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\*