For data entry purposes only: Client ID: _____

PARTNERS IN CARE

HOPWA Project Status

Identifying Information

*Last Name:_____ *DOB:_____ *Status Date:_____

*First Name:_____ *SSN (last 4 digits):_____ *Project:_____

Disabling Conditions

Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently

Physical Disability:
❑Yes** ❑No
❑ Client doesn't know ❑ Client prefers not to answer
**If yes, long term? ❑Yes ❑ No

Developmental Disability
❑Yes ❑No
❑ Client doesn't know ❑ Client prefers not to answer

Chronic Health Condition
❑Yes** ❑No
❑ Client doesn't know ❑ Client prefers not to answer
**If yes, long term? ❑Yes ❑ No

HIV - AIDS
❑Yes ❑No
❑ Client doesn't know ❑ Client prefers not to answer

Mental Health Disorder
❑Yes** ❑No
❑ Client doesn't know ❑ Client prefers not to answer
**If yes, long term? ❑Yes ❑ No

Substance Use Disorder
❑Alcohol use** ❑Drug use** ❑Both ** ❑Neither
❑ Client doesn't know ❑ Client prefers not to answer
**If yes, long term? ❑Yes ❑ No

Domestic Violence Survivor
❑Yes** ❑No
❑ Client prefers not to answer ❑ Client doesn't know

Currently Fleeing DV
❑Yes** ❑No
❑ Client prefers not to answer ❑ Client doesn't know

***When DV experience occurred:*
❑ Less than 3 months
❑ 3 months - less than 6 months
❑ 6 months - less than a year
❑ 1 year or more
❑ Client doesn't know
❑ Client prefers not to answer

HUD Financial Assessment

Income From Any Source? ❑ Yes** ❑ Client doesn't know
❑ No ❑ Client prefers not to answer

**If yes, select all that apply, and enter the amount earned per MONTH.

❑ $_____Unemployment

❑ $_____Earned Income (employment)

❑ $_____SSI ❑ $_____ SSDI

❑ $_____VA Service Connected Disability Compensation

❑ $_____VA non-service Connected Disability Compensation

❑ $_____Private Disability Insurance

❑ $_____Worker's Compensation

❑ $_____TANF

❑ $_____General Assistance

❑ $_____Retirement Income from Social Security

❑ $_____Pension/Retirement from a former job

❑ $_____Child Support

❑ $_____Alimony/Spousal support

❑ $_____Other income source, specify below

_____

Receiving Non-Cash Benefits? ❑ Yes** ❑ Client doesn't know ❑ No ❑ Client prefers not to answer

If yes, select all that apply:

❑ SNAP ❑ WIC ❑ TANF Childcare ❑ TANF Transportation ❑ Other TANF Services ❑ Other non-cash benefit source

_____

Covered by Health Insurance? ❑ Yes** ❑ Client doesn't know ❑ No ❑ Client prefers not to answer

**If yes, select all that apply:

❑ MEDICAID
❑ MEDICARE
❑ State Children's Health Insurance Program
❑ Veteran's Administration (VA) Medical Services
❑ Employer-Provided Health Insurance
❑ Health Insurance Obtained Through COBRA
❑ Private Pay Health Insurance
❑ State Health Insurance for Adults
❑ Indian Health Services Program
❑ Other Health Insurance

_____

Medical Assistance

Receiving AIDS Drug Assistance Program (ADAP)

- ❑ Yes
- ❑ No**
- ❑ Client doesn't know
- ❑ Client prefers not to answer

Receiving Ryan White-Funded Medical or Dental Assistance

- ❑ Yes
- ❑ No**
- ❑ Client doesn't know
- ❑ Client prefers not to answer

** If you answered No to any questions above, please specify the reason:

- ❑ Applied, Decision pending
- ❑ Applied, client not eligible
- ❑ Client did not apply
- ❑ Insurance type N/A for client
- ❑ Client doesn't know
- ❑ Client prefers not to answer

- ❑ Applied, Decision pending
- ❑ Applied, client not eligible
- ❑ Client did not apply
- ❑ Insurance type N/A for client
- ❑ Client doesn't know
- ❑ Client prefers not to answer

T-cell (CD4) and Viral Load

*T-cell (CD4) Count Available

- ❑ Yes**
- ❑ No
- ❑ Client doesn't know
- ❑ Client prefers not to answer

**T-cell Count (integer between 0 – 1500)

_____

**How Was the Information Obtained

- ❑ Medical report
- ❑ Client report
- ❑ Other

*Viral Load Information Available

- ❑ Yes**
- ❑ No
- ❑ Client doesn't know
- ❑ Client prefers not to answer

**Count (integer between 0 – 1500)

_____

**How Was the Information Obtained

- ❑ Medical report
- ❑ Client report
- ❑ Other

Prescribed Anti-Retroviral

*Has the participant been prescribed anti-retroviral drugs?

❑ Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

Current Living Situation *(required for street outreach programs)*

*Location details: _____

Homeless Situation:

- ❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter
- ❑ Place not meant for habitation
- ❑ Safe Haven

Other:

- ❑ Client doesn't know
- ❑ Client prefers not to answer
- ❑ Worker unable to determine

Institutional Situation:

- ❑ Foster care home/foster care group home
- ❑ Hospital or other residential non psychiatric medical facility
- ❑ Jail, prison, juvenile detention facility
- ❑ Long-term care facility or nursing home
- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Substance use treatment facility or detox center

Transitional Housing Situation

- ❑ Transitional housing for homeless persons (including homeless youth)
- ❑ Residential project or halfway house with no homeless criteria
- ❑ Hotel or Motel paid for ***without*** emergency shelter voucher
- ❑ Host Home (non-crisis)
- ❑ Staying or living in a friend's member's room, apartment, or house
- ❑ Staying or living in a family member's room, apartment, or house

Permanent Housing Situation

- ❑ Rental by client, ***no*** ongoing housing subsidy
- ❑ Rental by client, ***with*** ongoing housing subsidy, please specify type-->**
- ❑ Owned by client, ***no*** ongoing housing subsidy
- ❑ Owned by client, ***with*** ongoing housing subsidy

**Rental Subsidy Type:

- ❑ GPD TIP housing subsidy
- ❑ ASH Housing subsidy
- ❑ RRH or equivalent subsidy
- ❑ HCV voucher (tenant or project based) (not dedicated)
- ❑ Public Housing Unit
- ❑ Rental by client, with other ongoing housing subsidy
- ❑ Housing Stability Voucher
- ❑ Family Unification Program Voucher (FUP)
- ❑ Foster Youth to Independence Initiative (FYI)
- ❑ Permanent Supportive Housing
- ❑ Other permanent housing dedicated for formerly homeless persons

Is client going to have to leave their current living situation within 14 days?

❑ Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

If yes, answer remaining questions. If no, skip to end

Has a subsequent residence been identified?

❑ Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

❑ Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?

❑ Yes ❑No ❑Client doesn't know ❑Client prefers not to answer