

HMIS HOPWA Program Status Form

CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT FORM
Use block letters for text and bubble in the appropriate circles.

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

Agency Name: _____

CI	IFNI	ΓNAN	IF OF			·		•			racii iic				
OL	16141		iL Oi	\ IDL											
	PROJECT STATUS DATE [All Clients]														
	Month Day Year														
		CLIE	NT L	OCAT	ION [only if	multip	le Co	C's1						
DU	VOI								•						
РН 0	No	CAL D	ISAE	SILII	Y [All	Cilen	tsj							0	Client doesn't know
														0	Client refused
0	Ye	S												0	Data not collected
IF	"YES	3" TO I	PHYS	ICAL	DISA	BILIT	Y – SF	PECIF	Υ						
											0	l	No	0	Client doesn't know
Ex	pecte	ed to be	e of lo	ng-co	ntinue	ed and	l indef	inite d	uration	า?		Ι,	. ,	0	Client refused
											0		Yes	0	Data not collected
DE	VEL	OPME	ENTA	L DIS	SABII	LITY	[All Cl	ients]						Ī	1
0	٨	lo												0	Client doesn't know
_		/												0	Client refused
0	Y	'es												0	Data not collected
СН	IRON	NIC HE	EALT	НСС	NDIT	TION	[AII CI	lients	<u> </u>						
0	No													0	Client doesn't know
	Va													0	Client refused
O	YesData not collect					Data not collected									
IF	IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY														

					CLARITY HUMAN SERVICES		
		0	No	0	Client doesn't know		
Ex	spected to be of long-continued and indefinite duration?			0	Client refused		
		0	Yes	0	Data not collected		
HI	V-AIDS [All Clients]						
0	No			0	Client doesn't know		
	Vec			0	Client refused		
0	Yes			0	Data not collected		
MI	ENTAL HEALTH DISORDER [All Clients]						
0	No			0	Client doesn't know		
				0	Client refused		
0	Yes			0	Data not collected		
IF	"YES" TO MENTAL HEALTH DISORDER - SPECIFY						
			No	0	Client doesn't know		
Ex	spected to be of long-continued and indefinite duration?	0	V	0	Client refused		
			Yes	0	Data not collected		
SL	JBSTANCE USE DISORDER [All Clients]						
0	No	0	Both alcohol and drug use disorders				
0		0	Client doesn't know				
0	Alcohol use disorder	0	Client refused				
0	Drug use disorder	0	Data no	Data not collected			
	"ALCOHOL USE DISORDER" "DRUG USE DISORDER" SORDERS" – SPECIFY	OR "E	BOTH ALC	ОНО	L AND DRUG USE		
		0	No	0	Client doesn't know		
Ex	pected to be of long-continued and indefinite duration?			0	Client refused		
		0	Yes	0	Data not collected		
DC	DMESTIC VIOLENCE VICTIM/SURVIVOR [Head of H	louseh	old and A	dults	1		
0	No	OClien		nt doesn't know			
		- 011		430011 (111011			

Yes

IF "YES" TO DOMESTIC VIOLENCE

Client refused

Data not collected

0



				_			
LA	ST OCCURRENCE						
0	Within the past three months		0	One year	ago.	, or more	
	Three to six months ago (excluding six months	0	O Client doesn't know				
0	exactly)		0	Client refused			
0	Six months to one year ago (excluding one year exactly)		0	Data not collected			
			0	No	0	Client doe	sn't know
Are	e you currently fleeing?			V	0	Client refu	used
			0	Yes	o Data not c		collected
MC	NTHLY INCOME AND SOURCES [Head of F	Household	d and	Adults]			
0	No				0	Client does	n't know
	Vac				0	Client refus	ed
0	Yes				0	llected	
IF	"YES" TO INCOME FROM ANY SOURCE - IND	ICATE AL	L SO	URCES THA	AT A	\PPLY	
	Income Source	Amount		Income	e So	urce	Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)			
0	Unemployment Insurance		0	General Assistance (GA)			
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security			
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job			
0	VA Service-Connected Disability Compensation		0	Child Support			
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support			
0	Private disability insurance	0	Other income source (specify):				
0	Worker's Compensation		(1 · · · · · · · · ·) /-				
Tot	al monthly for Individual:		1				
	<u> </u>	lousabala	land	Adulta1			
KE	CEIVING NON CASH BENEFITS [Head of H	เบนระหาบเด	and.	AUUIIS			

No
 Client doesn't know
 Client refused
 Data not collected



			HUMAN SERVICES
IF "	YES" TO NON CASH BENEFITS – INDICATE ALL SOURC	CES T	HAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services
CO	VERED BY HEALTH INSURANCE [All Clients]		
0	No	0	Client doesn't know
	Yes	0	Client refused
0	res	0	Data not collected
IF '	YES" TO HEALTH INSURANCE & REASONS NOT COVE	ERED	BY NON-CHOSEN SELECTION(S)
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
0	MEDICAID	0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	MEDICARE	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
0	State Children's Health Insurance (SCHIP)	0	Client Did Not Apply
		0	Insurance Type N/A for this Client
		0	Client Doesn't Know



		0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	Veterans Administration (VA) Medical Services	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	Employer Provided Health Insurance	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	Health Insurance Obtained through COBRA	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	Private Pay Health Insurance	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected

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		0	Applied; Decision Pending
		0	Applied; Client Not Eligible
		0	Client Did Not Apply
0	State Health Insurance for Adults	0	Insurance Type N/A for this Client
		0	Client Doesn't Know
			Client Refused
		0	Data Not Collected
		0	Applied; Decision Pending
	Indian Health Services Program	0	Applied; Client Not Eligible
		0	Client Did Not Apply
0		0	Insurance Type N/A for this Client
		0	Client Doesn't Know
		0	Client Refused
		0	Data Not Collected
0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Yes

Applied; Decision Pending

0

	Receiving Public HIV/AIDS Medical Assistance?					
0	No	0	Client doesn't know			
_	V	0	Client refused			
0	Yes	0	Data not collected			
IF "N	IF "NO" TO RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE — SPECIFY REASON					
0	Applied; Decision Pending	0	Client Doesn't Know			
0	Applied; Client Not Eligible	0	Client Refused			
0	Client Did Not Apply	0	Data Not Collected			
0	Insurance Type N/A for this Client					
	Receiving AIDS Drug Assistance Program (ADAP)?					
0	No	0	Client doesn't know			

IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON

Client refused

Data not collected

Client Doesn't Know



			HUMAN SERVICE			
0	Applied; Client Not Eligible	0	Client Refused			
0	Client Did Not Apply	0	Data Not Collected			
0	Insurance Type N/A for this Client					
	Receiving Ryan White-funded Medical or Dental Assistance					
0	No	0	Client doesn't know			
		0	Client refused			
0	Yes	0	Data not collected			
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON						
0	Applied; Decision Pending	0	Client Doesn't Know			
0	Applied; Client Not Eligible	0	Client Refused			
0	Client Did Not Apply	0	Data Not Collected			
0	Insurance Type N/A for this Client					
	T-cell (CD4) Count Available					
0	No	0	Client doesn't know			
	V	0	Client refused			
0	Yes	0	Data not collected			
	T-cell Count (Integer between 0-1500): _ How Was the Information Obtained?					
0	Medical Report					
0	Client Reported					
0	Other (specify)					
	Viral Load Information Available					
0	Available	0	Not Available			
0	Undetectable	0	Client Doesn't Know			
0	Client Refused	0	Data Not Collected			
	Count (Integer between 0-999999): How Was the Information Obtained?					
0	No	0	Client doesn't know			
		0	Client refused			
0	Yes	0	Data not collected			
0	Medical Report					



0	Client Reported			
0	Other (specify)			
Has the participant been prescribed anti-retroviral drugs?				

Has the participant been prescribed anti-retroviral drugs?

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

	Telegraphic for the control of the c								
0	No	0	Yes						
IF "	IF "YES" TO PERMANENT HOUSING								
Housing Move-in Date (see note*)			*If a client moved into permanent housing, make sure to update on the enrollment screen.						

Signature of applicant stating all information is true and correct Date