Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First & Last Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clarity Unique ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Race & Ethnicity (select all that apply):

American Indian, Alaska Native, or Indigenous  Asian or Asian American

Black, African American, or African  Hispanic/Latina/e/o

Middle Eastern or North African  Native Hawaiian or Pacific Islander

White  Client doesn’t know

Client prefers not to answer  Data not collected

Gender (select all that apply):

Woman (Girl, if child)  Man (Boy, if child)

Culturally Specific Identity (e.g., Two-Spirit)  Transgender

Non-Binary  Questioning

Different Identity  Client doesn’t know

Client prefers not to answer  Data not collected

Sexual Orientation:

Heterosexual  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gay  Client doesn’t know

Lesbian  Client prefers not to answer

Bisexual  Data not collected

Questioning/Unsure

Veteran?  Confirmed veteran  Confirmed non-veteran  Vet status not confirmed

Household Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many people in household (including HoH): \_\_\_\_\_\_\_

Date Participant was Identified as Homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By-Name List Status (choose one): Date List Status Changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Active (ES/SH)

Active (Unsheltered

Inactive (Missing/Unknown)

Inactive (Permanently Housed)

Inactive (Temporarily Housed)

Number of UNSHELTERED and/or DAYS HOMELESS NOT COVERED IN HMIS in the Last 3 Years: \_\_\_\_\_\_\_

* The number of days should not exceed 1095.
* A homeless verification form must be completed and turned in with this form to have this information populated on the HMIS BNL. The homeless verification form should cover ONLY days referred to above.

Number of Times Homeless in the Last 3 Years: \_\_\_\_\_\_\_

Chronically Homeless?  Yes  No  Unsure

Cuyahoga Vulnerability Index Score: \_\_\_\_\_\_\_

* The Cuyahoga Vulnerability Index form must be completed and turned in with form to have this information populated on the HMIS BNL.

Does participant have a disability?  Yes  No

If yes, select all that apply:

Physical Disability  Developmental Disability

Long-term?  HIV/AIDS

Chronic Health Condition  Mental Health Disorder

Long-term?  Long-term?

Alcohol Use Disorder  Substance Use Disorder

Long-term?  Long-term?

Does participant have income?  Yes  No

If yes, select all that apply and enter monthly amount:

Earned Income Amount: Enter $ Amount

Unemployment Insurance Amount: Enter $ Amount

Supplemental Security Income Amount: Enter $ Amount

Social Security Disability Insurance Amount: Enter $ Amount

VA Service-Connected Disability Compensation Amount: Enter $ Amount

VA Non-Service-Connected Disability Pension Amount: Enter $ Amount

Private Disability Insurance Amount: Enter $ Amount

Worker’s Compensation Amount: Enter $ Amount

Temporary Assistance for Needy Families (TANF) Amount: Enter $ Amount

General Assistance Amount: Enter $ Amount

Retirement Income from Social Security Amount: Enter $ Amount

Pension or Retirement from a Former Job Amount: Enter $ Amount

Child Support Amount: Enter $ Amount

Alimony or Other Spousal Support Amount: Enter $ Amount

Other: Enter answer Amount: Enter $ Amount

**TOTAL MONTHLY INCOME:** Enter $ Amount

Current Housing Plan:

SSVF – RRH  Other PH

Other RRH  Joint Component TH/RRH

HUD – VASH  Self-resolve/No assist

Other PSH  None currently

Eligibility and Other Barriers (select all that apply):

CMHA Eligible  Prior Justice Involvement

Veteran’s Health Administration Eligible  Meth production, arson, and/or sex offense

SSVF Eligible  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCFS Involvement  Prior Evictions

Formerly Ward of Child Welfare/Foster Care  Survivor of Domestic Violence

Aged Out of Foster Care

Name of Assigned Agency & Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Add any additional notes, if necessary\*