

| | |
|--|---|
| <input type="radio"/> Full name reported | <input type="radio"/> Client doesn't know |
|--|---|

| | |
|---|--|
| <input type="radio"/> Partial, street name, or code name reported | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

DATE OF BIRTH [All Clients]

| | | | | | | | |
|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|---------------------------|
| <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | Age: <input type="text"/> |
| Month | | Day | | Year | | | |

QUALITY OF DATE OF BIRTH

| | |
|---|--|
| <input type="radio"/> Full DOB reported | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Approximate or partial DOB reported | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

GENDER [All Clients]

| | |
|---|--|
| <input type="radio"/> Woman (Girl, if child) | <input type="radio"/> Questioning |
| <input type="radio"/> Man (Boy, if child) | <input type="radio"/> Different Identity (<i>specify</i>): |
| <input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit) | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Transgender | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Non-Binary | <input type="radio"/> Data not collected |

RACE AND ETHNICITY (Select all applicable) [All Clients]

| | |
|---|---|
| <input type="radio"/> American Indian, Alaska Native, or Indigenous | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Asian or Asian American | <input type="radio"/> White |
| <input type="radio"/> Black, African American, or African | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Hispanic/Latina/e/o | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Middle Eastern or North African | <input type="radio"/> Data not collected |

VETERAN STATUS [All Adults]

| | |
|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |

IF "YES" TO VETERAN STATUS

| | |
|---|--|
| Year entered military service (year) | <input type="text"/> |
| Year separated from military service (year) | <input type="text"/> |
| Theater of Operations: World War II | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Korean War | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Vietnam War | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |
| | <input type="radio"/> Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | |
| <input type="radio"/> No | <input type="radio"/> Client doesn't know |
| <input type="radio"/> Yes | <input type="radio"/> Client prefers not to answer |

| | | |
|--|---|--------------------|
| | 0 | Data not collected |
|--|---|--------------------|

Theater of Operations: Afghanistan (Operation Enduring Freedom)

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

Theater of Operations: Iraq (Operation Iraqi Freedom)

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

Theater of Operations: Iraq (Operation New Dawn)

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

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

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

Branch of the Military

| | | | |
|---|-------------|---|------------------------------|
| 0 | Army | 0 | Space Force |
| 0 | Air Force | 0 | Client doesn't know |
| 0 | Navy | 0 | Client prefers not to answer |
| 0 | Marines | 0 | Data not collected |
| 0 | Coast Guard | | |

Discharge Status

| | | | |
|---|---------------------------------------|---|------------------------------|
| 0 | Honorable | 0 | Uncharacterized |
| 0 | General under honorable conditions | 0 | Client doesn't know |
| 0 | Other than honorable conditions (OTH) | 0 | Client prefers not to answer |
| 0 | Bad Conduct | 0 | Data not collected |
| 0 | Dishonorable | | |

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

| | | | |
|---|---------------------------------------|---|--|
| 0 | Self | 0 | Head of household - other relation to member |
| 0 | Head of household's child | 0 | Other: non-relation member |
| 0 | Head of household's spouse or partner | | |

ENROLLMENT CoC [only if multiple CoC's] _____

IN PERMANENT HOUSING [Permanent Housing Projects, for Head of Household]

| | | | |
|--------------------------------------|----|----------------|-----|
| 0 | No | 0 | Yes |
| IF "YES" TO PERMANENT HOUSING | | | |
| Housing Move-In Date: | | ____/____/____ | |

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [Head of Household and Adults]

| | | | |
|---|--|---|---|
| 0 | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | 0 | Hotel or motel paid for without emergency shelter voucher |
|---|--|---|---|

| | | | |
|-----------------------|---|-----------------------|---|
| <input type="radio"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | <input type="radio"/> | Host Home (non-crisis) |
| <input type="radio"/> | Safe Haven | <input type="radio"/> | Staying or living in a friend's room, apartment, or house |
| <input type="radio"/> | Foster care home or foster care group home | <input type="radio"/> | Staying or living in a family member's room, apartment or house |
| <input type="radio"/> | Hospital or other residential non-psychiatric medical facility | <input type="radio"/> | Rental by client, no ongoing housing subsidy |
| <input type="radio"/> | Jail, prison or juvenile detention facility | <input type="radio"/> | Rental by client, with ongoing housing subsidy |
| <input type="radio"/> | Long-term care facility or nursing home | <input type="radio"/> | Owned by client, with ongoing housing subsidy |
| <input type="radio"/> | Psychiatric hospital or other psychiatric facility | <input type="radio"/> | Owned by client, no ongoing housing subsidy |
| <input type="radio"/> | Substance abuse treatment facility or detox center | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Transitional housing for homeless persons (including homeless youth) | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Residential project or halfway house with no homeless criteria | <input type="radio"/> | Data not collected |

| IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY: | | | |
|--|---|-----------------------|---|
| <input type="radio"/> | GPD TIP housing subsidy | <input type="radio"/> | Emergency Housing Voucher |
| <input type="radio"/> | VASH Housing subsidy | <input type="radio"/> | Family Unification Program Voucher (FUP) |
| <input type="radio"/> | RRH or equivalent subsidy | <input type="radio"/> | Foster Youth to Independence Initiative (FYI) |
| <input type="radio"/> | HCV voucher (tenant or project based) (not dedicated) | <input type="radio"/> | Permanent Supportive Housing |
| <input type="radio"/> | Public Housing Unit | <input type="radio"/> | Other permanent housing dedicated for formerly homeless persons |
| <input type="radio"/> | Rental by client, with other ongoing housing subsidy | | |

LENGTH OF STAY IN PRIOR LIVING SITUATION

| | | | | | |
|-----------------------|---|-----------------------|--|-----------------------|------------------------------|
| <input type="radio"/> | One night or less | <input type="radio"/> | One month or more, but less than 90 days | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Two to six nights | <input type="radio"/> | 90 days or more, but less than one year | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | One week or more, but less than one month | <input type="radio"/> | One year or longer | <input type="radio"/> | Data not collected |

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

| | | | |
|-----------------------|----|-----------------------|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
|-----------------------|----|-----------------------|-----|

LENGTH OF STAY LESS THAN 90 DAYS [Institutional Housing Situations]

| | | | |
|-----------------------|----|-----------------------|-----|
| <input type="radio"/> | No | <input type="radio"/> | Yes |
|-----------------------|----|-----------------------|-----|

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN [Head of Household and Adults]

| | | | |
|---|-----|-----------------------|----|
| <input type="radio"/> | Yes | <input type="radio"/> | No |
| Approximate Date This Episode of Homelessness Started | | ____/____/____ | |
| Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years | | | |

| | | | |
|--|---|-----------------------|------------------------------|
| <input type="radio"/> | One Time | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Two Times | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Three Times | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Four or More Times | | |
| Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years | | | |
| <input type="radio"/> | One month (this time is the first month) | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | 2-12 months (specify number of months): _____ | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | More than 12 months | <input type="radio"/> | Data not collected |

DISABLING CONDITION *[All Clients]*

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

PHYSICAL DISABILITY *[All Clients]*

| | | | | |
|---|-----------------------|-----------------------|------------------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know | |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer | |
| | | <input type="radio"/> | Data not collected | |
| IF "YES" TO PHYSICAL DISABILITY – SPECIFY | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <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 prefers not to answer |
| | | <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 prefers not to answer | |
| | | <input type="radio"/> | Data not collected | |
| IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <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 prefers not to answer |
| | | <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 prefers not to answer | |
| | | <input type="radio"/> | Data not collected | |
| IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <input type="radio"/> | Data not collected |

SUBSTANCE USE DISORDER *[All Clients]*

| | | | |
|-----------------------|----|-----------------------|---------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
|-----------------------|----|-----------------------|---------------------|

| | | | | |
|---|-------------------------------------|-----------------------|------------------------------|------------------------------|
| <input type="radio"/> | Alcohol use disorder | <input type="radio"/> | Client prefers not to answer | |
| <input type="radio"/> | Drug use disorder | <input type="radio"/> | Data not collected | |
| <input type="radio"/> | Both alcohol and drug use disorders | | | |
| IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <input type="radio"/> | Data not collected |

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

| | | | | |
|---|---|-----------------------|------------------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know | |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer | |
| | | <input type="radio"/> | Data not collected | |
| IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED | | | | |
| <input type="radio"/> | Within the past three months | <input type="radio"/> | Client doesn't know | |
| <input type="radio"/> | Three to six months ago (excluding six months exactly) | <input type="radio"/> | Client prefers not to answer | |
| <input type="radio"/> | Six months to one year ago (excluding one year exactly) | <input type="radio"/> | Data not collected | |
| <input type="radio"/> | One year ago or more | | | |
| Are you currently fleeing? | <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| | <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | | <input type="radio"/> | Data not collected |

INCOME FROM ANY SOURCE [Head of Household and Adults]

| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know | | |
|---|--|-----------------------|------------------------------|--|--------|
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer | | |
| | | <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"/> | Temporary Assistance for Needy Families (TANF) | |
| <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 a 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 (specify): | |
| <input type="radio"/> | Worker's Compensation | | | | |
| Total Monthly Income 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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| <input type="radio"/> | Veteran's Health Administration (VHA) | <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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <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 prefers not to answer |
| | | <input type="radio"/> | Data not collected |
| | | <input type="radio"/> | Applied; decision pending |

| | | | |
|---|-----------------------------------|---|------------------------------------|
| 0 | Private Pay Health Insurance | 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 | Indian Health Services Program | 0 | Data not collected |
| | | 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 | Other Health Insurance (specify) | 0 | Client prefers not to answer |
| | | 0 | Data not collected |
| | | 0 | Applied; decision pending |

IF "YES" TO HIV-AIDS:

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?

| | |
|-----------------------|-----------------|
| <input type="radio"/> | Medical Report |
| <input type="radio"/> | Client report |
| <input type="radio"/> | Other (specify) |

Viral Load Information Available

| | | | |
|-----------------------|---------------|-----------------------|------------------------------|
| <input type="radio"/> | Not available | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Available | <input type="radio"/> | Client prefers not to answer |
| <input type="radio"/> | Undetectable | <input type="radio"/> | Data not collected |

Count (Integer between 0-999999): _____

How Was the Information Obtained?

| | |
|-----------------------|-----------------|
| <input type="radio"/> | Medical Report |
| <input type="radio"/> | Client report |
| <input type="radio"/> | Other (specify) |

Has the participant been prescribed anti-retroviral drugs?

| | | | |
|-----------------------|-----|-----------------------|------------------------------|
| <input type="radio"/> | No | <input type="radio"/> | Client doesn't know |
| <input type="radio"/> | Yes | <input type="radio"/> | Client prefers not to answer |
| | | <input type="radio"/> | Data not collected |

Zip code of Last known Address _____

Signature of applicant stating all information is true and correct **Date**