

Agency Name: _____



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 prefers not to answer
☐	Approximate or partial SSN reported	☐	Data not collected

N/A

CURRENT NAME *[All Individuals/Clients]*

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 Individuals/Clients]*

		-			-					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) *[All Individuals/Clients]*

☐	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 Identify, please specify:</i>	
☐	Culturally Specific Identity (e.g Two-Spirit)		

Preferred Pronouns *[All Clients]*

☐	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
	☐ Client prefers not to answer
☐ Yes	☐ 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
		☐ 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- HHS-PATH PROJECT INTAKE FORM

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Clients]

☐	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		
		☐	Yes	☐	Client doesn't know
				☐	Client prefers not to answer
		☐	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.*

CONNECTION WITH SOAR [Heads of Households and Adults]

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

ENROLLMENT CoC *[only if multiple CoC's]* _____

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 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 household's living situation 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

Select the city of the prior residence [Head of Household and Adults]

☐	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 [TH, PH]

☐	No	☐	Yes
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LENGTH OF STAY LESS THAN 90 DAYS
[Institutional Housing Situations]

☐	No	☐	Yes
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ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

☐	Yes	☐	No
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Approximate Date This Episode of Homelessness Started		____/____/____	
Number of <i>times</i> 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 <i>Months</i> 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
☐	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? *[Head of Household and Adults]*

☐	Unincorporated King County <i>(includes community not otherwise listed)</i>	☐	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

WHEN CLIENT WAS ENGAGED

Date of Engagement: <i>[Adults and Head of Household]</i>	____/____/____
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PATH STATUS *[Adults and Head of Household]*

Date of Status Determination	____/____/____
Client Became Enrolled in PATH	☐ No
	☐ Yes

IF "NOT" ENROLLED IN PATH

Reason Not Enrolled	☐	Client was found ineligible for PATH
	☐	Client was not enrolled for other reason(s)
	☐	Unable to locate client

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).

DISABLING CONDITION [All Clients]

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

PHYSICAL DISABILITY [All 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

DEVELOPMENTAL DISABILITY [All Clients]

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

CHRONIC HEALTH CONDITION [All 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

MENTAL HEALTH DISORDER *[All Clients]*

☐ 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 *[All Clients]*

☐ No	☐ Both alcohol and drug use disorders	
☐ 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 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

MONTHLY INCOME AND SOURCES *[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	
☐	Worker's Compensation			(specify):	
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	☐	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

relationship, please use your best judgement to collect this information. As a reminder, all HMIS data elements are self-reported.

Sex

☐	Female	☐	Client doesn't know
☐	Male	☐	Client prefers not to answer
		☐	Data not collected

*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