



CLARITY HMIS: HUD-CoC STATUS ASSESSMENT FORM

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

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CLIENT NAME OR IDENTIFIER:				
PROJECT STATUS DATE [All Clients	sl			
	- <u>J</u>			
Month Day	Year			
IN PERMANENT HOUSING [Permanent Hou	sina Proi	ects. for	Head of Household	
	Yes			
IF "YES" TO PERMANENT HOUSING				
	1 1			
Housing Move-In Date:*				
*If client moved into permanent housing, make s	ure to upo	late on th	ne enrollment screen .	
,	<u> </u>			
PHYSICAL DISABILITY [All Clients]				
		1 -	Client desemit les eur	
o No		0	Client doesn't know	
o Yes		0	Client prefers not to answer	
IE "VEO" TO DINOIDAL DIGARILITY ORFOLD	->/	0	Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIF		1	OI:	
Expected to be of long-continued and indefinite	o No	0	Client doesn't know	
duration and substantially impairs ability to live	o Yes	0	Client prefers not to answer	
independently?		0	Data not collected	
DEVELOPMENTAL DISABILITY [All Clients]				
o No		0	Client doesn't know	
○ Yes		0	Client prefers not to answer	
		0	Data not collected	
CHRONIC HEALTH CONDITION [All Clients]	1			
∘ No		0	Client doesn't know	
○ Yes		0	Client prefers not to answer	
		0	Data not collected	
IF "YES" TO CHRONIC HEALTH CONDITION -	- SPECIF			
Expected to be of long-continued and indefinite	o No	0	Client doesn't know	
duration and substantially impairs ability to live	○ Yes	0	Client prefers not to answer	
independently?			Data not collected	
· •		0		
HIV-AIDS [All Clients]				
○ No		0	Client doesn't know	
o Yes		0	Client prefers not to answer	
		0	Data not collected	
			Data Hot collected	



MENTAL HEALTH DISORDER [All Clients]

o No			0	Client doesn't know	
○ Yes			0	Client prefers not to answer	
			0	Data not collected	
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY					
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know	
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer	
independently?			0	Data not collected	

SUBSTANCE USE DISORDER [All Clients]

0	No			0	Client doesn't know	
0	Alcohol use disorder			0	Client prefers not to answer	
0	Drug use disorder			0	Data not collected	
0	Both alcohol and drug use disorders					
IF	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE					
DISORDERS" – SPECIFY						
Ex	pected to be of long-continued and indefinite	0	No	0	Client doesn't know	
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer	
inc	lependently?			0	Data not collected	

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No				Client doesn't know
0	Yes				Client prefers not to answer
					Data not collected
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC					WHEN EXPERIENCE OCCURRED
0	Within the past three months				Client doesn't know
0	Three to six months ago (excluding six months exactly)				Client prefers not to answer
0	Six months to one year ago (excluding one year exactly)				Data not collected
0	One year ago or more				
	o No				Client doesn't know
Ar	Are you currently fleeing? Output O			0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

∨ Yes ○ Client prefers not to answer 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) ○ General Assistance (GA) ○ Unemployment Insurance ○ General Assistance (GA) ○ Retirement income from Social Security ○ Supplemental Security Insurance (SSDI) ○ Retirement income from Social Security ○ Social Security Disability Insurance (SSDI) ○ Pension or retirement income from a former job ○ VA Service-Connected Disability Pension ○ Child support ○ VA Non-Service-Connected Disability Pension ○ Alimony and other spousal support ○ Private disability insurance ○ Other income source (specify): ○ Worker's Compensation ○ Other income source (specify):	0	INO	()	Chefit doesn't know			
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY Income Source	0	Yes	()	Client prefers not to answer			
Income Source Amount Income Source Amount Earned Income Temporary Assistance for Needy Families (TANF) Temporary Assistance for Needy Families (TANF) Unemployment Insurance General Assistance (GA) Pension or 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 Other income source (specify):					Data not collected			
 Earned Income Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance (Specify): Worker's Compensation Temporary Assistance for Needy Families (TANF) Retirement income from Social Security Pension or retirement income from a former job Child support Alimony and other spousal support Other income source (specify): 	IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY						
 Earned Income Unemployment Insurance Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation Families (TANF) General Assistance (GA) Retirement income from Social Security Pension or retirement income from a former job Child support Alimony and other spousal support Other income source (specify): 	Income Source Amount Income Source A							
 Supplemental Security Income (SSI) Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation Other income from Social Security Pension or retirement income from a former job Child support Alimony and other spousal support Other income source (specify): 	0	Earned Income		0				
Social Security Disability Insurance (SSDI) VA Service-Connected Disability Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation Pension or retirement income from a former job Child support Alimony and other spousal support Other income source (specify):	0	Unemployment Insurance		0	General Assistance (GA)			
○ (SSDI) o former job ○ VA Service-Connected Disability Compensation o Child support ○ VA Non-Service-Connected Disability Pension o Alimony and other spousal support ○ Private disability insurance o Other income source (specify): o Worker's Compensation o Other income source (specify):	0	Supplemental Security Income (SSI)		0	Retirement income from Social Security			
Compensation VA Non-Service-Connected Disability Pension Private disability insurance Worker's Compensation Child support Alimony and other spousal support Other income source (specify):	0	,		0				
Pension Private disability insurance Worker's Compensation Alimony and other spousar support Other income source (specify):	0	•		0	Child support			
Worker's Compensation	0			0	Alimony and other spousal support			
	0	Private d isability i nsurance		0	Other income source (specify):			
Total Monthly Income for Individual:	0	Worker's Compensation						
	Total Monthly Income for Individual:							



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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL SOUP	RCES	S THAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

	<u>-</u>		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE – HEALTH IN	ISU	RANCE COVERAGE DETAILS
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

Signature of applicant stating all information is true and correct Date