



CLARITY HMIS: 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:									
	PROJECT STATUS DATE [All Clients]								
	Month Day Ye	ar							
·									
CLIENT LOCATION [only if multiple CoC's]									
PH	YSICAL DISABILITY [not required for SSVF]								
0	No			0	Client doesn't know				
)	Voe			0	Client refused				
0	Yes			0	Data not collected				
IF "Y	'ES" TO PHYSICAL DISABILITY – SPECIFY								
Expe	cted to be of long-continued and indefinite duration?	0	No	0	Client doesn't know				
_,,,,		0	Yes	0	Client refused				
			163	0	Data not collected				
DE	DEVELOPMENTAL DISABILITY [not required for SSVF]								
0	No Client doesn't know								
	Vac			0	Client refused				
0	Yes	0	Data not collected						
СН	RONIC HEALTH CONDITION [not required for	SSVF	7						
0	No			0	Client doesn't know				
				0	Client refused				
0	Yes			0	Data not collected				
IF "	YES" TO CHRONIC HEALTH CONDITION – SPEC	IFY							
		0	No	0	Client doesn't know				
	ected to be of long-continued and indefinite		V	0	Client refused				
duration? o			Yes	0	Data not collected				
HIV	/-AIDS [not required for SSVF]								
0									
0	Yes			0	Client refused				



Client doesn't know

Client refused

0

0

Data not collected

Yes ES" TO MENTAL HEALTH PROBLE	MS -				0	Client doesn't know Client refused Data not collected			
	MS -								
	MS -				0	Data not collected			
S" TO MENTAL HEALTH PROBLE	MS -					Data Hot collected			
		F "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY							
			0	No	0	Client doesn't know			
Expected to be of long-continued and indefinite duration?			0	Yes	0	Client refused			
				res	0	Data not collected			
STANCE ABUSE PROBLEM [not	t requ	ıired foı	r SSV	[F]					
No					0	Both alcohol & drug abuse			
Alcohol abuse					0	Client doesn't know			
Alcohol abase					0	Client refused			
Orug abuse					0	Data not collected			
COHOL ABUSE" "DRUG ABUSE"	OR "	BOTH A	ALCO	HOL AND	DRUG A	ABUSE"- SPECIFY			
ted to be of long continued and indef	inita		0	No	0	Client doesn't know			
duration?			0	Yes	0	Client refused			
			U	103	0	Data not collected			
DOMESTIC VIOLENCE VICTIM/ SURVIVOR [Heads of Household & Adults]									
estic Violence Victim/Survivor	0								
0			Yes						
ES" to DOMESTIC VIOLENCE VICT	IM/ S	SURVIV	OR- C	OMPLETE	E				
T OCCURRENCE									
<u> </u>		Yes							
		No							
you currently fleeing?	0	Client doesn't know							
-		Client refused							
	0	Client	reius	eu					
	Alcohol abuse Drug abuse COHOL ABUSE" "DRUG ABUSE" Ited to be of long-continued and indefon? ESTIC VIOLENCE VICTIM/ SURV estic Violence Victim/Survivor ES" to DOMESTIC VIOLENCE VICT T OCCURRENCE	Alcohol abuse Drug abuse COHOL ABUSE" "DRUG ABUSE" OR " Ited to be of long-continued and indefinite on? IESTIC VIOLENCE VICTIM/ SURVIVO estic Violence Victim/Survivor ES" to DOMESTIC VIOLENCE VICTIM/ STOCCURRENCE O	Alcohol abuse Drug abuse COHOL ABUSE" "DRUG ABUSE" OR "BOTH A detect to be of long-continued and indefinite on? DESTIC VIOLENCE VICTIM/ SURVIVOR [Heater of the continued of the continued and indefinite on the continued	Alcohol abuse Drug abuse COHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCO Ited to be of long-continued and indefinite ON PROPERTY OF THE ABUSE OF THE ABU	Alcohol abuse COHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND one ted to be of long-continued and indefinite one? Solution Sol	STANCE ABUSE PROBLEM [not required for SSVF] No Alcohol abuse Drug abuse COHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG Abuse on? Ited to be of long-continued and indefinite on? IESTIC VIOLENCE VICTIM/ SURVIVOR [Heads of Household & Adusestic Violence Victim/Survivor on Yes ES" to DOMESTIC VIOLENCE VICTIM/ SURVIVOR- COMPLETE T OCCURRENCE Yes No Yes			

No

Yes

0



				o Data not col	lected
IF '	 'YES" TO INCOME FROM ANY SOURCE – INDI	CATE AL	L SO	DURCES THAT APPLY	
Inc	ome Source	Amount	Inc	ome Source	Amoun
0	Earned Income		0	TANF (Temporary Assist for Needy Families)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support	
0	Private disability insurance		0	Other income source	
0	Worker's Compensation		0	Other income source	
	monthly income for idual:				

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

0	No	0	Client doesn't know				
	Vac			0	Client refused		
0	Yes			0	Data not collected		
IF "	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (specify):	0	Other TA	NF-fu	ınded services		

COVERED BY HEALTH INSURANCE [All Clients]

0	No				Client doesn't know		
s Vee			0	Client refused			
0	Yes			0	Data not collected		
IF "	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS						
0	MEDICAID	0	Employer Provided Health Insurance				
0	MEDICARE	0	Insuranc	e Obt	tained through COBRA		
0	State Children's Health Insurance (SCHIP)		Private Pay Health Insurance				
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults				
0	Other (specify)	0	Indian H	ealth	Services Program		



CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant

per Diem – Case Management/Housing Retention]

0	No	0	Client doesn't know
	V ₂ 2	0	Client refused
0	Yes	0	Data not collected

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

0	No	0	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.			

Signature of applicant stating all information is true and correct Date