

HMIS HOPWA Program Status Form

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

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]*

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
	Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
		0	Yes	0	Client prefers not to answer
				0	Data not collected

DEVELOPMENTAL DISABILITY *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

CHRONIC HEALTH CONDITION *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

HIV-AIDS *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

MENTAL HEALTH DISORDER *[All Clients]*

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

SUBSTANCE USE DISORDER *[All Clients]*

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know
		0	Client prefers not to answer
0	Drug use disorder	0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client prefers not to answer
			0	Data not collected

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO DOMESTIC VIOLENCE
LAST OCCURRENCE

0	Within the past three months	0	One year ago, or more		
0	Three to six months ago (excluding six months exactly)	0	Client doesn't know		
		0	Client prefers not to answer		
0	Six months to one year ago (excluding one year exactly)	0	Data not collected		
Are you currently fleeing?		0	No	0	Client doesn't know
		0	Yes	0	Client prefers not to answer
				0	Data not collected

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

Income Source		Amount	Income Source		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 (<i>specify</i>):	
0	Worker's Compensation				
Total monthly for Individual:					

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO NON CASH BENEFITS – INDICATE ALL SOURCES THAT 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

COVERED BY HEALTH INSURANCE [All Clients]			
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
0	MEDICAID	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	Client prefers not to answer
		0	Data Not Collected

0	MEDICARE	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	Client prefers not to answer
		0	Data Not Collected
0	State Children's Health Insurance (SCHIP)	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	Client prefers not to answer
		0	Data Not Collected
0	Veteran's Health Administration (VHA)	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	Client prefers not to answer
		0	Data Not Collected
0	Employer Provided Health Insurance	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	Client prefers not to answer
		0	Data Not Collected
0	Health Insurance Obtained through COBRA	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	Client prefers not to answer
		0	Data Not Collected
0	Private Pay Health Insurance	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	Client prefers not to answer
		0	Data Not Collected

0	State Health Insurance for Adults	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	Client prefers not to answer
		0	Data Not Collected
0	Indian Health Services Program	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	Client prefers not to answer
		0	Data Not Collected
0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving Public HIV/AIDS Medical Assistance

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected

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 prefers not to answer
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
0	Yes	0	Client prefers not to answer
		0	Data not collected

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

0	Applied; Decision Pending	0	Client Doesn't Know
0	Applied; Client Not Eligible	0	Client prefers not to answer

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	Yes	0	Client prefers not to answer
		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 prefers not to answer
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
0	Yes	0	Client prefers not to answer
		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 prefers not to answer	0	Data Not Collected

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

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
0	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