**CLARITY HMIS: KC- VA SERVICES STATUS FORM**

**(Including HUD VASH, SSVF, GPD)**

**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, not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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, not required for SSVF]*

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

**A CHRONIC HEALTH CONDITION ​***[All Individuals/Clients, not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | 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 |

**A MENTAL HEALTH CONDITION ​***[All Individuals/Clients, not required for SSVF]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
| ○ | Data not collected |
| **IF “YES” TO MENTAL HEALTH PROBLEMS – 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, not required for SSVF]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Both alcohol & 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 income source | | |  |
| ○ | Worker’s Compensation | |  | ○ | Other income source | | | | |
| **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 NON­CASH 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 |

**CONNECTION WITH SOAR ​***[Head of Household and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 |

***If applicable:***



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