

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

(A	dditional Adult/Non-HoH A)				
Legal First Name:	Legal Last Name:				
Name Data quality: Full name reported Partial, street name, or					
Date of Birth (mm/dd/yyyy):/	Approximate or Partial	Client Doesn't Know	Client Refused		
Social Security Number:	Approximate or Partial	Client Doesn't Know/Don't Have	Client Refused		
	Demographics				
Disabling Condition: 🗆 Yes 🔅 No 🖓 Don't Know 🖓 Refus	ed Educational Level (<i>i.e.</i> 9 th g	rade, bachelors)			
Relationship to Head of household:Image: Head of household's childImage: Description of the section of the sectio	•	or partner Head of household'	s other relation member		
Veteran: 🛛 Yes 🔹 No 🔹 Don't Know 🖾 Refused	I				
Gender: Male Female Transgender Male to Fen	ale Transgender Female to Male	e 🛛 Other 🗆 Doesn't	Know 🛛 Client Refused		
Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino	Don't Know	fused			
Race: American Indian or Alaska Native Client Refused					
Income Source (Choose all th	nat applies) Note: All PAY INTERVALS	S 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 F General Assistance (GA) \$ Retirement Income from Social Second Sec	Aid to the Need Aid to the Need Tamilies (TANF)\$ □ Old Age I Other So curity \$ □ Client Do	y and Disabled (AND) \$ Pension (OAP) \$ urces \$ esn't Know		
Do you have documentation of all your sources? Yes No What documentation do you have?					
Non-Cash Benefits (Check all that apply)					
Image: None Image: Other Benefit Source: Image: TANF Child Care Image: Other Temporary Rental Assistant Other Tank-funded Servition Image: WIC (Women, Infants and Children) Image: Other Tank-funded Servition	nce D TANF ces D Clien	Transportation Services	nt optional) ion 8 or Rental Assistance nt Refused		
	Health Insurance				
		hilden's Health Insurance	eran's - VA Medical Know 🛛 Client Refused		

(Additional Adult/Non-HoH B)					
Legal First Name:		Legal Last Name:			
Name Data quality: Full name reported Part	tial, street name, or code nar	ne reported 🛛 Client Doesn't Know 🗖	Client Refused		
Date of Birth (mm/dd/yyyy):// Refused	🗖 Full	Approximate or Partial	Client Doesn't Know	Client	
Social Security Number:	🛛 Full	Approximate or Partial	Client Doesn't Know/Don't Have	Client	
	C	Demographics			
Disabling Condition: Yes No Do	on't Know 🛛 Refused	Educational Level (i.e. 9 th grade, bache	lors)		
•	Relationship to Head of household: Image: Head of household's child Image: Head of household's spouse or partner Image: Head of household's other relation member Image: Other non-relation member Image: Head of household's spouse or partner Image: Head of household's other relation member				
Veteran: 🛛 Yes 🔹 No 🖾 Don't H	Know 🛛 Refused				
Gender: 🛛 Male 🔹 Female 🔹 Trans	gender Male to Female	Transgender Female to Male 🛛 Other	Doesn't Know D Clie	ent Refused	
Ethnicity: 🗆 Non-Hispanic/Non-Latino 🔹 Hispanic/Latino 🔹 Don't Know 🔅 Refused					
Race: American Indian or Alaska Native Client Refused	🔲 Black or African Ameri	can 🛛 Native Hawaiian or Other Pacific	Islander 🛛 White 🛛 Client doesn't kn	iow 🛛	
Income S	Source (Choose all that applie	es) Note: All PAY INTERVALS should be	Monthly		
 No Financial Resources Earned Income (i.e. employment income) \$ 		ate Disability Insurance\$ ker's Compensation \$	 Alimony/Other Spousal Suppo Aid to the Needy and Disabled 		
Unemployment Insurance \$		porary Assistance for Needy Families (TA		· ·	
□ Supplemental Security Income (SSI) \$		eral Assistance (GA) \$	□ Other Sources \$		
Social Security Disability Income (SSDI) \$		rement Income from Social Security \$			
Veteran's Service-Connected Disability Compensa	tion \$ Pens	sion from Former Job \$	Client Refused		
Veteran's Non-Service-Connected Disability Comp	ensation \$ Child	d Support \$			
Do you have documentation of all your sources? Yes No What documentation do you have?					
Non-Cash Benefits (Check all that apply)					
□ None □ Other	Benefit Source:	Food Stamps/SN	IAP \$ (amount optional)		
	orary Rental Assistance	TANF Transporta		ssistance	
· · · · · · · · · · · · · · · · · · ·	TANF-funded Services	Client Doesn't K			
Health Insurance					
□ No Health Insurance □ Other			s Health Insurance Veteran's - VA Med		
Employer provided Health Insurance COBRA Refused	L Private Pa	ay Health Insurance 🛛 State Adult H	ealth Insurance D Client Doesn't Know	L Client	

(Additional Adult/Non-HoH C)	(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 Refus	ed				
Date of Birth (mm/dd/yyyy): // Image: Full image	Doesn't Know	Client			
Social Security Number:	Doesn't Know/Don't Have	Client			
Demographics					
Disabling Condition: Tyes INO Don't Know Refused Educational Level (<i>i.e.</i> 9 th grade, bachelors)					
Gender: 🛛 Male 🔹 Female 🔹 Transgender Male to Female 💭 Transgender Female to Male 💭 Other	Doesn't Know	ent Refused			
Relationship to Head of household: □ Head of household's child □ Other non-relation member □ □ Head of household's spouse or partner □ □ □	of household's other relation	n 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 Client Refused	White 🛛 Client doesn't kn	ow 🛛			
Income Source (Choose all that applies) Note: All PAY INTERVALS should be Monthly					
Image: No Financial Resources Image: Private Disability Insurance\$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Income (i.e. employment income) \$ Image: Private Disability Insurance\$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Income (SSI) \$ Image: Private Disability Insurance\$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Income (SSI) \$ Image: Private Disability Insurance\$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Income (SSI) \$ Image: Private Disability Income (SSI) \$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Disability Income (SSI) \$ Image: Private Disability Income (GA) \$ Image: Alimony/Other Spousal Support \$ Image: Descent of the security Disability Income (SSDI) \$ Image: Private Disability Income from Social Security \$ Image: Private Disability Income from Social Security \$ Image: Descent of the security \$ Image: Private Disability Income from Social Security \$ Image: Private Disability Income from Social Security \$					
 □ Veteran's Service-Connected Disability Compensation \$ □ Veteran's Non-Service-Connected Disability Compensation \$ □ Child Support \$ 	□ Client Refused				
Do you have documentation of all your sourCes? Yes No What documentation do you have?					
Non-Cash Benefits (Check all that apply)					
Image: None Image: Other Benefit Source:		ssistance			
Health Insurance					
Image: No Health Insurance Image: Other Image: MEDICAID Image: MEDICARE Image: State Childen's Health Insurance Image: Description of the state of					

THIS PAGE FOR HMIS DATA ENTRY PERSONNEL ONLY:

Data enterers should only navigate to the *program entry* (Enroll Clients in <u>Program v. 5.5</u>) 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 <u>www.MDHI.org</u> to obtain additional member forms if there are more household members than are provided on this form. Contact <u>colorado.hmis@coloradocoalition.org</u> if you have any questions regarding documents for additional household members.

Colorado HMIS Additional Members Adult Intake Axillary Packet

(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, oth	ner residential non-psychiatric fa	cility, Jail, Prison, Juve	enile Facility, Su	ubstance Abuse Treatment Fac	cility, or Detox Center did
you come from an Emergency Shelter or, Plac		□ Yes □ No	🗆 N/A		
	Reasons or Contributing Fac		-		
Abuse or violence in my home	Medical expenses	Alcohol/substance	•		ess
Mental illness	Asked to leave	Moved to find wo		Bad credit	
Problems with public benefits	Couldn't pay utilities	Reasons related t			rom foster care
Unable to pay rent/mortgage	Discharged from prison	□ Other		🛛 Family mer	nber or personal illness
Doesn't apply to me	Legal problems	Lost Job Couldn't	find work		
	He	alth 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 a substantially impair your ability to live indepe		Tes Yes	D No	Client Doesn't Know	Client Refused
If yes, is there documentation of the disability		□ Yes	□ No		
If yes, are you currently receiving services or treatment for this condition?		□ Yes	D No	Client Doesn't Know	Client Refused
Do you have a developmental disability?		□ Yes	D No	Client Doesn't Know	Client Refused
If yes, is it expected to be of long-continued a substantially impair your ability to live indepe		Tes Yes	D No	Client Doesn't Know	Client Refused
If yes, is there documentation of the disability	-	☐ Yes	□ No		
If yes, are you currently receiving services or t	reatment for this condition?	☐ Yes	D No	Client Doesn't Know	Client Refused
Do you have a chronic health condition?		□ Yes	D No	Client Doesn't Know	Client Refused
If yes, is it expected to be of long-continued a substantially impair your ability to live indepe		Tes Yes	D No	Client Doesn't Know	Client Refused
If yes, is there documentation of the disability	-	☐ Yes	D No		
If yes, are you currently receiving services or t	reatment for this condition?	□ Yes	D 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 yo	ur 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	D No		
If yes, are you currently receiving services or t	reatment for this condition?	□ Yes	D No	Client Doesn't Know	Client Refused

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 a substantially impair your ability to live independently?	and	□ Yes	D 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 service treatment for this condition?	vices or	□ Yes	D 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 a substantially impair your ability to live independently?	and	□ Yes	D 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 cond	ition?	□ Yes	D No	Client Doesn't Know	Client Refused
	Domestic A	buse Questions			
Information Date: // Refused Are you a survivor of domestic or intimate partner violence: Yes No Client Doesn't Know Client					
If you experienced domestic or intimate partner violence, how long					
□ Within the past 3 months mbßt □ Client Doesn't Know □ Client Refused	bscenactly)s ago (e	-	Yes 🗆 No 🛛	6 t ⊡l Øneoyvetas aggo ød Client Doesn't Know □	
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): Image: Comparison (Comparison (Com					
□ 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): C Refused			□ Navy □ Coast G	uard 🛛 Client Doesn't Know	v 🛛 Client
What type of Discharge did you receive? Honorable General	under honorable	conditions 🗖 Under	other than honorable	e conditions (OTH) 🛛 Bad Co	onduct
Dishonorable		aracterized	🛛 Client Doesn't K	· · ·	

Health Information Continued

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

SSVF QUESTIONS (Only a	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% V	AMC Station			
Number?					
HOPWA QUESTIONS (Only an	swer these questions for HOP	WA 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 refused	Client did not apply	□ Insurance type N/A for this client	Client doesn't know		
Receiving AIDS Drug Assistance Program (ADAP): No Yes	☐ Client doesn't know □ C	lient refused			
<i>Reason (if no)</i> : Applied; decision pending	Client did not apply	\square Insurance type N/A for this cl	ient		
Information Date://					
T-Cell (CD4) Count Available: 🛛 No 🔹 Yes 🖾 Client Doesn't Kno	w 🛛 Client Refused				
<i>Reason (if no)</i> : Applied; decision pending Applied; client not eligible Client refused	Client did not apply	\square Insurance type N/A for this client	Client doesn't know		
Receiving AIDS Drug Assistance Program (ADAP): No Ves	Client Doesn't Know	Client Refused			
<i>Reason (if no)</i> : Applied; decision pending Applied; client not eligible Client refused	Client did not apply	\square Insurance type N/A for this client	Client doesn't know		
RAPID RE-HOUSING (RRH)					
		Maria Ind (if use)			
Information Date:// In Permanent Housing?	Yes 🛛 No 🛛 Date of	Move-In? (if yes)			

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(Additional Adult/Not HoH B- This should correspond to Additional Adult/Not HoH B in Client Intake section)							
Name:					(optional)		
	Program Entry C	Questions (Questic	ons tab data)				
If your prior living situation was Hospital, oth		-	-	ubstance Abuse Treatment Fac	ility, or Detox Center did		
you come from an Emergency Shelter or, Pla		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			ess		
Mental illness	Asked to leave	\square Moved to find wo		Bad credit			
Problems with public benefits	Couldn't pay utilities	Reasons related to	o my sexual ori	_	rom foster care		
Unable to pay rent/mortgage	Discharged from prison	□ Other		Family mer	nber or personal illness		
Doesn't apply to me	Legal problems	Lost Job Couldn't	find work				
	Не	alth 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 a	nd indefinite duration and	🛛 Yes	🗆 No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe	endently?						
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or treatment for this condition?		□ Yes	D No	Client Doesn't Know	Client Refused		
Do you have a developmental disability?		□ Yes	D No	Client Doesn't Know	Client Refused		
If yes, is it expected to be of long-continued a		□ Yes	D No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe	-				-		
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or t	treatment for this condition?	□ Yes	D No	Client Doesn't Know	Client Refused		
Do you have a chronic health condition?		□ Yes	D No	Client Doesn't Know	Client Refused		
If yes, is it expected to be of long-continued a		□ Yes	D No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe	· · · · · · · · · · · · · · · · · · ·						
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or t	treatment for this condition?	□ Yes	D 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 yo	ur ability to live independently?	□ Yes	D 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 t	treatment for this condition?	☐ Yes	D No	Client Doesn't Know	Client Refused		

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	□ Yes	🗆 No	Client Doesn't Know	Client Refused	
substantially impair your ability to live independently?					
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	🛛 Yes	🗖 No	Client Doesn't Know	Client Refused	
treatment for this condition?					
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	☐ Yes	🗆 No	Client Doesn't Know	Client Refused	
substantially impair your ability to live independently?					
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	D No	Client Doesn't Know	Client Refused	
Domestic A	buse Questions	•			
Information Date: // Are you a survivor of domestic or intimate partner violence: Yes No Client Doesn't Know Client Refused Yes Yes No State State					
If you experienced domestic or intimate partner violence, how long ago did you hav	e this experience?:				
U Within the past 3 months	Eli	ding a 2nmonths exac	tlyluding 6 In One syean ago) of	more 2 months ago (
Client Doesn't Know Client Refused Are you a	currently fleeing:	Yes 🗆 No 🛛	Client Doesn't Know	Client Refused	
Military					
Year entered military service://		Year separated from	m military service:/	/	
Theater of Operations (Check all that apply):	Rorsan Waf:(Op	altiaq (OperationrNe)	w 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 Kn	ow 🛛 🛛 Client I	Refused			
What branch of the military did you serve? (Check all that apply): Army Army Mar Refused	ines 🛛 Air Force 🛛	🗆 Navy 🗖 Coast Gu	uard 🛛 Client Doesn't Knov	v 🛛 Client	
What type of Discharge did you receive? Honorable General under honorable	conditions 🛛 Under	other than honorable	e conditions (OTH) 🛛 Bad Co	onduct	
Dishonorable Unch	aracterized	Client Doesn't Ki	now 🛛 Client Refuse	d	

Health Information Continued

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

SSVF QU	ESTIONS (Only answer	these questions for VA p	programs)	
Household Income as a Percentage of AMI? Less than 30%	□ 30% to 50% □ Gre	eater than 50% V	AMC Station	
Number?				
HOPWA QUE	STIONS (Only answer ti	hese questions for HOPV	NA programs)	
Information Date://				
Receiving Public HIV/AIDS Medical Assistance: No	□ Yes □	Client Doesn't Know	Client Refused	
Reason (if no): Applied; decision pending Applied; cli	ent not eligible 🛛 🛛	Client did not apply	□ Insurance type N/A for this client	Client doesn't know
Receiving AIDS Drug Assistance Program (ADAP): No	Yes Clier	nt doesn't know 🛛 Cl	lient refused	
Reason (if no): Applied; decision pending D Applied; client no	ot eligible 🛛 🗆 Clie	ent did not apply	Insurance type N/A for this cl	ient
Information Date://				
T-Cell (CD4) Count Available:	ient Doesn't Know	Client Refused		
Reason (if no): Applied; decision pending Applied; clien	t not eligible 🛛 C	lient did not apply	□ Insurance type N/A for this client	Client doesn't know
Receiving AIDS Drug Assistance Program (ADAP): 🗆 No	Yes 🛛 Client 🛙	Doesn't Know	Client Refused	
Reason (if no): Applied; decision pending Applied; clien Client refused	t not eligible	Client did not apply	\square Insurance type N/A for this client	□ Client doesn't know
		<u>DUSING (RRH)</u>		
Information Date:// In Permane	ent Housing? 🛛 Yes	□ No Date of	Move-In? (if yes)	

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(Additional Adult/Not HoH C- This should correspond to Additional Adult/Not HoH B in Client Intake section)							
Name:					(optional)		
	Program Entry C	Questions (Questic	ons tab data)				
If your prior living situation was Hospital, oth		-	-	ubstance Abuse Treatment Fac	ility, or Detox Center did		
you come from an Emergency Shelter or, Pla		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			ess		
Mental illness	Asked to leave	\square Moved to find wo		Bad credit			
Problems with public benefits	Couldn't pay utilities	Reasons related to	o my sexual ori	_	rom foster care		
Unable to pay rent/mortgage	Discharged from prison	□ Other		Family mer	nber or personal illness		
Doesn't apply to me	Legal problems	Lost Job Couldn't	find work				
	Не	alth 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 a	nd indefinite duration and	🛛 Yes	🗆 No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe	endently?						
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or treatment for this condition?		□ Yes	D 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 a		□ Yes	D No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe	-				-		
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or t	treatment for this condition?	□ Yes	D No	Client Doesn't Know	Client Refused		
Do you have a chronic health condition?		□ Yes	D No	Client Doesn't Know	Client Refused		
If yes, is it expected to be of long-continued a		□ Yes	D No	Client Doesn't Know	Client Refused		
substantially impair your ability to live indepe							
If yes, is there documentation of the disability	and its severity on file?	□ Yes	D No				
If yes, are you currently receiving services or t	treatment for this condition?	□ Yes	D 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 yo	ur ability to live independently?	□ Yes	D 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 t	treatment for this condition?	□ Yes	D No	Client Doesn't Know	Client Refused		

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	Tes Yes	🗆 No	Client Doesn't Know	Client Refused	
substantially impair your ability to live independently?					
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	□ Yes	🗆 No	Client Doesn't Know	Client Refused	
treatment for this condition?					
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	□ Yes	🗆 No	Client Doesn't Know	Client Refused	
substantially impair your ability to live independently?					
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 A	buse Questions	•	•		
Information Date: // Refused Are you a survivor of domestic or intimate partner violence: Yes No Client Doesn't Know Client					
If you experienced domestic or intimate partner violence, how long ago did you hav	e this experience?:				
Within the past 3 months	•		🔲 3 to 🖬 Monehyeaga goxol	undinge6 months exact	
□ Client Doesn't Know □ Client Refused	currently fleeing:	Yes 🗆 No 🛛	Client Doesn't Know		
Military					
Year entered military service://		Year separated fro	m military service:/	/	
Theater of Operations (Check all that apply): Gutte (Operation Desert Storm) 🗆 Korean War: 🗆 Iraq (Operation New Dawn) 🗆 WW II:					
□ Iraq (Operation Iraqi freedom) □ Other Peace-keeping Operations or Military In	terventions (such as L	ebanon, Panama, Soi	malia, Bosnia, Kosovo)		
Afghanistan (Operation Enduring Freedom) 🛛 Vietnam Era 🛛 Client Doesn't Kn					
What branch of the military did you serve? (Check all that apply): Army Army Refused	ines 🛛 Air Force 🛛	🗆 Navy 🗖 Coast G	uard 🛛 Client Doesn't Knov	v 🛛 Client	
What type of Discharge did you receive? Honorable General under honorable	conditions 🗖 Under	other than honorable	e conditions (OTH) 🛛 Bad Co	onduct	
Dishonorable Unch	aracterized	🛛 Client Doesn't K	now 🛛 Client Refuse	d	

Health Information Continued

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% a 30% to 50% a 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 refused Client refused	Client did not apply	□ Insurance type N/A for this client	Client doesn't know
Receiving AIDS Drug Assistance Program (ADAP): INO IYes IClient doesn't know IClient refused			
<i>Reason (if no)</i> : Applied; decision pending	Client did not apply	\square Insurance type N/A for this cl	ient
Information Date://			
T-Cell (CD4) Count Available: 🛛 No 🖓 Yes 🖓 Client Doesn't Know 🖓 Client Refused			
<i>Reason (if no)</i> : Applied; decision pending Applied; client not eligible Client refused	Client did not apply	\square Insurance type N/A for this client	Client doesn't know
Receiving AIDS Drug Assistance Program (ADAP): No Yes C	Client Doesn't Know	Client Refused	
<i>Reason (if no)</i> : Applied; decision pending Applied; client not eligible Client refused	Client did not apply	\square Insurance type N/A for this client	Client doesn't know
<u>RAPID RE-HOUSING (RRH)</u>			
Information Date:// In Permanent Housing? Yes No Date of Move-In? (if yes)			

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