

Agency Name: \_\_\_\_\_



## CLARITY HMIS: SAN BERNARDINO UNIVERSAL ASSESSMENT

Please complete a separate form for each household member.

Record the date and location of each interaction/contact with a client by recording their *UNIVERSAL ASSESSMENT*. The first *Universal Assessment* with the client will occur at the same point as *Project Start Date*.

### DATE OF CONTACT *[Adults and Head of Household]*

		/			/				
Month			Day			Year			

### San Bernardino Universal Assessment *[Individuals who receive assessment such as RHY, TAY, SMF+HC, etc.]*

All individuals who have answered questions on this assessment will be scored for placement into the Outreach Queue or Community Queue.

### Assessment Location *[Where client contact was made]*

### Regional Access Point *[Geographical region]*

<input type="radio"/> East Valley Region	<input type="radio"/> West Valley Region
<input type="radio"/> Central Valley Region	<input type="radio"/> Mountain Region
<input type="radio"/> High Desert Region	

### Translation Assistance Needed *[Client's preferred language other than English]*

<input type="radio"/> Spanish	<input type="radio"/> Arabic
<input type="radio"/> Armenian	<input type="radio"/> Chinese
<input type="radio"/> Farsi	<input type="radio"/> French
<input type="radio"/> German	<input type="radio"/> Greek
<input type="radio"/> Haitian	<input type="radio"/> Japanese
<input type="radio"/> Khmer	<input type="radio"/> Korean
<input type="radio"/> Polish	<input type="radio"/> Portuguese
<input type="radio"/> Punjabi	<input type="radio"/> Russian
<input type="radio"/> Tagalog	<input type="radio"/> Ukrainian
<input type="radio"/> Vietnamese	<input type="radio"/> Data Not Collected
<input type="radio"/> Client Doesn't Know	<input type="radio"/> Client Prefers not to Answer
<input type="radio"/> Different Preferred Language (Specify)	

**Living Situation [Client's Current Living Situation]**

<b>In Permanent Housing?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
Housing Move-In Date	/ /
<b>Prior Living Situation – Type of Residence (HoH and Adults Only)</b>	
<input type="radio"/> Place not meant for habitation (E.G. vehicle, abandoned building, bus / train / subway / airport / anywhere outside)	<input type="radio"/> Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
<input type="radio"/> Safe Haven	<input type="radio"/> Foster care home or foster care group home
<input type="radio"/> Hospital or other residential non-psychiatric medical facility	<input type="radio"/> Jail, prison, or juvenile detention facility
<input type="radio"/> Long-Term care facility or nursing home	<input type="radio"/> Psychiatric hospital or other psychiatric facility
<input type="radio"/> Substance abuse treatment facility or detox center	<input type="radio"/> Transitional housing for homeless persons (including homeless youth)
<input type="radio"/> Residential project or halfway house with no homeless criteria	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Host Home (non-crisis)	<input type="radio"/> Staying or living in a friend's room, apartment, or house
<input type="radio"/> Rental by client, no ongoing housing subsidy	<input type="radio"/> Rental by client, with ongoing housing subsidy
<input type="radio"/> Owned by client, with ongoing housing subsidy	<input type="radio"/> Owned by client, no ongoing housing subsidy
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify subsidy
<b>Length of Stay in Prior Living Situation</b>	
<input type="radio"/> One night or less	<input type="radio"/> Two to six nights
<input type="radio"/> One week or more, but less than one month	<input type="radio"/> One month or more, but less than 90 days
<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> One year or longer
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify subsidy
<b>Did You Sleep On The Streets, Emergency Shelter, Or Safe Haven last night? (Head of Household and Adults)?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<b>Length of Stay Less Than 7 Nights?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<b>Length of Stay Less Than 90 days?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date Homelessness Started:</b> / /	
<input type="radio"/> One Time	<input type="radio"/> Two Times
<input type="radio"/> Three Times	<input type="radio"/> Four or more times
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	
<b>Total Months Homeless In The Past Three Years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Two months
<input type="radio"/> Three months	<input type="radio"/> Four months
<input type="radio"/> Five months	<input type="radio"/> Six months
<input type="radio"/> Seven months	<input type="radio"/> Eight Months
<input type="radio"/> Nine Months	<input type="radio"/> Ten months
<input type="radio"/> Eleven months	<input type="radio"/> Twelve months
<input type="radio"/> More than 12 months	<input type="radio"/> Client doesn't know
<input type="radio"/> Client prefers not to answer	<input type="radio"/> Data not collected
<b>Specify Number of Months / Years Homeless</b>	
Months:	Years:

**Disabling Conditions and Barriers** *[Health Issues, DV, Mental Illness, Substance Use Disorder]*

<b>Disabling Condition</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Physical Disability</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Physical Disability: Long Term Physical Disability?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify
<b>Developmental Disability</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Chronic Health Condition</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Chronic Health Condition: Long Term Chronic Health Condition Disability?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify
<b>Mental Health Disorder</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Mental Health Disorder: Long Term Mental Health Disorder Disability?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify
<b>Substance Use Disorder</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<b>Substance Use Disorder: Long Term Substance Use Disorder Disability?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify
<b>HIV - AIDS</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	
<b>Survivor of Domestic Violence</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	
<b>Survivor of Domestic Violence: When Experience Occurred</b>	
<input type="radio"/> Within the past three months	<input type="radio"/> Three to six months ago (Excluding six months exactly)
<input type="radio"/> Six months to one year ago (Excluding one year exactly)	<input type="radio"/> One year ago or more
<input type="radio"/> Client doesn't know	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Data not collected	<input type="radio"/> Specify

Survivor of Domestic Violence: Are You Currently Fleeing?			
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Data not collected		

**Monthly Income and Sources** *[All available income for client]*

Income From Any Source?			
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Data not collected		
<input type="radio"/>	Child Support	Amount:	
<input type="radio"/>	Earned Income	Amount:	
<input type="radio"/>	Employment Pension	Amount:	
<input type="radio"/>	General Assistance (GA)	Amount:	
<input type="radio"/>	Private Disability Insurance	Amount:	
<input type="radio"/>	Social Security Disability Insurance (SSDI)	Amount:	
<input type="radio"/>	Social Security Retirement	Amount:	
<input type="radio"/>	Spousal Support	Amount:	
<input type="radio"/>	Supplemental Security Income (SSI)	Amount:	
<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	Amount:	
<input type="radio"/>	Unemployment Income	Amount:	
<input type="radio"/>	VA Service-Connected Disability Compensation	Amount:	
<input type="radio"/>	Veteran's Pension	Amount:	
<input type="radio"/>	Worker's Compensation	Amount:	
<input type="radio"/>	Other Cash Income	Amount:	
Total Cash Income		Total Amount:	
Receiving Non-Cash Benefits?			
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	SNAP	<input type="radio"/>	WIC
<input type="radio"/>	TANF Childcare	<input type="radio"/>	TANF Transportation
<input type="radio"/>	Other TANF Benefit	<input type="radio"/>	Other Non-Cash Benefit
Other Non-Cash Benefit Source:			

**Health Insurance** *[Is client covered by health insurance?]*

<input type="radio"/>	Yes	<input type="radio"/>	No
<input type="radio"/>	Client doesn't know	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Data not collected		
<input type="radio"/>	Medicare	<input type="radio"/>	Medicaid
<input type="radio"/>	IEHP	<input type="radio"/>	Molina Health
<input type="radio"/>	Sate Children's Health Insurance Program (SCHIP)	<input type="radio"/>	Health Insurance obtained through COBRA
<input type="radio"/>	Private Pay Health Insurance	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Veteran's Health Administration (VHA)	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	Other Health Insurance		
Other Health Insurance Source:			

**Outreach Location** *[Where client is typically located]*

Does This Person Have Verification of Homelessness in HMIS?			
<input type="radio"/>	Yes	<input type="radio"/>	No
Outreach Location (Where client usually stays)			

**Verification of Information**

I affirm that all information I have provided in this assessment is true and accurate to the best of my knowledge. I understand that providing false or misleading information may have consequences.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**