CLARITY HMIS: KC-HUD-HOPWA 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/Clients]*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *­* |  |  | *­* |  |  |  |  |

Month DayYear

# **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 |
| ○ | Yes | | ○ | 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

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 PHYSICAL DISABILITY ​ and/or 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? | | ○ | 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 |
| ○ | 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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

HIV-AIDS ​*[All Individuals/Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

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? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

SUBSTANCE ABUSE ISSUE ​*[All Individuals/Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol and drug use disorder | | |
| ○ | 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? | | ○ | 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 | |  | ○ | TANF (Temporary Assist for Needy Families) | | |  |
| ○ | Unemployment Insurance | |  | ○ | General Assistance (GA) | | |  |
| ○ | Supplemental Security Income (SSI) | |  | ○ | Retirement Income from Social Security | | |  |
| ○ | Social Security Disability Insurance (SSDI) | |  | ○ | Pension or retirement income from 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 | |  | ○ | Other source | | |  |
| Total monthly for Individual: | |  | | | | | | |

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# 

# **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 NON­CASH 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 & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) | | | |
| ○ | MEDICAID | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | MEDICARE | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | State Children’s Health Insurance (SCHIP) | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Veterans Health Administration (VHA) | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Employer Provided Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Health Insurance Obtained through COBRA | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Private Pay Health Insurance | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | State Health Insurance for Adults | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Indian Health Services Program | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |
| ○ | Other Health Insurance (specify) |  | |

MEDICAL ASSISTANCE*​ -* IF “YES” TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Receiving AIDS Drug Assistance Program (ADAP) | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |

Receiving AIDS Drug Assistance Program (ADAP)?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Receiving Ryan White- Funded Medical or Dental Assistant | ○ | Applied; Decision Pending |
| ○ | Applied; Client Not Eligible |
| ○ | Client Did Not Apply |
| ○ | Insurance Type N/A for this Client |
| ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer |
| ○ | Data Not Collected |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
| ○ | Data not collected |

T-cell Count (Integer between 0-1500): \_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client Reported |
| ○ | Other (specify) |

Viral Load Information Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Available | ○ | Not Available |
| ○ | Undetectable | ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer | ○ | Data Not Collected |

Count (Integer between 0-999999): \_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |
| --- | --- |
| ○ | Medical Report |
| ○ | Client Reported |
| ○ | Other (specify) |

Has the participant been prescribed antiretroviral drugs?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | | |
| ○ | Yes | ○ | Client Doesn’t Know |
| ○ | Client prefers not to answer | ○ | Data Not Collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-in Date (see note\*) | | | *\*If client moved into permanent housing, make sure to update on the enrollment screen.* |

# **CITY OF PERMANENT HOUSING LOCATION** [Rapid Re-Housing Projects, for 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 |



Signature of applicant stating all information is true and correct Date