Household & Adults, SSVF, GPD and VASH]*

|  |  |  |  |
| --- | --- | --- | --- |
| Employed | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| If “Yes” for employed – Type of employment | | | |
| ○ | Full­time | ○ | Seasonal/sporadic (including day labor) |
| ○ | Part-time |  | |
| If “No” for employed – Why not employed | | | |
| ○ | Looking for work | ○ | Not looking for work |
| ○ | Unable to work |  | |

GENERAL HEALTH STATUS ​*[Head of Household and Adults, HUD-VASH Collaborative Case Management]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Excellent | ○ | Poor |
| ○ | Very good | ○ | Client doesn’t know |
| ○ | Good | ○ | Client prefers not to answer |
| ○ | Fair | ○ | Data not collected |

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

Signature of applicant stating all information is true and correct Date