

SLO County CoC: Clarity Minimum Intake Form –

TO BE USED WITH SERVICES ONLY NON-CONTINUUM HMIS PROJECT ONLY



CLIENT PROFILE INFORMATION

Head of Household ☐ Yes ☐ No

Release of Information Permission: ☐ Yes Documentation: ☐ E-SIGN ☐ PDF/ Attach ☐ Verbal **
☐ No* (*Toggle Enrollment to Private) **Use of verbal consent should be limited – See HMIS Privacy Policy

First Name:

Last Name:

Quality of Name ☐ Full name ☐ Partial, street, code ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

SSN:

Use "x" for unknown digits

Quality of SSN ☐ Full SSN ☐ Approx or partial ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Date of Birth / /

Quality of DOB ☐ Full DOB ☐ Approx or partial ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Gender: ☐ Woman (Girl, if child) ☐ Man (Boy, if child)

☐ Different Identity (specify):

☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Questioning ☐ Client doesn't know ☐ Transgender

☐ Client prefers not to answer ☐ Non-Binary ☐ Data not collected

Pronouns: ☐ He/him/his ☐ She/her/hers ☐ They/them/theirs ☐ Ze/zir/zirs ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Race and Ethnicity: ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Hispanic/ Latina/e/o
☐ Middle Eastern or North African ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Veteran Status ☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Add Record in Clarity after Client Profile and Release of Information have been completed

HOUSEHOLD INFORMATION – See Response Options Above – Or use separate form for each member.

Name	DOB	SSN	Gender	Race & Ethnicity	Relate to HoH	Pronouns

ENROLLMENT INFORMATION

Project Start Date (mm/dd/yyyy) : / /

Entry Information

Type of Residence: Homeless Situations ☐ Place not meant for human habitation (streets, car, etc) ☐ Safe Haven ☐ Emerg. Shelter, inc hotel or motel paid with voucher or host home shelter.

☐ Foster Care/Group Home ☐ Hospital or other residential ☐ Hotel/Motel ☐ Jail/Prison/ Juvenile detention facility

☐ Owned by Client w/ Subsidy ☐ Owned by Client w/o Subsidy ☐ Perm. Housing for Homeless ☐ Long Term Care Facility or Nursing Home ☐ Psychiatric hospital or facility ☐ Sub. Abuse Facility ☐ Transitional Housing ☐ Residential project or halfway house with no homeless criteria ☐ Hotel/ Motel w/o ES voucher ☐ Host home (non-crisis)

☐ Rental by client, no ongoing subsidy ☐ Rental by client, with ongoing subsidy ☐ Staying w/ Family ☐ Staying w/ Friends ☐ Owned by client, no subsidy ☐ Owned by client with subsidy ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected