

## CLARITY HMIS: KC-CE- STATUS ASSESSMENT FORM

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

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

*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.*

### PROGRAM STATUS DATE [All Individuals/Client Households]

|       |  |   |     |  |   |      |  |  |  |
|-------|--|---|-----|--|---|------|--|--|--|
|       |  | - |     |  | - |      |  |  |  |
| Month |  |   | Day |  |   | Year |  |  |  |

**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.)*

|                           |                                                    |
|---------------------------|----------------------------------------------------|
| <input type="radio"/> No  | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
|                           | <input type="radio"/> Data not collected           |

### IF "YES" TO DOMESTIC VIOLENCE

#### WHEN EXPERIENCE OCCURRED

|                                                                               |                                                    |                                                    |
|-------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Within the past three months                            | <input type="radio"/> One year ago or more         |                                                    |
| <input type="radio"/> Three to six months ago (excluding six months exactly)  | <input type="radio"/> Client doesn't know          |                                                    |
|                                                                               | <input type="radio"/> Client prefers not to answer |                                                    |
| <input type="radio"/> Six months to one year ago (excluding one year exactly) | <input type="radio"/> Data not collected           |                                                    |
| <b>Are you currently fleeing?*</b>                                            | <input type="radio"/> No                           | <input type="radio"/> Client doesn't know          |
|                                                                               | <input type="radio"/> Yes                          | <input type="radio"/> Client prefers not to answer |
|                                                                               |                                                    | <input type="radio"/> 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.*

### IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

|                                          |                                                                                                      |
|------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="radio"/> No                 | <input type="radio"/> Yes                                                                            |
| <b>IF "YES" TO PERMANENT HOUSING</b>     |                                                                                                      |
| <b>Housing Move-In Date:</b> (See Note*) | <i>*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b>.</i> |

**CITY OF PERMANENT HOUSING LOCATION** *[Rapid Re-Housing Projects, for Heads of Households]*

|                                                                                                |                                                                                |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="radio"/> Unincorporated King County (includes any community not otherwise listed) | <input type="radio"/> Medina                                                   |
| <input type="radio"/> Algona                                                                   | <input type="radio"/> Mercer Island                                            |
| <input type="radio"/> Auburn                                                                   | <input type="radio"/> Milton                                                   |
| <input type="radio"/> Bear Creek/Sammamish (Unincorporated)                                    | <input type="radio"/> Newcastle                                                |
| <input type="radio"/> Beaux Arts                                                               | <input type="radio"/> Normandy Park                                            |
| <input type="radio"/> Bellevue                                                                 | <input type="radio"/> North Highline (Unincorporated)                          |
| <input type="radio"/> Black Diamond                                                            | <input type="radio"/> North Bend                                               |
| <input type="radio"/> Bothell                                                                  | <input type="radio"/> Pacific                                                  |
| <input type="radio"/> Burien                                                                   | <input type="radio"/> Redmond                                                  |
| <input type="radio"/> Carnation                                                                | <input type="radio"/> Renton                                                   |
| <input type="radio"/> Clyde Hill                                                               | <input type="radio"/> Sammamish                                                |
| <input type="radio"/> Covington                                                                | <input type="radio"/> Sea Tac                                                  |
| <input type="radio"/> Des Moines                                                               | <input type="radio"/> Seattle                                                  |
| <input type="radio"/> Duvall                                                                   | <input type="radio"/> Shoreline                                                |
| <input type="radio"/> East Federal Way (Unincorporated)                                        | <input type="radio"/> Skykomish                                                |
| <input type="radio"/> East Renton (Unincorporated)                                             | <input type="radio"/> Snoqualmie                                               |
| <input type="radio"/> Enumclaw                                                                 | <input type="radio"/> Snoqualmie Valley/Northeast King County (Unincorporated) |
| <input type="radio"/> Fairwood (Unincorporated)                                                | <input type="radio"/> Southeast King County (Unincorporated)                   |
| <input type="radio"/> Federal Way                                                              | <input type="radio"/> Tukwila                                                  |
| <input type="radio"/> Four Creeks/Tiger Mountain (Unincorporated)                              | <input type="radio"/> Vashon/Maury Island                                      |
| <input type="radio"/> Hunts Point                                                              | <input type="radio"/> West Hill (Unincorporated)                               |
| <input type="radio"/> Issaquah                                                                 | <input type="radio"/> Woodinville                                              |
| <input type="radio"/> Kenmore                                                                  | <input type="radio"/> Yarrow Point                                             |
| <input type="radio"/> Kent                                                                     | <input type="radio"/> Washington State (outside of King County)                |
| <input type="radio"/> Kirkland                                                                 | <input type="radio"/> Outside of Washington State                              |
| <input type="radio"/> Lake Forest Park                                                         | <input type="radio"/> Client Doesn't Know                                      |
| <input type="radio"/> Maple Valley                                                             | <input type="radio"/> Client prefers not to answer                             |
|                                                                                                | <input type="radio"/> 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:**

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

|                                                                                                                   |                       |                       |                              |                              |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------------|------------------------------|
| <input type="radio"/>                                                                                             | No                    | <input type="radio"/> | Client doesn't know          |                              |
| <input type="radio"/>                                                                                             | Yes                   | <input type="radio"/> | Client prefers not to answer |                              |
|                                                                                                                   |                       | <input type="radio"/> | Data not collected           |                              |
| <b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>                                                                  |                       |                       |                              |                              |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No                    | <input type="radio"/>        | Client doesn't know          |
|                                                                                                                   | <input type="radio"/> | Yes                   | <input type="radio"/>        | Client prefers not to answer |
|                                                                                                                   |                       |                       | <input type="radio"/>        | Data not collected           |

**DEVELOPMENTAL DISABILITY** *[All Individuals/Client Households]*

|                       |     |                       |                              |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                       |     | <input type="radio"/> | Data not collected           |

**CHRONIC HEALTH CONDITION** *[All Individuals/Client Households]*

|                       |     |                       |                              |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                       |     | <input type="radio"/> | Data not collected           |

|                                                                                                                   |                       |     |                       |                              |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-----|-----------------------|------------------------------|
| <b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>                                                             |                       |     |                       |                              |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
|                                                                                                                   | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                                                                                                                   |                       |     | <input type="radio"/> | Data not collected           |

**MENTAL HEALTH PROBLEM** *[All Individuals/Client Households]*

|                       |     |                       |                              |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                       |     | <input type="radio"/> | Data not collected           |

|                                                                                                                   |                       |     |                       |                              |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-----|-----------------------|------------------------------|
| <b>IF "YES" TO MENTAL HEALTH CONDITION – SPECIFY</b>                                                              |                       |     |                       |                              |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
|                                                                                                                   | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                                                                                                                   |                       |     | <input type="radio"/> | Data not collected           |

**SUBSTANCE ABUSE PROBLEM** *[All Individuals/Client Households]*

|                                            |                                                          |
|--------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> No                   | <input type="radio"/> Both alcohol and drug use disorder |
| <input type="radio"/> Alcohol use disorder | <input type="radio"/> Client doesn't know                |
| <input type="radio"/> Drug use disorder    | <input type="radio"/> Client prefers not to answer       |
|                                            | <input type="radio"/> 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? | <input type="radio"/> No  | <input type="radio"/> Client doesn't know          |
|                                                                                                                   | <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
|                                                                                                                   |                           | <input type="radio"/> Data not collected           |

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

|                           |                                                    |
|---------------------------|----------------------------------------------------|
| <input type="radio"/> No  | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
|                           | <input type="radio"/> Data not collected           |

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

| Income Source                               |                                              | Amount | Income Source         |                                                | Amount |
|---------------------------------------------|----------------------------------------------|--------|-----------------------|------------------------------------------------|--------|
| <input type="radio"/>                       | Earned Income                                |        | <input type="radio"/> | Temporary Assistance for Needy Families (TANF) |        |
| <input type="radio"/>                       | Unemployment Insurance                       |        | <input type="radio"/> | General Assistance (GA)                        |        |
| <input type="radio"/>                       | Supplemental Security Income (SSI)           |        | <input type="radio"/> | Retirement Income from Social Security         |        |
| <input type="radio"/>                       | Social Security Disability Insurance (SSDI)  |        | <input type="radio"/> | Pension or Retirement Income from a Former Job |        |
| <input type="radio"/>                       | VA Service-Connected Disability Compensation |        | <input type="radio"/> | Child Support                                  |        |
| <input type="radio"/>                       | VA Non-Service-Connected Disability Pension  |        | <input type="radio"/> | Alimony and Other Spousal Support              |        |
| <input type="radio"/>                       | Private Disability Insurance                 |        | <input type="radio"/> | Other source                                   |        |
| <input type="radio"/>                       | Worker's Compensation                        |        |                       |                                                |        |
| <b>Total Monthly Income for Individual:</b> |                                              |        |                       |                                                |        |

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

|                           |                                                    |
|---------------------------|----------------------------------------------------|
| <input type="radio"/> No  | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
|                           | <input type="radio"/> Data not collected           |

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

|                       |                                                                               |                       |                              |
|-----------------------|-------------------------------------------------------------------------------|-----------------------|------------------------------|
| <input type="radio"/> | Supplemental Nutrition Assistance Program (SNAP)                              | <input type="radio"/> | TANF Childcare Services      |
| <input type="radio"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="radio"/> | TANF Transportation Services |
| <input type="radio"/> | Other (specify):                                                              | <input type="radio"/> | Other TANF-funded services   |

**COVERED BY HEALTH INSURANCE** *[All Individuals/Client Households]*

|                       |     |                       |                              |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No  | <input type="radio"/> | Client doesn't know          |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
|                       |     | <input type="radio"/> | Data not collected           |

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

|                       |                                           |                       |                                    |
|-----------------------|-------------------------------------------|-----------------------|------------------------------------|
| <input type="radio"/> | MEDICAID                                  | <input type="radio"/> | Employer Provided Health Insurance |
| <input type="radio"/> | MEDICARE                                  | <input type="radio"/> | Insurance Obtained through COBRA   |
| <input type="radio"/> | State Children's Health Insurance (SCHIP) | <input type="radio"/> | Private Pay Health Insurance       |
| <input type="radio"/> | Veterans Health Administration (VHA)      | <input type="radio"/> | State Health Insurance for Adults  |
| <input type="radio"/> | Other (specify):                          | <input type="radio"/> | Indian Health Services Program     |

***If applicable:***

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

**Date**