



HMIS HOPWA Program Status Form

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

Agency Name: _____

CLARITY HMIS: HUD-HOPWA STATUS ASSESSMENT FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT STATUS DATE *[All Clients]*

Month			Day			Year			

CLIENT LOCATION *[only if multiple CoC's]* _____

PHYSICAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite duration?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY	

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

HIV-AIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

LAST OCCURRENCE					
<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago, or more		
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know		
		<input type="radio"/>	Client refused		
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected		
Are you currently fleeing?		<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Yes	<input type="radio"/>	Client refused
				<input type="radio"/>	Data not collected

MONTHLY INCOME AND SOURCES [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	TANF (Temporary Assist for Needy Families)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement Income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from former job	
<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child Support	
<input type="radio"/>	VA Non-Service Connected Disability Pension		<input type="radio"/>	Alimony and other spousal support	
<input type="radio"/>	Private disability insurance		<input type="radio"/>	Other income source (<i>specify</i>):	
<input type="radio"/>	Worker's Compensation				
Total monthly for Individual:					

RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)

<input type="radio"/>	MEDICAID	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected

<input type="radio"/>	MEDICARE	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know

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

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

IF "YES" TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance?

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "NO" TO RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE — SPECIFY REASON

○	Applied; Decision Pending	○	Client Doesn't Know
○	Applied; Client Not Eligible	○	Client Refused
○	Client Did Not Apply	○	Data Not Collected
○	Insurance Type N/A for this Client		

Receiving AIDS Drug Assistance Program (ADAP)?

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

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

○	Applied; Decision Pending	○	Client Doesn't Know
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<input type="radio"/>	Applied; Client Not Eligible	<input type="radio"/>	Client Refused
<input type="radio"/>	Client Did Not Apply	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Insurance Type N/A for this Client		

Receiving Ryan White-funded Medical or Dental Assistance

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON

<input type="radio"/>	Applied; Decision Pending	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Applied; Client Not Eligible	<input type="radio"/>	Client Refused
<input type="radio"/>	Client Did Not Apply	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Insurance Type N/A for this Client		

T-cell (CD4) Count Available

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

T-cell Count (Integer between 0-1500): _____
How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Viral Load Information Available

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

Count (Integer between 0-999999): _____
How Was the Information Obtained?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<input type="radio"/>	Medical Report		

<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?

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

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-in Date (see note*)	<i>*If a client moved into permanent housing, make sure to update on the enrollment screen.</i>
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Signature of applicant stating all information is true and correct Date