Agency Name: _____



CLARITY HMIS: HUD - HOPWA PROJECT STATUS ASSESSMENT FORM

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

LIENT NAME OR IDENTIFIER:		
PROJECT STATUS DATE [All Clients]		
Month Day Year		
HYSICAL DISABILITY [All Clients]		
O No		lient doesn't know
○ Yes		ient prefers not to answer
	0 D	ata not collected
F "YES" TO PHYSICAL DISABILITY – SPECIFY		
Expected to be of long-continued and indefinite		lient doesn't know
duration and substantially impairs ability to live o Yes		lient prefers not to answer
ndependently?	• D	ata not collected
EVELOPMENTAL DISABILITY [All Clients]		
o No	0 C	lient doesn't know
Yes	0 C	lient prefers not to answer
	0 D	ata not collected
HRONIC HEALTH CONDITION [All Clients] No	o C	lient doesn't know
○ Yes		lient prefers not to answer
1 1 2 2		ata not collected
F "YES" TO CHRONIC HEALTH CONDITION - SPECIFY		
Expected to be of long-continued and indefinite o No	0 C	lient doesn't know
duration and substantially impairs ability to live		lient prefers not to answer
independently?		ata not collected
I IV-AIDS [All Clients] ○ No	o C	lient doesn't know
· Yes		ient prefers not to answer
~ 100		ata not collected
IENTAL HEALTH DISORDER [All Clients]		ata not conceted
o No		ient doesn't know
· Yes	o C	ient prefers not to answer
		ata not collected
IF "YES" TO MENTAL HEALTH DISORDER - SPECIFY		
Expected to be of long-continued and indefinite o No	0 C	lient doesn't know
duration and substantially impairs ability to live o Yes		lient prefers not to answer
independently?		ata not collected



0	No			0	Client doesn't know
0	Alcohol use disorder			0	Client prefers not to answer
0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
IF	"ALCOHOL USE DISORDER" "DRUG USE I	DIS	ORDER" (OR "	BOTH ALCOHOL AND DRUG USE
DI	SORDERS" - SPECIFY				
	pected to be of long-continued and indefinite	0	No	0	Client doesn't know
du	ration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
inc	lependently?			0	Data not collected

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

		0,4 0	ma manoj		
0	No			0	Client doesn't know
0	Yes			0	Client prefers not to answer
					Data not collected
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC				:IFY	WHEN EXPERIENCE OCCURRED
0	Within the past three months			0	Client doesn't know
0	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer
0	Six months to one year ago (excluding one year exactly)			0	Data not collected
0	One year ago or more				
		0	No	0	Client doesn't know
Ar	Are you currently fleeing?		Yes	0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

0	No		0	Client doesn't know					
0	o Yes		0	Client prefers not to answer					
			0	Data not collected					
IF	ICATE ALL SOURCES THAT APPLY								
Inc	come Source	Amount	Inc	ome Source	Amount				
0	Earned Income		0	Temporary Assistance for Needy Families (TANF)					
0	Unemployment Insurance		0	General Assistance (GA)					
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security					
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job					
0	VA Service-Connected Disability Compensation		0	Child support					
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support					
0	Private disability insurance		0	Other income source (specify):					
0	Worker's Compensation								
То	tal Monthly Income for Individua	al:	ı		I .				

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

○ No ○ Client doesn't know



0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS – INDICATE ALL SOUF	RCES	S THAT APPLY
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE & REASONS NOT COVERE		
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	MEDICAID	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	MEDICARE	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
	State Children's Health Insurance (SCHIP)	0	Client did not apply
0		0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Veteran's Health Administration (VHA)	0	Insurance type N/A for this client
		0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
		0	Client did not apply
0	Employer Provided Health Insurance	0	Insurance type N/A for this client
	Employer Frovided Fleath insurance	0	Client doesn't know
		0	Client prefers not to answer
		0	Data not collected
		0	Applied; decision pending
		0	Applied; client not eligible
0	Health Insurance Obtained through COBRA	0	Client did not apply
		0	Insurance type N/A for this client



O Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible Client did not apply Insurance type N/A for this client Client prefers not to answer Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible Client did not apply State Health Insurance for Adults State Health Insurance for Adults Client prefers not to answer Data not collected Applied; client not eligible Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; decision pending Applied; client not eligible			_	Olient deser't les eus
O Data not collected Applied; decision pending Applied; client not eligible Client did not apply Insurance type N/A for this client Client prefers not to answer Data not collected Applied; decision pending Applied; decision pending Applied; client not eligible Client did not apply State Health Insurance for Adults State Health Insurance for Adults Client doesn't know Client doesn't know Client doesn't know Client prefers not to answer Data not collected Applied; client not eligible Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; decision pending Applied; client not eligible			0	Client doesn't know
O Applied; decision pending O Applied; client not eligible O Client did not apply O Insurance type N/A for this client O Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible Client did not apply O Insurance type N/A for this client Client doesn't know Client not eligible Client did not apply Insurance type N/A for this client Client doesn't know Client prefers not to answer Client prefers not to answer Data not collected Applied; decision pending Applied; decision pending Applied; client not eligible			0	Client prefers not to answer
O Applied; client not eligible O Client did not apply O Insurance type N/A for this client O Client doesn't know Client prefers not to answer Data not collected Applied; client not eligible Applied; client not eligible Client did not apply O State Health Insurance for Adults O Insurance type N/A for this client Client doesn't know Client prefers not to answer Data not collected Applied; client not eligible Applied; decision pending Applied; decision pending Applied; decision pending Applied; client not eligible			0	Data not collected
 ○ Client did not apply ○ Insurance type N/A for this client ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected ○ Applied; decision pending ○ Applied; client not eligible ○ Client did not apply ○ State Health Insurance for Adults ○ Insurance type N/A for this client ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected ○ Applied; decision pending ○ Applied; decision pending ○ Applied; client not eligible 			0	Applied; decision pending
 ○ Private Pay Health Insurance ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected ○ Applied; decision pending ○ Applied; client not eligible ○ Client did not apply ○ State Health Insurance for Adults ○ Client doesn't know ○ Client prefers not to answer ○ Data not collected ○ Applied; decision pending ○ Applied; client not eligible 			0	Applied; client not eligible
Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible Client did not apply Client did not apply Insurance type N/A for this client Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible			0	Client did not apply
 ○ Client prefers not to answer ○ Data not collected ○ 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 ○ Applied; decision pending ○ Applied; client not eligible 	0	Private Pay Health Insurance	0	Insurance type N/A for this client
 Data not collected 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 Applied; decision pending Applied; client not eligible 			0	Client doesn't know
 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 Applied; decision pending Applied; client not eligible 			0	Client prefers not to answer
 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 Applied; decision pending Applied; client not eligible 			0	Data not collected
State Health Insurance for Adults Client did not apply Insurance type N/A for this client Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible			0	Applied; decision pending
 State Health Insurance for Adults Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible 			0	Applied; client not eligible
 Client doesn't know Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible 			0	Client did not apply
 Client prefers not to answer Data not collected Applied; decision pending Applied; client not eligible 	0	State Health Insurance for Adults	0	Insurance type N/A for this client
 Data not collected Applied; decision pending Applied; client not eligible 			0	Client doesn't know
 Applied; decision pending Applied; client not eligible 			0	Client prefers not to answer
Applied; client not eligible			0	Data not collected
			0	Applied; decision pending
Client did not apply			0	Applied; client not eligible
			0	Client did not apply
○ Indian Health Services Program ○ Insurance type N/A for this client	0	Indian Health Services Program	0	Insurance type N/A for this client
○ Client doesn't know			0	Client doesn't know
 Client prefers not to answer 			0	Client prefers not to answer
Data not collected			0	Data not collected
Other Health Insurance (specify)	0	Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

	1100011111911120 210911100101011100 1109101	•	,
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGR	AM ((ADAP) – SPECIFY REASON
0	Applied; decision Pending	0	Client doesn't know
0	Applied; client not eligible	0	Client prefers not to answer
0	Client did not apply	0	Data not collected
0	Insurance type N/A for this client		

Receiving Ryan White-funded Medical or Dental Assistance

0	No	0	Client doesn't know		
0	Yes	0	Client prefers not to answer		
		0	Data not collected		
IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON					
		DEN	ITAL ASSISTANCE - SPECIFY		
		DEN o	Client doesn't know		
RE	ASON	o o			



Insurance type N/A for this client				
T-cell (CD4) Count Availa	able			
○ No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
T-cell Count (Integer bet	ween 0-1	500): _		
How Was the Information	n Obtain	ed?		
Medical Report				
Client report				
Other (specify)				
Viral Load Information A	vailable		-	
Not available			0	Client doesn't know
Available			0	Client prefers not to answer
o Undetectable			0	Data not collected
Count (Integer between (0-999999):		
How Was the Information	n Obtain	ed?		
Medical Report				
Client report				
Other (specify)				
		_		
Has the participant been	prescrib	ed ant	i-retr	
o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IN PERMANENT HOUSING [Permanent	t Housing	Project	ts, for	Head of Household]
o No	o Yes			
IF "YES" TO PERMANENT HOUSING				
Housing Move-In Date:*	/_			<u> </u>
*If client moved into permanent housing, ma	ake sure t	o update	on th	ne enrollment screen.
· · · · · · · · · · · · · · · · · · ·		-		

Signature of applicant stating all information is true and correct Date