

## HMIS HOPWA Program Status Form

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

### PROJECT STATUS DATE *[All Clients]*

		/			/				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

### 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	
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>		
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	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>		
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	
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>		
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		
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY</b>		
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	
<b>IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED</b>		
<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		
<b>Are you currently fleeing?</b>	<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		
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>			
<b>Income Source</b>	<b>Amount</b>	<b>Income Source</b>	<b>Amount</b>
<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 ( <i>specify</i> ):	
<input type="radio"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</b>			

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<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
<b>IF "YES" TO HEALTH INSURANCE &amp; REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)</b>	
<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

○ Health Insurance Obtained through COBRA	○ Applied; decision pending
	○ Applied; client not eligible
	○ Client did not apply
	○ Insurance type N/A for this client
	○ Client doesn't know
	○ Client prefers not to answer
	○ Data not collected
○ Private Pay Health Insurance	○ Applied; decision pending
	○ Applied; client not eligible
	○ Client did not apply
	○ Insurance type N/A for this client
	○ Client doesn't know
	○ Client prefers not to answer
	○ 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 prefers not to answer
	○ 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 prefers not to answer
	○ Data not collected
○ Other Health Insurance (specify)	

**IF "YES" TO HIV-AIDS:**

**Receiving AIDS Drug Assistance Program (ADAP)**

○ No	○ Client doesn't know
○ Yes	○ Client prefers not to answer
	○ Data not collected
<b>IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON</b>	
○ Applied; decision Pending	○ Client doesn't know
○ Applied; client not eligible	○ Client prefers not to answer
○ Client did not apply	○ Data not collected
○ 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 prefers not to answer
	<input type="radio"/> Data not collected
<b>IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON</b>	
<input type="radio"/> Applied; decision pending	<input type="radio"/> Client doesn't know
<input type="radio"/> Applied; client not eligible	<input type="radio"/> Client prefers not to answer
<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 prefers not to answer
	<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 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

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

<input type="radio"/> No	<input type="radio"/> Yes
<b>IF "YES" TO PERMANENT HOUSING</b>	
<b>Housing Move-In Date:*</b>	____/____/____
*If client moved into permanent housing, make sure to update on the <b>enrollment screen</b> .	

\_\_\_\_\_  
 Signature of applicant stating all information is true and correct      Date