Assessment: Entry/Intake
Funder(s): HUD: HOPWA
Project(s): Housing Information, Short-Term Rent, Mortgage & Utility Assistance, Transitional Housing
Applies To: Accompanied Youth - Under 18

HOUSING FORWARD

Step 1: Client Demographics

All fields with an * are required

First & Last Name:* _____

Middle Name: _____ Alias: _____

Name Data Quality:*

☐ Full Name Reported
☐ Partial, Street, or Code Name Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

Social Security Number:* _____ - _____ - _____

☐ Full SSN Reported
☐ Approximate or Partial SSN Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

Birth Date:* MM / DD / YYYY

☐ Full DOB Reported
☐ Approximate or Partial DOB Reported
☐ Client Doesn't Know
☐ Client Prefers Not to Answer
☐ Data Not Collected

Race and Ethnicity:*

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected
☐ Additional Race and Ethnicity Detail:

Sex:*

☐ Female
☐ Male
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Gender:

☐ Woman (Girl, if child)
☐ Man (Boy, if child)
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender
☐ Non-Binary
☐ Questioning
☐ Different Identity
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected
☐ If Different Identity, please specify:

Pregnancy Status:

☐ Yes
If Yes, Due Date:* MM / DD / YYYY
☐ No
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Relationship to Head of Household:*

☐ Head of Household's Child
☐ Head of Household's Spouse or Partner
☐ Head of Household's Other Relation Member
☐ Other: Non-Relation Member

Step 2: Project Enrollment

Project Start Date:* MM / DD / YYYY

Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

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

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Covered By Health Insurance*

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

Indicate type of Insurance the client does OR does not have AND why they don't have that type of Insurance:

MEDICAID

☐ Yes ☐ No

If "No" for Medicaid, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

MEDICARE

☐ Yes ☐ No

If "No" for Medicare, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

State Children's Health Insurance (S-CHIP)

☐ Yes ☐ No

If "No" for State Children's Health Insurance (CHIP), Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Veteran's Health Administration (VHA)

☐ Yes ☐ No

If "No" for Veteran's Health Administration (VHA), Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Employer Provided Health Insurance

☐ Yes ☐ No

If "No" for Employer Provided Health Insurance, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Health Insurance Obtained Through COBRA

☐ Yes ☐ No

If "No" for Health Insurance Obtained Through COBRA, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Private Pay Health Insurance

☐ Yes ☐ No

If "No" for Private Pay Health Insurance, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

State Health Insurance for Adults

☐ Yes ☐ No

If "No" for State Health Insurance for Adults, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Indian Health Services Program

☐ Yes ☐ No

If "No" for Indian Health Services Program, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Other

☐ Yes ☐ No *If "Yes, Other", Specify:* _____

If "No" for Other, Reason why

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Barriers (Disabling Conditions)

Physical Disability*

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

*If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**"**

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

Developmental Disability*

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

Chronic Health Condition*

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

*If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**"**

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

HIV/AIDS*

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

Mental Health Disorder*

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

*If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**"**

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

Alcohol Use Disorder*

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

*If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**"**

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

Drug Use Disorder*

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

*If "Yes, is it Expected to be of **Long-Continued & Indefinite Duration and Substantially Impair Ability to Live Independently**"**

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

Medical Assistance

****Complete **only if** client select "Yes, HIV/AIDS"****

Receiving AIDS Drug Assistance Program (ADAP)*

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

*If "No" for Receiving AIDS Drug Assistance Program (ADAP), Reason why**

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

Receiving Ryan White-funded Medical or Dental Assistance*

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

*If "No" for Receiving Ryan White-funded Medical or Dental Assistance, Reason why**

☐ Applied; decision pending ☐ Client did not apply ☐ Client doesn't know ☐ Data not collected
☐ Applied; client not eligible ☐ Insurance type N/A for this client ☐ Client prefers not to answer

T-Cell (CD4) and Viral Load

****Complete **only if** client select "Yes, HIV/AIDS"****

T-Cell (CD4) Count Available*

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

If "Yes" for T-Cell (CD4) Count Available

T-Cell Count (0 – 1500): _____
How was the information obtained: ☐ Medical Report ☐ Client Reports ☐ Other

Viral Load Information Available*

☐ Not Available ☐ Undetectable ☐ Client prefers not to answer
☐ Available ☐ Client doesn't know ☐ Data not collected

If "Yes" for Viral Load Information Available

Viral Load Count (0 – 999999): _____
How was the information obtained: ☐ Medical Report ☐ Client Reports ☐ Other

Prescribed Anti-Retroviral

****Complete **only if** client select "Yes, HIV/AIDS"****

Has the participant been prescribed anti-retroviral drugs?*

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

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