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			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.)*

○	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:					

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 & 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**