



ClientTrack HMIS Data Entry Guide:

HOPWA Programs

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Introduction

The *HOPWA (Housing Opportunities for Persons with AIDS) HMIS Program Manual* is intended to support data collection and reporting efforts of Homeless Management Information System (HMIS) Leads/System Administrators and HOPWA Program grantees. This manual provides information on HMIS project setup and data collection guidance specific to the HOPWA Program.

HOPWA Resources

- **HOPWA Program** Guidance about the HOPWA program and its requirements can be found online at the [HOPWA Program](#) page.
- **Ask A Question:** To ask a question about any HOPWA Program HMIS requirement go to the [Ask A Question](#) section of the HUD Exchange. Please be sure to select "HMIS" for your question under "My Question is Related To". HUD and HOPWA Program staff are working together to answer questions that come in on the AAQ related to HOPWA and HMIS.

Data Collection Requirements

Formula and Competitive Programs may enter data into HMIS. Grantees that use homelessness or chronic homelessness in their program design as primary criteria for eligibility must use an HMIS to track the services for their homeless clients. Additionally, some competitive awards also require grantees to use HMIS, per the grant agreement. While these grantees are required to use HMIS, all grantees – regardless of target population – are strongly encouraged to participate in a local HMIS, or equivalent, to track beneficiary-level data and outcome data. All HOPWA projects using HMIS are required to collect all of the Universal Data Elements and a select number of Program-Specific Data Elements, which are shown below for each program component:

HMIS Program Specific Data Element	H/M	STH	HI	PH	PHP	STRM U	TH	SSO
4.02 Income and Sources	X	X	X	X	X	X	X	X
4.03 Non-Cash Benefits	X	X	X	X	X	X	X	X
4.04 Health Insurance	X	X	X	X	X	X	X	X
4.05 Physical Disability	X	X	X	X	X	X	X	X
4.06 Developmental Disability	X	X	X	X	X	X	X	X
4.07 Chronic Health Condition	X	X	X	X	X	X	X	X
4.08 HIV/AIDS	X	X	X	X	X	X	X	X
4.09 Mental Health Disorder	X	X	X	X	X	X	X	X
4.10 Substance Use Disorder	X	X	X	X	X	X	X	X
4.11 Domestic Violence	X	X	X	X	X	X	X	X
W1 Services Provided – HOPWA	X	X	X	X	X	X	X	X
W2 Financial Assistance – HOPWA					X	X		
W3 Medical Assistance	X	X	X	X	X	X	X	X
W4 T-cell (CD4) and Viral Load	X	X	X	X	X	X	X	X
W5 Housing Assessment at Exit	X	X	X	X	X	X	X	X
W6 Prescribed Anti-Retroviral	X	X	X	X	X	X	X	X

Information on the rationale, collection point, data collected about clients, and instructions for each common program element can be found in the [HMIS Manual](#). The rationale, collection point, data collected about clients, and instructions for the HOPWA-specific program elements can be found in the following section.

Universal Data Elements

Destination (3.12) includes responses that show that a client is transferred from another HOPWA-funded program.

Ethnicity, Race, and Gender data element responses were updated in the FY 2024 HMIS Data Standards to provide more inclusive and representative response options. Please review the [HMIS Data Standards Manual](#) for specific descriptions of these updated responses.

Program Specific Data Elements

Health Insurance (4.04) includes HOPWA-specific fields collecting the reason a client may not have a particular type of health insurance or medical assistance.

ClientTrack Specific Guidance



Universal Data Assessment

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: * No

☐

Type

Status

Reason No ⓘ

Other Coverage

Private	No	-- SELECT --	
Private - Employer	No	-- SELECT --	
Private - Individual	No	-- SELECT --	
Medicare	No	-- SELECT --	
Medicaid	No	-- SELECT --	
State Children's Health Insurance Program S-CHIP	No	-- SELECT --	

Click to sort in ascending order.



HOPWA Program Specific Data Elements (W1-W6)

These elements should only appear in those HMIS projects with at least one HOPWA program component and as required by the particular HOPWA project type.

W1 Services Provided: HOPWA

Rationale: To determine the services provided to clients during project participation.

Collection Point(s): Occurrence point – each time services are provided. HOPWA requires that all stayers at the end of the grant operating year, prior to the generation of their Annual Report (CAPER or APR), update services for all clients.

Data Collected About: All clients served in HOPWA component types.

Data Collection Instructions: Services should be recorded for the client in the household with HIV/AIDS to whom they were provided; a service that benefits the whole household may be recorded solely for the head of household. For each service provided, projects should record the service date and service type.

Response Category Descriptions: HOPWA has identified the service responses as required by all HOPWA funded projects.

Data Element Fields: W1 Services Provided: HOPWA

Field Names	Response Categories
Date of Service	(date)
Type of Service	Adult day care and personal assistance
	Case management
	Child care
	Criminal justice/legal services
	Education
	Employment and training services
	Food/meals/nutritional services
	Health/medical care
	Life skills training
	Mental health care/counseling
	Outreach and/or engagement
	Substance use services/treatment
	Transportation
	Other HOPWA funded service

ClientTrack Specific Guidance

Client, General
1/1/2000
ClientID
9792

General Client's Services (ClientID 9792)

The client's service history displays below. To record a service, click **Add New Service**. To record multiple services, click **Quick Services**. To edit or view an existing service, click **Edit Service** next to the record.

+ Add New Service
Quick Services
Add CE Event

Organization: -- SELECT --
Service: -- SELECT --

No records found.

Organization	Service	Date	Units	\$ Total
			0.00	\$0.00

Clients / General Client's Dashboard

Client, General
1/1/2000
ClientID
9792

Service

Enter the information about the service.

Family Income:

Income	Family Income
\$0.00	\$0.00

Enrollment: *
Grant:

Service: *
-- SELECT --


Date: * 10/07/2025

Units Of Measure: *
☐ Dollars
☐ Minutes
☒ Count
☐ Hours

Units: * 1.00
Unit Value: * \$1.00

HOPWA FA-Utility payments (PHP and STRMU)
HOPWA Svc - Adult Day Care and Personal Assistance
HOPWA Svc - Case Management
HOPWA Svc - Child Care
HOPWA Svc - Criminal justice/legal services
HOPWA Svc - Education
HOPWA Svc - Employment and training services
HOPWA Svc - Food/meals/nutritional services
HOPWA Svc - Health/medical care
HOPWA Svc - Life skills training
HOPWA Svc - Mental health care/counseling
HOPWA Svc - Other HOPWA funded service
HOPWA Svc - Outreach and/or engagement
HOPWA Svc - Substance abuse services/treatment
HOPWA Svc - Transportation
Hotel Bed Night- ASC
Hotel Bed Night- Other
Housing counseling

Location: My Sample Location



W2 Financial Assistance: HOPWA

Rationale: To track HOPWA financial assistance provided to clients in Permanent Housing Placement, Tenant-Based Rental Assistance (TBRA) or Short-Term Rent, Mortgage, and Utilities (STRMU) during project participation.

Collection Point(s): Occurrence point – each time financial assistance is provided.

Data Collected About: Head of household who receives Financial Assistance from HOPWA through Permanent Housing Placement (PHP), Tenant-Based Rental Assistance (TBRA) or Short-Term Rent, Mortgage, Utility Assistance (STRMU).

Data Collection Instructions: Financial Assistance records payments (including rental assistance) made by the project on behalf of or for the benefit of the client. For each instance of financial assistance provided, there should be one and only one record created. Records of financial assistance should be attached to the head of household.

Data Element Fields: **W2 Financial Assistance: HOPWA**

Field Names	Data Types/Response	PHP	STRMU	PH-TBRA
Date of Financial Assistance	(date)	X	X	x
Financial Assistance Types	Rental assistance	X	X	x
	Security deposits	X		
	Utility deposits	X		
	Utility payments	X	X	
	Mortgage assistance		X	
Financial Assistance Amount	(currency)	X	X	X

Response Category Descriptions: Financial Assistance is to record HOPWA funding provided on behalf of a client. Components of the HOPWA program (PHP, PH-TBRA and STRMU) are only allowed to provide financial assistance to the items indicated with an "X" above. For specific program information on HOPWA refer to guidance provided by the program at: <https://www.HUDEExchange.info/hopwa/>.

ClientTrack Specific Guidance

Client, General

1/1/2000

ClientID

9792

General Client's Services (ClientID 9792)

The client's service history displays below. To record a service, click **Add New Service**. To record multiple services, click **Quick Services**. To edit or view an existing service, click **Edit Service** next to the record.

+ Add New Service

Quick Services

Add CE Event

Organization: -- SELECT --

Service: -- SELECT --

No records found.

Organization	Service	Date	Units	\$ Total
			0.00	\$0.00

Clients / General Client's Dashboard

Client, General

1/1/2000

ClientID

9792

Service

Enter the information about the service

Home-based Services

HOPWA FA- Mortgage assistance (STRMU)

HOPWA FA- Rental assistance (PHP,STRMU, PH-TBRA)

HOPWA FA- Security deposits (PHP)

HOPWA FA- Utility deposits (PHP)

HOPWA FA-Utility payments (PHP and STRMU)

HOPWA Svc - Adult Day Care and Personal Assistance

HOPWA Svc - Case Management

HOPWA Svc - Child Care

HOPWA Svc - Criminal justice/legal services

HOPWA Svc - Education

HOPWA Svc - Employment and training services

HOPWA Svc - Food/meals/nutritional services

HOPWA Svc - Health/medical care

HOPWA Svc - Life skills training

HOPWA Svc - Mental health care/counseling

HOPWA Svc - Other HOPWA funded service

HOPWA Svc - Outreach and/or engagement

Family Income:

Income

Family Income

\$0.00

\$0.00

Enrollment: *

Grant:

Service: *

-- SELECT --

Date: *

10/07/2025

Units Of Measure: *

Dollars

Minutes

Count

Hours

Units: *

1.00

Unit Value: *

\$1.00

Location: My Sample Location

Save

Cancel

W3 Medical Assistance

Rationale: Medical assistance information is important to determine whether HIV positive clients in households served by all HOPWA component types are accessing medical assistance benefits for which they may be eligible. Medical Assistance (W3) is designed to collect information on assistance provided to clients with HIV/AIDS.

Collection Point(s): At project start and project exit. Update during project stay as needed.

Data Collected About: All household members in a HOPWA project presenting with HIV/AIDS.

Data Collection Instructions: Enter the date on which the information was collected. For each source of medical assistance listed below, determine if the client is presently receiving the medical assistance specified. Clients may identify multiple sources of medical assistance. If the client is not receiving medical assistance, enter the reason why such insurance is not being received.

Data Element Fields: W3 Medical Assistance

Field Names	Data Types/Response Categories
Information Date	(date)
Receiving AIDS Drug Assistance Program (ADAP)	No
	Yes
	Client doesn't know
	Client prefers not to answer
	Data not collected
(if no) Reason	Applied; decision pending
	Applied; client not eligible
	Client did not apply
	Insurance type N/A for this client
	Client doesn't know
Field Names	Data Types/Response Categories
	Client refused
	Data not collected
Receiving Ryan White-funded Medical or Dental	No
	Yes
	Client doesn't know
	Client prefers not to answer
	Data not collected
(if no) Reason	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

ClientTrack Specific Guidance

Intake

Basic Client Information

Family Members

Program Enrollment

General Client

New Assessment

Barriers / Special Needs

Domestic Violence

Medical Assistance

T-Cell Count/Viral Load

Prescribed Anti-Retroviral

Income

Family Information

Financial Evaluation

Client, General

1/1/2000

ClientID

9792

HOPWA Medical Assistance Assessment

The medical assistance assessment is primarily used to determine whether HIV positive clients are accessing medical assistance benefits for which they may be eligible. Medical assistance data is required for clients with HIV/AIDS who are enrolled in a HOPWA-funded program.

Default Client's Last Assessment

Assessment Active

Assessment Date: 10/07/2025

Search

Medical Assistance Type	Status	Reason No (if applicable)
<input type="checkbox"/> Receiving AIDS Drug Assistance Program (ADAP)	-- SELECT --	
<input type="checkbox"/> Receiving Ryan White-funded Medical or Dental Assistance	-- SELECT --	

W4 T-cell (CD4) and Viral Load

Rationale: To measure the extent to which housing impacts health of persons with HIV/AIDS in households served by all HOPWA component types.

Collection Point(s): At project start, update, annual assessment, and project exit.

Data Collected About: All household members in a HOPWA project presenting with HIV/AIDS.

Data Collection Instructions: Indicate T-cell count (CD4) and viral load measurement at 6-month intervals, or as frequently as the client's medical plan allows, beginning at project start through project exit. At a minimum for clients staying one year or more, the data must be collected at annual assessment. The updated data (6-month collection, or as frequently as the client's medical plan allows) of t-cell (CD4) and viral load may be entered on different dates as information is available.

Data Element Fields: W4 T-cell (CD4) and Viral Load

Field Names	Data Types/Response Categories
Information Date	date
T-cell (CD4) Count	No
Available	Yes
	Client doesn't know
	Client prefers not to answer
	Data not collected
<i>If yes: T-cell Count</i>	0 – 1500
How was the data	Medical Report
obtained	Client report
	Other
Viral Load Available	Not Available
	Available
	Undetectable
	Client prefers not to answer
	Data not collected
Viral Load	0 – 999999
How was the data	Medical Report
obtained	Client report
	Other

Response Category Descriptions: None.

Special Considerations: This data, as is all HIV/AIDS data, is confidential, covered under special law, and may not be shared without the expressed consent of the client. Providing the information is completely voluntary on the client's part and failure to report (i.e., client doesn't know, or client refused) will not be considered in data quality for either the CoC or the HOPWA program. For more information regarding confidentiality and HIV status information, please see the [HOPWA Confidentiality Guide](#).

ClientTrack Specific Guidance

Intake

Basic Client Information

Family Members

Program Enrollment

General Client

New Assessment

Barriers / Special Needs

Domestic Violence

Medical Assistance

T-Cell Count/Viral Load

Prescribed Anti-Retroviral

Income

Family Information

Financial Evaluation

PauseCancel

Client, General

1/1/2000

ClientID

9792

Assessment Active


Assessment Date: 10/07/2025

T-cell (CD4) Count Available: -- SELECT --

Viral Load Available: -- SELECT --

Date	Measurement	Value	How was the data obtained
<input checked="" type="checkbox"/>	Viral Load		
<input checked="" type="checkbox"/>	T-cell Count		

This data, as is all HIV/AIDS data, is confidential, covered under special law, and may not be shared without the expressed consent of the client. Providing the information is completely voluntary on the client's part and failure to report (i.e. client doesn't know or client refused) will not be considered in data quality for either the CoC or the HOPWA program.



W5 Housing Assessment at Exit

Rationale: To determine whether clients exiting all HOPWA component types have remained stably housed.

Collection Point(s): At project exit.

Data Collected About: All clients served in HOPWA component types.

Data Collection Instructions: Determine the response value that best describes the client's housing circumstances from project start to project exit.

Data Element Fields: **W5 Housing Assessment at Exit**

Field Names	Data Types/Response Categories
<i>Housing Assessment at Exit</i>	Able to maintain the housing they had at project entry
	Moved to new housing unit
	Moved in with family/friends on a temporary basis
	Moved in with family/friends on a permanent basis
	Moved to a transitional or temporary housing facility or
	Client became homeless – moving to a shelter or other place unfit for human habitation
	Jail/prison
	Client died
	Client doesn't know
	Client prefers not to answer
	Data not collected
(if able to maintain the housing they	Without a subsidy
at project entry) <i>Subsidy Information</i>	With the subsidy they had at project entry
	With an on-going subsidy acquired since project entry
	Only with financial assistance other than a subsidy
(if moved to new housing unit)	With an ongoing subsidy
<i>Subsidy Information</i>	Without an ongoing subsidy

Response Category Descriptions: "Moved into a transitional or temporary housing facility or program" includes transitional housing for homeless and non-homeless persons, treatment facilities, or institutions.

ClientTrack Specific Guidance



HUD Program Exit

Exit Enrollment

Current Client - Non-CAS Exit Assess

Barriers / Special Needs

Medical Assistance

T-Cell Count/Viral Load

Prescribed Anti-Retroviral

Income

Housing Assessment at Exit

Client, General

1/1/2000

ClientID

9792

Housing Assessment

Use this form to collect the client's housing assessment disposition at exit.

Assessment Date: *

10/07/2025

Assessment Active

Housing Assessment at Exit: *

-- SELECT --

-- SELECT --

Able to maintain the housing they had at project entry

Moved to new housing unit

Moved in with family/friends on a temporary basis

Moved in with family/friends on a permanent basis

Moved to a transitional or temporary housing facility or program

Client became homeless - moving to a shelter or other place unfit for human habitation

Jail/Prison

Deceased

Client doesn't know

Client prefers not to answer

Data not collected

Pause

Cancel

W6 Prescribed Anti-Retroviral

Rationale: To measure the extent to which housing impacts participation in care for persons with HIV/AIDS in households served by all HOPWA component types.

Collection Point(s): At project start, update, annual assessment, and project exit.

Data Collected About: All household members in a HOPWA project presenting with HIV/AIDS.

Data Collection Instructions: Indicate if the client has been prescribed anti-retroviral drug treatment. At a minimum for clients staying one year or more, the data must be collected at annual assessment. The data element may also be updated at any point during the year, as information is available or can be corrected.

Data Element Fields: **Prescribed Anti-Retroviral**

Field Names	Data Types/Response Categories
Information Date	date
Prescribed Anti-	No
Retroviral	Yes
	Client doesn't know
	Client prefers not to answer
	Data not collected

Response Category Descriptions: None.





Special Considerations: This data, as is all HIV/AIDS data, is confidential, covered under special law, and may not be shared without the expressed consent of the client. Providing the information is completely voluntary on the client's part and failure to report (i.e., client doesn't know, or client refused) will not be considered in data quality for either the CoC or the HOPWA program. For more information regarding confidentiality and HIV status information, please see the [HOPWA Confidentiality Guide](#).

ClientTrack Specific Guidance

Intake

Client, General
1/1/2000

ClientID
9792




- Basic Client Information
- Family Members
- Program Enrollment
- General Client
 - New Assessment
 - Barriers / Special Needs
 - Domestic Violence
 - Medical Assistance
 - T-Cell Count/Viral Load
 - Prescribed Anti-Retroviral**
 - Income
- Family Information
- Financial Evaluation

Prescribed Anti-Retroviral Assessment

The Prescribed Anti-Retroviral Assessment is required for clients with HIV/AIDS who are enrolled in a HOPWA-funded program.

[Default Client's Last Assessment](#)

[Assessment Active](#)

Assessment Date: * 10/07/2025 

Has the participant been prescribed anti-retroviral drugs? -- SELECT --

Comments:

Special Data Collection Instructions

There are several special data collection issues that apply to HOPWA-funded projects of which HMIS Leads/System Administrators and HMIS users should be aware.

Hotel / Motel

Hotel/Motel projects should be set up in an HMIS as an Emergency Shelter Entry Exit project.

Food/Meals/Nutritional Services

Element W1 Services provided includes the response "Food/meals/nutritional services". A service record for each instance of a residential meal provided is not required or intended. This response is only intended to capture information about food/meals being provided outside of the "operating costs" of the housing program (any preparation of food off-site is considered a supportive service). Do not use this response for a daily meal program prepared on-site in a housing project. Provision of food from non-housing projects would be considered "Supportive Services".

Permanent Housing Placement

Use data element Financial Assistance – HOPWA (W2) to record costs associated with moving a person into permanent housing including security deposits, utility deposits, and fees for credit checks.

Short Term Rent, Mortgage, Utility Assistance

Use data element Financial Assistance – HOPWA (W2) to record Rental assistance, Utility payments, and Mortgage assistance. STRMU does not cover security deposits or utility deposits which PHP does cover and depending on HMIS software may appear as an option. This activity is transactional, meaning that each time assistance is provided (that is, each time a payment is made on behalf of a participant), a separate record of assistance should be made, including the date and the amount of financial assistance provided. Households are exited from the project (12: Homelessness Prevention) upon the final payment of STRMU assistance.

Consolidated Annual Performance and Evaluation Report (CAPER) and Annual Progress Report (APR): Reporting Forms

The Housing Opportunities for Persons with AIDS (HOPWA) program has updated the required annual reporting forms and submission process for all HOPWA formula and competitive grantees. The Consolidated Annual Performance and Evaluation Report (CAPER) for formula grantees and the Annual Progress Report (APR) for competitive grantees have been consolidated into a new, Excel-based series of workbooks, with the new form number HUD-4155. Submission of the package of new Excel workbooks now fulfills the annual reporting requirements for HOPWA grantees, as outlined in 24 CFR Part 574.

For purposes of performance reports due on or after January 1, 2023, the new HUD-4155 form is to be used for either case when completing 1.) the annual performance report (APR) required for each HOPWA competitive grant or 2.) when completing the HOPWA-specific component of the Consolidated Performance and Evaluation Report (CAPER) required for HUD's formula grants. For grantees with both

formula and competitive grants, performance data for formula and competitive grants should not be combined into a single report. HOPWA Competitive CARES Act grants (HOPWA-C-CV) will continue to use the HOPWA Annual Performance Report form number HUD-40110-C.

Additional Resources

- [HOPWA Consolidated APR/CAPER Orientation Webinar](#) – This webinar introduced the new HOPWA performance report, the Consolidated APR/CAPER (August 9, 2022).
- [Office Hours: Data Collection Requirements and Changes](#) – The office hours session reviewed and answered questions related to the new HOPWA Consolidated APR/CAPER annual reporting form and process (September 7, 2022).
- [Office Hours: Changes to Data Collection and Validation Processes](#) – This office hours session provided a walk-through of the Excel tabs, reviewed the method to submit new reporting questions, and reviewed the validation process (October 5, 2022).
- [Office Hours: Project Sponsors and Common Reporting Questions](#) – The office hours session reviewed the role of project sponsors in the new reporting process and the definition of project sponsors under HOPWA program (January 25, 2023).
- [HOPWA Consolidated APR/CAPER e-Tutorial Series](#) – This e-Tutorial series shows HOPWA grantees and project sponsors how to complete the Excel-based workbooks within the HOPWA Consolidated APR/CAPER.
- [HOPWA Consolidated APR/CAPER User Manual](#) – This user manual includes step-by-step instructions for filling out all sections of the Consolidated APR/CAPER workbooks, as well as information on the submission process, data validation, and tiering system.