

Agency Name: _____

HUD-HOPWA PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROJECT START DATE *[All Clients]*

		/			/				
Month			Day			Year			

TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

<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

IF "YES" TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

<input type="radio"/>	Arabic	<input type="radio"/>	Korean
<input type="radio"/>	Bengali	<input type="radio"/>	Persian
<input type="radio"/>	Chinese	<input type="radio"/>	Polish
<input type="radio"/>	French	<input type="radio"/>	Portuguese
<input type="radio"/>	German	<input type="radio"/>	Russian
<input type="radio"/>	Gujarati	<input type="radio"/>	Spanish
<input type="radio"/>	Haitian Creole	<input type="radio"/>	Tagalog
<input type="radio"/>	Hindi	<input type="radio"/>	Telugu
<input type="radio"/>	Italian	<input type="radio"/>	Urdu
<input type="radio"/>	Japanese	<input type="radio"/>	Vietnamese
<input type="radio"/>	Different Preferred Language (<i>specify</i>):	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

SOCIAL SECURITY NUMBER *[All Clients]*

			-			-			
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QUALITY OF SOCIAL SECURITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

CURRENT NAME *[All Clients]*

	Last	First	Middle	Suffix	N/A
Last					<input type="radio"/>
First					<input type="radio"/>
Middle					<input type="radio"/>
Suffix					<input type="radio"/>

QUALITY OF CURRENT NAME

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

DATE OF BIRTH [All Clients]

		/			/					Age:
Month			Day			Year				

QUALITY OF DATE OF BIRTH

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

GENDER [All Clients]

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity (<i>specify</i>):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="radio"/> American Indian, Alaska Native, or Indigenous	<input type="radio"/> Native Hawaiian or Pacific Islander
<input type="radio"/> Asian or Asian American	<input type="radio"/> White
<input type="radio"/> Black, African American, or African	<input type="radio"/> Client doesn't know
<input type="radio"/> Hispanic/Latina/e/o	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Middle Eastern or North African	<input type="radio"/> Data not collected

VETERAN STATUS [All 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

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	
Theater of Operations: World War II	
<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
Theater of Operations: Korean War	
<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
Theater of Operations: Vietnam War	
<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
Theater of Operations: Persian Gulf War (Desert Storm)	
<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

Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<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
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<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
Theater of Operations: Iraq (Operation New Dawn)			
<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
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
<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

Branch of the Military			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

ENROLLMENT CoC *[only if multiple CoC's]* _____

PRIOR LIVING SITUATION

TYPE OF RESIDENCE [*Head of Household and Adults*]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend’s room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member’s room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn’t know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected

IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

LENGTH OF STAY IN PRIOR LIVING SITUATION

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn’t know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

LENGTH OF STAY LESS THAN 7 NIGHTS [*TH, PH*]

<input type="radio"/>	No	<input type="radio"/>	Yes
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LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations*]

<input type="radio"/>	No	<input type="radio"/>	Yes
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ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

<input type="radio"/> Yes	<input type="radio"/> No
Approximate Date This Episode of Homelessness Started	____/____/____
Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

DISABLING 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

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	
IF "YES" TO PHYSICAL DISABILITY – SPECIFY		
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	
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY		
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	
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY		
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		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY		
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	
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED		
<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		
Are you currently fleeing?	<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		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<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			
Total Monthly Income for Individual:			

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

○ Employer Provided 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
○ 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
IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON	
○ 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
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON	
<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

Signature of applicant stating all information is true and correct Date

Agency Name: _____

HUD-HOPWA UPDATE ASSESSMENT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT STATUS DATE *[All Clients]*

		/			/			
Month			Day			Year		

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
IF "YES" TO PHYSICAL DISABILITY – SPECIFY			
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
IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY			
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
IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY			
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		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY		
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	
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED		
<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		
Are you currently fleeing?	<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		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<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			
Total Monthly Income for Individual:			

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
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY	
<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
IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)	
<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
IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON	
○ 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
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON	
<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
IF "YES" TO PERMANENT HOUSING	
Housing Move-In Date:*	____/____/____
<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

Signature of applicant stating all information is true and correct Date

Agency Name: _____

HUD-HOPWA PROJECT EXIT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

		/			/			
--	--	---	--	--	---	--	--	--

Month

Day

Year

DESTINATION *[All Clients]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Staying or living with family, permanent tenure
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living with friends, permanent tenure
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Other
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Deceased
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Staying or living in a friend's room, apartment, or house	<input type="radio"/>	Data not collected
<input type="radio"/>	Staying or living in a family member's room, apartment or house		
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/> Other permanent housing dedicated for formerly homeless persons	
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

HOUSING ASSESSMENT AT EXIT [All Clients]

<input type="radio"/> Able to maintain the housing they had at project entry	<input type="radio"/> Jail/prison
<input type="radio"/> Moved to new housing unit	<input type="radio"/> Deceased
<input type="radio"/> Moved in with family/friends on a temporary basis	<input type="radio"/> Client doesn't know
<input type="radio"/> Moved in with family/friends on a permanent basis	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Moved to a transitional or temporary housing facility or program	<input type="radio"/> Data not collected
<input type="radio"/> Client became homeless – moving to a shelter or other place unfit for human habitation	

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/> Without a subsidy	<input type="radio"/> With an on-going subsidy acquired since project entry
<input type="radio"/> With the subsidy they had at project entry	<input type="radio"/> Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/> With on-going subsidy	<input type="radio"/> Without an on-going subsidy
---	---

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

IF “YES” TO PHYSICAL DISABILITY – SPECIFY

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

IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY

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

IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY

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		
IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY		
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

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		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<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			
Total Monthly Income for Individual:			

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
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY	
<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 (<i>specify</i>):	<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
IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
<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
<input type="radio"/>	Health Insurance Obtained through COBRA	<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

○ 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
IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON	
○ 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

○ No	○ Client doesn't know
○ Yes	○ Client prefers not to answer
	○ Data not collected
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON	
○ 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	

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
--------------------------	---------------------------

IF "YES" TO PERMANENT HOUSING

Housing Move-In Date:* ____/____/____

If client moved into permanent housing, make sure to update on the **enrollment screen.*

CONTACT INFORMATION [*Optional – can be entered in Contact Tab*]

Contact Type										
Email										
Phone (#1)										
Phone (#2)										
Active Contact	<input type="radio"/>	Yes	<input type="radio"/>	No						
Private	<input type="radio"/>	Yes	<input type="radio"/>	No						
Contact Date										
Note										

CURRENT ADDRESS (IF APPLICABLE) *[Optional – can be entered in Location Tab]*

Street			
City			
Street		Zip Code	

Signature of applicant stating all information is true and correct

Date

Agency Name: _____

CURRENT LIVING SITUATION

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

Record the date and location of each interaction/contact with a client by recording their *Current Living Situation*.
The first *Current Living Situation* with the client will occur at the same point as *Project Start Date*.

DATE OF CONTACT *[Adults and Head of Household]*

		/			/				
Month			Day			Year			

CURRENT LIVING SITUATION *[Adults and Head of Household]*

FOR PROGRAMS FUNDED SOLELY BY PATH only the following values should be selected: "Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)," "Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter," "Safe Haven," "Other," or "Worker unable to determine."

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Other
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Worker unable to determine
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Data not collected
IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

LIVING SITUATION VERIFIED BY *[Coordinated Entry Programs Only]*

<input type="radio"/>	Name of Program
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Is the client going to have to leave their current living situation within 14 days?

[If 'Current Living Situation' response is a non-homeless situation]

<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

Has a subsequent residence been identified?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

<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

Does an individual or family have resources or support networks to obtain other permanent housing?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

<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

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

<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

Has the client moved 2 or more times in the last 60 days?

[If 'Yes' to 'Is client going to have to leave their current living situation within 14 days?']

<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

Location Details

Signature of applicant stating all information is true and correct

Date

Chicago Custom Questions

AMI Level

<input type="radio"/>	Under 30%
<input type="radio"/>	30% - 49%
<input type="radio"/>	50% - 79%
<input type="radio"/>	80% - 99%
<input type="radio"/>	100% and Above

Employment

Are you currently employed?

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

How many hours do you work in a typical week?

<input type="radio"/>	30 hours or more
<input type="radio"/>	20 to 29 hours
<input type="radio"/>	10 to 19 hours
<input type="radio"/>	Less than 10 hours
<input type="radio"/>	Not employed

Do you have a disability or health condition that limits your ability to work?

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

Are you currently looking for work?

<input type="radio"/>	No	<input type="radio"/>	Yes
-----------------------	----	-----------------------	-----

Education

Current school enrollment and attendance

<input type="radio"/>	Not currently enrolled in any school or education course
<input type="radio"/>	Currently enrolled but NOT attending regularly
<input type="radio"/>	Currently enrolled and attending regularly
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused

Are you currently enrolled in school?

<input type="radio"/>	No	<input type="radio"/>	Yes
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Are you attending school regularly?

<input type="radio"/>	No	<input type="radio"/>	Yes
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What is the highest level of education you have completed?

<input type="radio"/>	Less than 9th grade
<input type="radio"/>	9th-11th grade
<input type="radio"/>	12th but no diploma
<input type="radio"/>	High school diploma/GED
<input type="radio"/>	Some vocational training or trade school, but no credential or certificate
<input type="radio"/>	Credential or certificate from vocational training or trade school
<input type="radio"/>	Some college credit, but no degree
<input type="radio"/>	Associate's or two-year degree
<input type="radio"/>	Bachelor's or four-year degree or more
<input type="radio"/>	Other [Explain]

There are people I can depend on to help me if I really need it.

<input type="radio"/>	Strongly Disagree
<input type="radio"/>	Disagree
<input type="radio"/>	Agree
<input type="radio"/>	Strongly Agree

Pregnancy/Parenthood

Are you currently pregnant or do you have a pregnant partner?

<input type="radio"/> No	<input type="radio"/> Yes
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Are you a parent?

<input type="radio"/> No	<input type="radio"/> Yes
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Does your child/do (any of) your children live with you?

<input type="radio"/> Yes, full time
<input type="radio"/> Yes, some of the time
<input type="radio"/> No
<input type="radio"/> Not applicable