

CLARITY HMIS: KC- Client Profile

The HMIS system requires “Client Consent for Data Collection and Release of Information” from each individual in the household. Non-Consenting clients must be entered into HMIS De-identified.

Please complete a separate form for each household member.

PROJECT START DATE *[All Individuals/Clients]*

		-			-				
Month		Day		Year					

TRANSLATION ASSISTANCE NEEDED?

☐ No		☐ Client doesn't know
		☐ Client prefers not to answer
☐ Yes		☐ Data not collected

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

☐ American Sign Language (ASL)	☐ Portuguese
☐ Amharic	☐ Punjabi
☐ Arabic	☐ Russian
☐ Cambodian	☐ Samoan
☐ Chinese	☐ Somali
☐ Farsi	☐ Spanish
☐ French	☐ Tagalog
☐ Japanese	☐ Tigrinya
☐ Korean	☐ Ukrainian
☐ Ormo	☐ Vietnamese
☐ Different Preferred Language (<i>specify</i>):	☐ Client doesn't know
	☐ Client prefers not to answer
	☐ Data not collected

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

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QUALITY OF SOCIAL SECURITY			
☐	Full SSN reported	☐	Client doesn't know
		☐	Client refused
☐	Approximate or partial SSN reported	☐	Data not collected

CURRENT NAME <i>[All Individuals/Clients]</i>			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 <i>[All Individuals/Clients]</i>									
		-			-				Age:
Month		Day		Year					

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 (Select all applicable) <i>[All Individuals/Clients]</i>			
☐	Female	☐	Client doesn't know
☐	Male	☐	Client prefers not to answer
☐	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	☐	Data not collected
☐	Transgender	☐	Different Identity
☐	Questioning	<i>If Different Identity, please specify:</i>	
☐	Culturally Specific Identity (e.g Two-Spirit)		

Preferred Pronouns <i>[All Clients]</i>	
☐ She/Her/Hers	☐ He/Him/His

☐ They/Them/Theirs	☐ Client doesn't know
☐ Client prefers not to answer	☐ Data Not Collected
☐ <i>If Other, please specify:</i>	

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

☐ American Indian, Alaska Native, or Indigenous	☐ Native Hawaiian or Pacific Islander
☐ Asian or Asian American	☐ Client doesn't know
☐ Black, African American, or African	☐ Client prefers not to answer
☐ Hispanic/Latina/e/o	☐ Data Not Collected
☐ Middle Eastern or North African	☐ Other
☐ White	<i>If Other, please specify:</i>

PLEASE SELECT A TRIBE CATEGORY AND THEN SELECT APPLICABLE TRIBE(S) FROM THE ALPHABETICAL LISTS:

(Please refer to the Tribe guide for selection of specific tribe (<https://bit.ly/2Y0w7aN>), then write in the tribe name in the space provided):

TRIBE CATEGORY:	TRIBE NAME	TRIBE NAME	TRIBE NAME
☐ U.S. Federally Recognized Tribes			
☐ First Nations Tribes			
☐ Latin American Tribes			
☐ State Recognized Tribes			
☐ Uncategorized Tribes			

IF CLIENT'S TRIBE IS NOT FOUND ON LISTS OR THERE ARE OTHER ISSUES RELATED TO TRIBAL MEMBERSHIP THAT YOU WOULD LIKE TO FLAG, PLEASE ADD A NOTE IN THE FIELD PROVIDED.

Tribal Flag Notes:

VETERAN STATUS *[All Adults]*

☐ No	☐ Client doesn't know
☐ Yes	☐ Client prefers not to answer

		○	Data not collected
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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
		○	Client prefers not to answer
○ Yes		○	Data not collected
Theater of Operations: Korean War			
○ No		○	Client doesn't know
		○	Client prefers not to answer
○ Yes		○	Data not collected
Theater of Operations: Vietnam War			
○ No		○	Client doesn't know
		○	Client prefers not to answer
○ Yes		○	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
○ No		○	Client doesn't know

		☐	Client prefers not to answer
☐	Yes	☐	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
☐	No	☐	Client doesn't know
		☐	Client prefers not to answer
☐	Yes	☐	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
☐	No	☐	Client doesn't know
		☐	Client prefers not to answer
☐	Yes	☐	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			
☐	No	☐	Client doesn't know
		☐	Client prefers not to answer
☐	Yes	☐	Data not collected
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
☐	No	☐	Client doesn't know
		☐	Client prefers not to answer
	Yes		

☐		☐	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		

CLARITY HMIS: KC- HUD COORDINATED ENTRY PROGRAM INTAKE FORM

Please ask the questions in the order below assuring that the domestic violence questions are asked first. Please gather the following information about the individual/client's current housing instability and, as appropriate, refer them to the resources listed on this page. It is best practice to complete program enrollment with adult household members separately. Reassure them that the final enrollment will reflect the household's current situation.

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Individuals/Client Households]

☐	Self	☐	Head of household - other relation to member
☐	Head of household's child		
☐	Head of household's spouse or partner	☐	Other: non--relation member

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults] *Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected
IF "YES" TO DOMESTIC VIOLENCE			

WHEN EXPERIENCE OCCURRED			
☐	Within the past three months	☐	One year ago or more
☐	Three to six months ago (excluding six months exactly)	☐	Client doesn't know
		☐	Client prefers not to answer
☐	Six months to one year ago (excluding one year exactly)	☐	Data not collected
Are you currently fleeing?*		☐	No
		☐	Client doesn't know
		☐	Client prefers not to answer
		☐	Yes
		☐	Data not collected

**If individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at: 877-737-0242 or 206-737-0242*

**The adult members may wish to continue completing the enrollment process, even if choosing to contact the Washington Coalition Against Domestic Violence Hotline. Please assist the household in accessing any services that may support their safety.*

PRIOR LIVING SITUATION TYPE OF RESIDENCE <i>[Head of Household and Adults]</i>					
☐	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 non--psychiatric 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 on-going 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:					
☐	GDP 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				
If Living Situation is "Place not meant for habitation"					
Is the individual/client currently living in a vehicle?		☐	No	☐	Client doesn't know
		☐	Yes	☐	Client prefers not to answer
		☐		☐	Data not collected
If "Yes", please select Vehicle Type					
☐	Van	☐	Client Doesn't Know		
☐	Automobile/Car	☐	Client prefers not to answer		

☐	Camper/RV	☐	Data Not Collected
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Select the city of the prior residence [Adults, Heads of Households]

☐	Unincorporated King County (includes any community not otherwise listed)	☐	Medina
☐	Algona	☐	Mercer Island
☐	Auburn	☐	Milton
☐	Beaux Arts	☐	Newcastle
☐	Bellevue	☐	Normandy Park
☐	Black Diamond	☐	North Bend
☐	Bothell	☐	Pacific
☐	Burien	☐	Redmond
☐	Carnation	☐	Renton
☐	Clyde Hill	☐	Sammamish
☐	Covington	☐	Sea Tac
☐	Des Moines	☐	Seattle
☐	Duvall	☐	Shoreline
☐	Enumclaw	☐	Skykomish
☐	Federal Way	☐	Snoqualmie
☐	Hunts Point	☐	Tukwila
☐	Issaquah	☐	Woodinville
☐	Kenmore	☐	Yarrow Point
☐	Kent	☐	Washington State (outside of King County)
☐	Kirkland	☐	Outside of Washington State
☐	Lake Forest Park	☐	Client Doesn't Know
☐	Maple Valley	☐	Client prefers not to answer
		☐	Data Not Collected

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 [if prior residence TH, PH]

☐	No	☐	Yes
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LENGTH OF STAY LESS THAN 90 DAYS

[If prior residence Institutional Housing Situations.]

☐	No	☐	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, IN EMERGENCY SHELTER, OR SAFE HAVEN *[Head of Household and Adults / Related to Prior Residences of TH, PH, Institutional]*

☐	Yes	☐	No
Approximate Date This Episode of Homelessness Started		____/____/____	
Number of <i>times</i> the client has been on the streets, in Emergency Shelter, or Safe Haven in the past 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 <i>Months</i> homeless on the streets, in Emergency Shelter, or Safe Haven in the last 3 years			
☐	One month (this time is the first month)	☐	Client doesn't know
☐	2--12 months (specify number of months): _____	☐	Client prefers not to answer
☐	More than 12 months	☐	Data not collected

What city did the individual/client live in the last time they had a stable place to live like an apartment or house? *[Adults, Heads of Households]*

☐	Unincorporated King County (includes community not otherwise listed)	☐	Medina
☐	Algona	☐	Mercer Island
☐	Auburn	☐	Milton
☐	Beaux Arts	☐	Newcastle
☐	Bellevue	☐	Normandy Park
☐	Black Diamond	☐	North Bend
☐	Bothell	☐	Pacific
☐	Burien	☐	Redmond
☐	Carnation	☐	Renton
☐	Clyde Hill	☐	Sammamish
☐	Covington	☐	Sea Tac
☐	Des Moines	☐	Seattle
☐	Duvall	☐	Shoreline
☐	Enumclaw	☐	Skykomish
☐	Federal Way	☐	Snoqualmie
☐	Hunts Point	☐	Tukwila
☐	Issaquah	☐	Woodinville
☐	Kenmore	☐	Yarrow Point
☐	Kent	☐	Washington State (outside of King County)
☐	Kirkland	☐	Outside of Washington State
☐	Lake Forest Park	☐	Client Doesn't Know

☐	Maple Valley	☐	Client prefers not to answer
		☐	Data Not Collected

DISABLING CONDITION [All Individuals/Clients]

If individual/client is in need of resources, contact the following as appropriate:

- For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),
- For crisis services: Crisis Connections at: 1-866-427-4747,
- For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,
- For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).

DOES THE INDIVIDUAL/CLIENT HAVE:

A DISABLING CONDITION (this includes physical health, mental health, and/or substance use)?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

A PHYSICAL DISABILITY and/or a PHYSICAL HEALTH CONDITION [All Individuals/Clients]

☐	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

A DEVELOPMENTAL DISABILITY [All Individuals/Clients]

☐	No	☐	Client doesn't know
☐	Yes	☐	Client prefers not to answer
		☐	Data not collected

A CHRONIC HEALTH CONDITION [All Individuals/Clients]

☐	No	☐	Client doesn't know
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☐	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

A MENTAL HEALTH CONDITION *[All Individuals/Clients]*

☐	No	☐	Client doesn't know	
☐	Yes	☐	Client prefers not to answer	
		☐	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?	☐	No	☐	Client doesn't know
	☐	Yes	☐	Client prefers not to answer
			☐	Data not collected

A SUBSTANCE USE ISSUE *[All Individuals/Clients]*

☐	No	☐	Both alcohol and drug abuse	
☐	Alcohol use disorder	☐	Client doesn't know	
		☐	Client prefers not to answer	
☐	Drug use disorder	☐	Data not collected	
IF “ALCOHOL USE DISORDER” “DRUG USE DISORDER” OR “BOTH ALCOHOL AND DRUG USE 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

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 source	
☐	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 Childcare 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 Individuals/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
☐	Veterans Health Administration (VHA)	☐	State Health Insurance for Adults
☐	Other (specify):	☐	Indian Health Services Program

SEXUAL ORIENTATION *[Adults and Head of Households]*

☐	Heterosexual	☐	Other
☐	Gay	<i>If Other please specify:</i>	
☐	Lesbian	☐	Client doesn't know
☐	Bisexual	☐	Client prefers not to answer
☐	Questioning/Unsure	☐	Data not collected

***If not literally homeless, provide a referral to prevention services, enter the service (CE Referral to Homelessness Prevention) and Exit from Coordinated Entry System Program.*

*Please direct household to the King County Prevention web site for additional resources,
www.kingcounty.gov/dept/community-human-services/housing/services/homeless-housing/homeless-prevention.aspx*

If applicable:

Signature of applicant stating all information is true and correct

Date