

Assessment: Entry/Intake
Funder(s): HUD: HOPWA
Project(s): Permanent Housing, Permanent Housing Placement
Applies To: Accompanied Youth - Under 18



Step 1: Client Demographics

All fields with an * are required

First & Last Name:* _____

Middle Name: _____ Alias: _____

Name Data Quality:*

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

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

Sex:*

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

Gender:

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

Pregnancy Status:

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

Relationship to Head of Household:*

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

Step 2: Project Enrollment

Project Start Date:* MM / DD / YYYY Case Manager: _____

Step 3: Entry Assessments

Disabling Condition:*

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

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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

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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

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Client prefers not to answer | |

Receiving Ryan White-funded Medical or Dental Assistance*

- | | | |
|------------------------------|---|---|
| <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 | |

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Client prefers not to answer | |

T-Cell (CD4) and Viral Load

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

T-Cell (CD4) Count Available*

- | | | |
|------------------------------|---|---|
| <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 | |

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*

- | | | |
|--|--|---|
| <input type="checkbox"/> Not Available | <input type="checkbox"/> Undetectable | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Available | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> 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?*

- | | | |
|------------------------------|---|---|
| <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 | |