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 (*specify*):**	○	**Client doesn't know**
		○	**Client prefers not to answer**
		○	**Data not collected**

SOCIAL SECURITY NUMBER *[All Individuals/Clients]*

			-			-				

QUALITY OF SOCIAL SECURITY			
○	Full SSN reported	○	Client doesn't know
		○	Client prefers not to answer
○	Approximate or partial SSN reported	○	Data not collected

CURRENT NAME *[All Individuals/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 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	*If Different Identify, please specify:*	
○	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
○	*If Other, please specify:*		

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	*If Other, please specify:*	

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-RHY-CoC 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 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

DOMESTIC VIOLENCE SURVIVOR *[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
○	Six months to one year ago (excluding one year exactly)	○	Client prefers not to answer
		○	Data not collected

Are you currently fleeing?*	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

**If an 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.

WHEN INDIVIDUAL/CLIENT WAS ENGAGED *[Street Outreach Only or Night by Night Emergency Shelter, Head of Household and Adults]*

Date of Engagement:	____/____/_____

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

○	No	○	Yes

IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date: *[Complete Housing Move-In Date When Client Moves Into Permanent Housing Unit]*	____/____/_____

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 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	○	WA 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

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

○	No	○	Yes

ON THE NIGHT BEFORE - STAYED ON THE STREETS, ES, SAFE HAVEN *[Head of Household and Adults]*

○	Yes	○	No
Approximate Date This Episode of Homelessness Started		____/____/_____	
Number of *times* the individual/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 *Months* 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? *[Head of Household and Adults]*

○	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	○	WA 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?	○		○	Client doesn't know
	○		○	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
○	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 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 DISORDER" – SPECIFY				
	○	No	○	Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	○	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	
○	Worker's Compensation		*Other income Source (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 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	○	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

SPECIFIC YOUTH INFORMATION

RHY - BCP STATUS *[BCP ONLY]*

Date of status determination		____/____/_____	
○	No	○	Yes
If 'No' for 'Youth Eligible for RHY Services' – Reason services are not funded by BCP grant			
○	Out of age range	○	Ward of the criminal justice system – immediate reunification
○	Ward of the State – Immediate Reunification	○	Other
Runaway Youth? [If 'Yes' to 'Youth Eligible for RHY Services']		○	Client doesn't know
○	No	○	Client prefers not to answer
○	Yes	○	Data not collected

SEXUAL ORIENTATION *[Adults and Head of Households]*

○	Heterosexual	○	Other
○	Gay	*If Other, please specify:*	
○	Lesbian	○	Client doesn't know
○	Bisexual	○	Client prefers not to answer
○	Questioning/Unsure	○	Data not collected

LAST GRADE COMPLETED *[Adults and Head of Households, All program types except Street Outreach]*

○	Less than Grade 5	○	Associate Degree
○	Grades 5-6	○	Bachelor's Degree
○	Grades 7-8	○	Graduate Degree
○	Grades 9-11	○	Vocational certification
○	Grade 12	○	Client doesn't know

○	School does not have grade levels	○	Client prefers not to answer
○	GED	○	Data not collected
○	Some college		

SCHOOL STATUS *[Adults and Head of Households, All program types except Street Outreach]*

○	Attending school regularly	○	Suspended
○	Attending school irregularly	○	Expelled
○	Graduate from high school	○	Client doesn't know
○	Obtained GED	○	Client prefers not to answer
○	Dropped out	○	Data not collected

EMPLOYMENT STATUS *[Adults and Head of Households, All program types except Street Outreach]*

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

If "Yes" for employed – Type of employment			
○	Full-time	○	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 *[Adults and Head of Households, All program types except Street Outreach]*

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

DENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

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

MENTAL HEALTH STATUS *[Adults and Head of Households, All program types except Street Outreach]*

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

PREGNANCY STATUS *[Adults and Head of Households]*

○	No	o	Client doesn't know
○	Yes	o	Client prefers not to answer
		o	Data not collected
IF "YES" for Pregnancy Status			
Due Date	____/____/_____		

FORMERLY A WARD OF CHILD WELFARE/FOSTER CARE AGENCY
[Adults and Head of Households, All program types except Street Outreach]

○	No	o	Client doesn't know
○	Yes	o	Client prefers not to answer
		o	Data not collected
If "Yes" for Formerly a Ward of Child Welfare/Foster Care Agency			
o	Less than one year	o	3 to 5 years or more
o	1 to 2 years		
If "Less than one year" – Number of months			

FORMERLY A WARD OF JUVENILE JUSTICE SYSTEM
[Adults and Head of Households, All program types except Street Outreach

○	No	o	Client doesn't know
○	Yes	o	Client prefers not to answer
		o	Data not collected
If "Yes" for Formerly a Ward of Juvenile Justice System			

o	Less than one year	o	3 to 5 years or more
o	1 to 2 years		
If "Less than one year" – Number of months			

FAMILY CRITICAL ISSUES *[Adults and Head of Households, All program types except Street Outreach]*

Unemployment – Family Member	o	No	o	Yes
Mental health issues – Family Member	o	No	o	Yes
Physical disability – Family Member	o	No	o	Yes
Alcohol or Substance Use Disorder – Family Member	o	No	o	Yes
Insufficient income to support youth – Family Member	o	No	o	Yes
Incarcerated parent of youth	o	No	o	Yes

REFERRAL SOURCE

[Gathered one time per project enrollment: Adults and Head of Households, All program types except Street Outreach]

o	Self -referral	o	Law Enforcement/Police
o	Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual	o	Mental Hospital
○	Outreach	○	School
○	Temporary Shelter	○	Other organization
○	Residential Project	○	Client doesn't know
○	Hotline	○	Client prefers not to answer
○	Child Welfare/CPS	○	Data not collected
○	Juvenile Justice		
If Referral Source is "Outreach Project" – Number of times approached by Outreach prior to entering project			

HMIS administrators are awaiting HUD guidance for the data collection of this field. In absence of this, if the household is comfortable responding to the new field Sex (4.21) and it does not affect your client 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

If at risk of losing housing, 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

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If applicable:

Signature of applicant stating all information is true and correct **Date**