

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.

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"/> Yes
	<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"/> Yes
	<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"/> Yes
	<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 (specify):	
<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
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<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
<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
<input type="radio"/> Private Pay 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"/> State Health Insurance for Adults		<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"/> Indian Health Services Program		<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"/> Other Health Insurance (specify)		

IF "YES" TO HIV-AIDS:

Receiving AIDS Drug Assistance Program (ADAP)

<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 AIDS DRUG ASSISTANCE PROGRAM (ADAP) – 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	

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	
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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
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IF "YES" TO PERMANENT HOUSING
Housing Move-In Date:* ____/____/____

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

Signature of applicant stating all information is true and correct Date