HMIS Additional Members Adult Intake Axillary Packet (04/07/2016)

(Additional Adult/Non-HoH A)

Legal First Name: _____ **Legal Last Name:** _____

Name Data quality: ☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client Doesn't Know ☐ Client Refused

Date of Birth (mm/dd/yyyy): _____/_____/___ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know ☐ Client Refused

Social Security Number: _____-_____-_____ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know/Don't Have ☐ Client Refused

Demographics

Disabling Condition: ☐ Yes ☐ No ☐ Don't Know ☐ Refused | **Educational Level** (*i.e. 9th grade, bachelors*)_____

Relationship to Head of household: ☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member ☐ Other non-relation member

Veteran: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Gender: ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other _____ ☐ Doesn't Know ☐ Client Refused

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Don't Know ☐ Refused

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client Refused

Income Source (*Choose all that applies*) Note: All PAY INTERVALS should be Monthly

☐ No Financial Resources
☐ Earned Income (i.e. employment income) $_____
☐ Unemployment Insurance $_____
☐ Supplemental Security Income (SSI) $_____
☐ Social Security Disability Income (SSDI) $_____
☐ Veteran's Service-Connected Disability Compensation $_____
☐ Veteran's Non-Service-Connected Disability Compensation $_____
☐ Private Disability Insurance$_____
☐ Worker's Compensation $_____
☐ Temporary Assistance for Needy Families (TANF)$_____
☐ General Assistance (GA) $_____
☐ Retirement Income from Social Security $_____
☐ Pension from Former Job $_____
☐ Child Support $_____
☐ Alimony/Other Spousal Support $_____
☐ Aid to the Needy and Disabled (AND) $___
☐ Old Age Pension (OAP) $_____
☐ Other Sources $_____
☐ Client Doesn't Know
☐ Client Refused

Do you have documentation of all your sources? ☐ Yes ☐ No
What documentation do you have?_____

Non-Cash Benefits (*Check all that apply*)

☐ None
☐ TANF Child Care
☐ WIC (Women, Infants and Children)
☐ Other Benefit Source:_____
☐ Temporary Rental Assistance
☐ Other TANF-funded Services
☐ Food Stamps/SNAP $_____ (amount optional)
☐ TANF Transportation Services
☐ Client Doesn't Know
☐ Section 8 or Rental Assistance
☐ Client Refused

Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance ☐ Veteran's - VA Medical
☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance ☐ Client Doesn't Know ☐ Client Refused

(Additional Adult/Non-HoH B)

Legal First Name: _____ **Legal Last Name:** _____

Name Data quality: ☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client Doesn't Know ☐ Client Refused

Date of Birth (mm/dd/yyyy): _____/_____/___ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know ☐ Client Refused

Social Security Number: _____-_____-_____ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know/Don't Have ☐ Client Refused

Demographics

Disabling Condition: ☐ Yes ☐ No ☐ Don't Know ☐ Refused | **Educational Level** (*i.e. 9th grade, bachelors*)_____

Relationship to Head of household: ☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member ☐ Other non-relation member

Veteran: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Gender: ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other _____ ☐ Doesn't Know ☐ Client Refused

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Don't Know ☐ Refused

Race: ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client Refused

Income Source (*Choose all that applies*) Note: All PAY INTERVALS should be Monthly

☐ No Financial Resources
☐ Earned Income (i.e. employment income) $_____
☐ Unemployment Insurance $_____
☐ Supplemental Security Income (SSI) $_____
☐ Social Security Disability Income (SSDI) $_____
☐ Veteran's Service-Connected Disability Compensation $_____
☐ Veteran's Non-Service-Connected Disability Compensation $_____
☐ Private Disability Insurance$_____
☐ Worker's Compensation $_____
☐ Temporary Assistance for Needy Families (TANF)$_____
☐ General Assistance (GA) $_____
☐ Retirement Income from Social Security $_____
☐ Pension from Former Job $_____
☐ Child Support $_____
☐ Alimony/Other Spousal Support $_____
☐ Aid to the Needy and Disabled (AND) $___
☐ Old Age Pension (OAP) $_____
☐ Other Sources $_____
☐ Client Doesn't Know
☐ Client Refused

Do you have documentation of all your sources? ☐ Yes ☐ No
What documentation do you have?_____

Non-Cash Benefits *(Check all that apply)*

☐ None
☐ TANF Child Care
☐ WIC (Women, Infants and Children)
☐ Other Benefit Source:_____
☐ Temporary Rental Assistance
☐ Other TANF-funded Services
☐ Food Stamps/SNAP $_____ (amount optional)
☐ TANF Transportation Services
☐ Client Doesn't Know
☐ Section 8 or Rental Assistance
☐ Client Refused

Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance ☐ Veteran's - VA Medical
☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance ☐ Client Doesn't Know ☐ Client Refused

(Additional Adult/Non-HoH C)

Legal First Name: _____ **Legal Last Name:** _____

Name Data quality: ☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client Doesn't Know ☐ Client Refused

Date of Birth (mm/dd/yyyy): _____/_____/___ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know ☐ Client Refused

Social Security Number: _____-_____-_____ ☐ Full ☐ Approximate or Partial ☐ Client Doesn't Know/Don't Have ☐ Client Refused

Demographics

Disabling Condition: ☐ Yes ☐ No ☐ Don't Know ☐ Refused | **Educational Level** (*i.e. 9th grade, bachelors*)_____

Gender: ☐ Male ☐ Female ☐ Transgender Male to Female ☐ Transgender Female to Male ☐ Other _____ ☐ Doesn't Know ☐ Client Refused

Relationship to Head of household: ☐ Head of household's child ☐ Head of household's spouse or partner ☐ Head of household's other relation member ☐ Other non-relation member

Veteran: ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Don't Know ☐ Refused

Race: ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client Refused

Income Source (*Choose all that applies*) Note: All PAY INTERVALS should be Monthly

☐ No Financial Resources
☐ Earned Income (i.e. employment income) $_____
☐ Unemployment Insurance $_____
☐ Supplemental Security Income (SSI) $_____
☐ Social Security Disability Income (SSDI) $_____
☐ Veteran's Service-Connected Disability Compensation $_____
☐ Veteran's Non-Service-Connected Disability Compensation $_____
☐ Private Disability Insurance$_____
☐ Worker's Compensation $_____
☐ Temporary Assistance for Needy Families (TANF)$_____
☐ General Assistance (GA) $_____
☐ Retirement Income from Social Security $_____
☐ Pension from Former Job $_____
☐ Child Support $_____
☐ Alimony/Other Spousal Support $_____
☐ Aid to the Needy and Disabled (AND) $___
☐ Old Age Pension (OAP) $_____
☐ Other Sources $_____
☐ Client Doesn't Know
☐ Client Refused

Do you have documentation of all your sources? ☐ Yes ☐ No
What documentation do you have?_____

Non-Cash Benefits *(Check all that apply)*

☐ None
☐ TANF Child Care
☐ WIC (Women, Infants and Children)
☐ Other Benefit Source:_____
☐ Temporary Rental Assistance
☐ Other TANF-funded Services
☐ Food Stamps/SNAP $_____ (amount optional)
☐ TANF Transportation Services
☐ Client Doesn't Know
☐ Section 8 or Rental Assistance
☐ Client Refused

Health Insurance

☐ No Health Insurance ☐ Other_____ ☐ MEDICAID ☐ MEDICARE ☐ State Childen's Health Insurance ☐ Veteran's - VA Medical
☐ Employer provided Health Insurance ☐ COBRA ☐ Private Pay Health Insurance ☐ State Adult Health Insurance ☐ Client Doesn't Know ☐ Client Refused

THIS PAGE FOR HMIS DATA ENTRY PERSONNEL ONLY:

Data enterers should only navigate to the *program entry* (Enroll Clients in Program v. 5.5) page when ALL the members in the household are entered in the *Client Intake* page First!

PROGRAM ENTRY SECTION –

THE DATA IN THIS SECTION WILL BE ENTERED INTO THE PAGE CALLED "ENROLL CLIENTS IN PROGRAM v. 5.5"

Program Entry Date: _____/_____/_____
Program Name/Grant: _____
Case Manager: _____

Directions:

1. **Please make sure to fill out the Head of Household's information in the Entry/HMIS tab and the Questions Tab.**
2. **When you are done filling out these two tabs for the Head of Household, go back to the Entry page, click "Shrink to Household",**
3. **Select the next client record on the customer dropdown menu**
4. **Answer the questions on the Question tab for this subsequent client.**
5. **Repeat steps 2-4 for any additional household members.**

Note: Please go to www.MDHI.org to obtain additional member forms if there are more household members than are provided on this form. Contact colorado.hmis@coloradocoalition.org if you have any questions regarding documents for additional household members.

(Additional Adult/Not HoH A- *This should correspond to Additional Adult/Not HoH A in Client Intake section***)**

Name: (optional)

Program Entry Questions (*Questions tab data*)

If your prior living situation was Hospital, other residential non-psychiatric facility, Jail, Prison, Juvenile Facility, Substance Abuse Treatment Facility, or Detox Center did you come from an Emergency Shelter or, Place Not Meant for Habitation? ☐ Yes ☐ No ☐ N/A

Reasons or Contributing Factors to Homeless Situation (*Choose all that apply)*:

☐ Abuse or violence in my home	☐ Medical expenses	☐ Alcohol/substance abuse problems	☐ Mental illness
☐ Mental illness	☐ Asked to leave	☐ Moved to find work	☐ Bad credit
☐ Problems with public benefits	☐ Couldn't pay utilities	☐ Reasons related to my sexual orientation	☐ Discharge from foster care
☐ Unable to pay rent/mortgage	☐ Discharged from prison	☐ Other _____	☐ Family member or personal illness
☐ Doesn't apply to me	☐ Legal problems	☐ Lost Job Couldn't find work	

Health Information

Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Health Information *Continued*

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Domestic Abuse Questions

Information Date: _____/_____/_____ **Are you a survivor of domestic or intimate partner violence:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

If you experienced domestic or intimate partner violence, how long ago did you have this experience?:

☐ Within the past 3 months ☐ 3 to 6 months ago (excluding 6 months exactly) ☐ 6 to 12 months ago (excluding 12 months exactly) ☐ One year ago or more

☐ Client Doesn't Know ☐ Client Refused **Are you currently fleeing:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Military

Year entered military service: _____/_____/_____ **Year separated from military service:** _____/_____/_____

Theater of Operations (Check all that apply): ☐ Korean War (Operation Desert Storm) ☐ Iraq (Operation New Dawn) ☐ WW II:

☐ Iraq (Operation Iraqi freedom) ☐ Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

☐ Afghanistan (Operation Enduring Freedom) ☐ Vietnam Era ☐ Client Doesn't Know ☐ Client Refused

What branch of the military did you serve? (Check all that apply): ☐ Army ☐ Marines ☐ Air Force ☐ Navy ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused

What type of Discharge did you receive? ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions (OTH) ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused

Note: This section is for special programs that require additional question sets.

SSVF QUESTIONS (*Only answer these questions for VA programs)*

Household Income as a Percentage of AMI? ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50% **VAMC Station Number?**_____

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

RAPID RE-HOUSING (RRH)

Information Date: _____/_____/_____ **In Permanent Housing?** ☐ Yes ☐ No **Date of Move-In? (if yes)** _____/_____/_____

(Additional Adult/Not HoH B- *This should correspond to Additional Adult/Not HoH B in Client Intake section*)

Name: (optional)

Program Entry Questions (*Questions tab data*)

If your prior living situation was Hospital, other residential non-psychiatric facility, Jail, Prison, Juvenile Facility, Substance Abuse Treatment Facility, or Detox Center did you come from an Emergency Shelter or, Place Not Meant for Habitation? ☐ Yes ☐ No ☐ N/A

Reasons or Contributing Factors to Homeless Situation ***(****Choose all that apply)*:

☐ Abuse or violence in my home	☐ Medical expenses	☐ Alcohol/substance abuse problems	☐ Mental illness
☐ Mental illness	☐ Asked to leave	☐ Moved to find work	☐ Bad credit
☐ Problems with public benefits	☐ Couldn't pay utilities	☐ Reasons related to my sexual orientation	☐ Discharge from foster care
☐ Unable to pay rent/mortgage	☐ Discharged from prison	☐ Other _____	☐ Family member or personal illness
☐ Doesn't apply to me	☐ Legal problems	☐ Lost Job Couldn't find work	

Health Information

Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Health Information *Continued*

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Domestic Abuse Questions

Information Date: _____/_____/_____ **Are you a survivor of domestic or intimate partner violence:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

If you experienced domestic or intimate partner violence, how long ago did you have this experience?:

☐ Within the past 3 months ☐ 3 to 6 months ago (excluding 6 months exactly) ☐ One year ago ☐ More than 1 year ago (including 12 months exactly)

☐ Client Doesn't Know ☐ Client Refused **Are you currently fleeing:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Military

Year entered military service: _____/_____/_____ **Year separated from military service:** _____/_____/_____

Theater of Operations (Check all that apply): ☐ Korean War (Operation Korea) ☐ Iraq (Operation New Dawn) ☐ WW II:

☐ Iraq (Operation Iraqi freedom) ☐ Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

☐ Afghanistan (Operation Enduring Freedom) ☐ Vietnam Era ☐ Client Doesn't Know ☐ Client Refused

What branch of the military did you serve? (Check all that apply): ☐ Army ☐ Marines ☐ Air Force ☐ Navy ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused

What type of Discharge did you receive? ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions (OTH) ☐ Bad Conduct ☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused

Note: This section is for special programs that require additional question sets.

SSVF QUESTIONS (*Only answer these questions for VA programs)*

Household Income as a Percentage of AMI? ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50% **VAMC Station Number?**_____

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

RAPID RE-HOUSING (RRH)

Information Date: _____/_____/_____ **In Permanent Housing?** ☐ Yes ☐ No **Date of Move-In? (if yes)** _____/_____/_____

(Additional Adult/Not HoH C- *This should correspond to Additional Adult/Not HoH B in Client Intake section*)

Name: (optional)

Program Entry Questions (*Questions tab data*)

If your prior living situation was Hospital, other residential non-psychiatric facility, Jail, Prison, Juvenile Facility, Substance Abuse Treatment Facility, or Detox Center did you come from an Emergency Shelter or, Place Not Meant for Habitation? ☐ Yes ☐ No ☐ N/A

Reasons or Contributing Factors to Homeless Situation ***(****Choose all that apply)*:

☐ Abuse or violence in my home	☐ Medical expenses	☐ Alcohol/substance abuse problems	☐ Mental illness
☐ Mental illness	☐ Asked to leave	☐ Moved to find work	☐ Bad credit
☐ Problems with public benefits	☐ Couldn't pay utilities	☐ Reasons related to my sexual orientation	☐ Discharge from foster care
☐ Unable to pay rent/mortgage	☐ Discharged from prison	☐ Other _____	☐ Family member or personal illness
☐ Doesn't apply to me	☐ Legal problems	☐ Lost Job Couldn't find work	

Health Information

Do you have a physical disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a developmental disability?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Do you have a chronic health condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
Have you been diagnosed with AIDS or have you tested positive for HIV?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Health Information *Continued*

Do you feel that you have a mental health problem?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and its severity on file?	☐ Yes	☐ No		
If you have a mental health problem: Are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
How confirmed (*for PATH programs ONLY*)	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation	☐ Confirmed by prior evaluation or clinical records	
Serious mental illness (SMI) and, if SMI, how confirmed? *(for PATH programs ONLY)*	☐ No	☐ Unconfirmed; presumptive or self-report	☐ Confirmed through assessment and clinical evaluation ☐ Confirmed by prior evaluation or clinical records	☐ Client doesn't know ☐ Client refused
Do you have a drug or alcohol problem?	☐ Alcohol ☐ Drug ☐ Both	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is it expected to be of long-continued and indefinite duration and substantially impair your ability to live independently?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused
If yes, is there documentation of the disability and severity on file?	☐ Yes	☐ No		
If yes, are you currently receiving services or treatment for this condition?	☐ Yes	☐ No	☐ Client Doesn't Know	☐ Client Refused

Domestic Abuse Questions

Information Date: _____/_____/_____ **Are you a survivor of domestic or intimate partner violence:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

If you experienced domestic or intimate partner violence, how long ago did you have this experience?:

☐ Within the past 3 months ☐ 3 to 6 months ago (exclusive) ☐ One year ago, counting 6 months exact

☐ Client Doesn't Know ☐ Client Refused **Are you currently fleeing:** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused

Military

Year entered military service: _____/_____/_____ **Year separated from military service:** _____/_____/_____

Theater of Operations (Check all that apply): ☐ Gulf (Operation Desert Storm) ☐ Korean War: ☐ Iraq (Operation New Dawn) ☐ WW II:
☐ Iraq (Operation Iraqi freedom) ☐ Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
☐ Afghanistan (Operation Enduring Freedom) ☐ Vietnam Era ☐ Client Doesn't Know ☐ Client Refused

What branch of the military did you serve? (Check all that apply): ☐ Army ☐ Marines ☐ Air Force ☐ Navy ☐ Coast Guard ☐ Client Doesn't Know ☐ Client Refused

What type of Discharge did you receive? ☐ Honorable ☐ General under honorable conditions ☐ Under other than honorable conditions (OTH) ☐ Bad Conduct
☐ Dishonorable ☐ Uncharacterized ☐ Client Doesn't Know ☐ Client Refused

Note: This section is for special programs that require additional question sets.

SSVF QUESTIONS (*Only answer these questions for VA programs)*

Household Income as a Percentage of AMI? ☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50% **VAMC Station Number?**_____

HOPWA QUESTIONS *(Only answer these questions for HOPWA programs)*

Information Date: _____/_____/_____

Receiving Public HIV/AIDS Medical Assistance: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

***Reason (if no)*:** Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client

Information Date: _____/_____/_____

T-Cell (CD4) Count Available: ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

Receiving AIDS Drug Assistance Program (ADAP): ☐ No ☐ Yes ☐ Client Doesn't Know ☐ Client Refused

***Reason (if no)*:** ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused

RAPID RE-HOUSING (RRH)

Information Date: _____/_____/_____ **In Permanent Housing?** ☐ Yes ☐ No **Date of Move-In? (if yes)** _____/_____/_____