

Step 1: Client Demographics

All fields with an * are required

First & Last Name:* _____		
Middle Name: _____		Alias: _____
Name Data Quality:*		
<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Partial, Street, or Code Name Reported	<input type="checkbox"/> Client Prefers Not to Answer	
Social Security Number:* _____ - _____ - _____		Birth Date:* <u>MM</u> / <u>DD</u> / <u>YYYY</u>
<input type="checkbox"/> Full SSN Reported	<input type="checkbox"/> Full DOB Reported	
<input type="checkbox"/> Approximate or Partial SSN Reported	<input type="checkbox"/> Approximate or Partial DOB Reported	
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Doesn't Know	
<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Client Prefers Not to Answer	
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected	
Race and Ethnicity:*		
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Additional Race and Ethnicity Detail:
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White	
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Hispanic/Latina/o	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Data not collected	
Sex:*		
<input type="checkbox"/> Female	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Male	<input type="checkbox"/> Client prefers not to answer	
Gender:		
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning	<input type="checkbox"/> If Different Identity, please specify:
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity	
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Data not collected	
Pregnancy Status:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer
If Yes, Due Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
Relationship to Head of Household:*		
<input type="checkbox"/> Head of Household's Child	<input type="checkbox"/> Head of Household's Other Relation Member	
<input type="checkbox"/> Head of Household's Spouse or Partner	<input type="checkbox"/> Other: Non-Relation Member	

Step 2: Project Enrollment

Project Start Date: * <u>MM</u> / <u>DD</u> / <u>YYYY</u>	Case Manager: _____
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Step 3: Entry Assessments

Disabling Condition:*		
<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
<input type="checkbox"/> No	<input type="checkbox"/> Client prefers not to answer	

Assessment: Entry/Intake
Funder(s): HUD: HOPWA
Project(s): Hotel/Motel Vouchers, Short-Term Supportive Facility
Applies To: Accompanied Youth - Under 18



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

Assessment: Entry/Intake
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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