



HMIS HOPWA Program Status Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

SOCIAL SECURITY NUMBER: [All clients]

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Last Name																				
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First Name																				
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PROGRAM STATUS

PROJECT STATUS DATE

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Month Day Year

Is the Program Type a Permanent Housing Program Type?

Yes is Automatically generated for response

COMPLETE HOUSING MOVE-IN DATE WHEN THE CLIENT MOVES INTO A PERMANENT HOUSING UNIT

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Month Day Year

DISABLING CONDITION AND BARRIERS

DISABLING CONDITION?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

PHYSICAL DISABILITY

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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DEVELOPMENTAL DISABILITY

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

Substantially Impairs Independence?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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CHRONIC HEALTH CONDITION

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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HIV - AIDS

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

Substantially Impairs Independence?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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MENTAL HEALTH PROBLEM

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes,

Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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SUBSTANCE ABUSE PROBLEM

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes, please check below:

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Both Alcohol & Drug Abuse
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Long Term?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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INCOME FROM ANY SOURCE

Have you received income from any source?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client doesn't know		

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source(s) that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service Connected Disability Pension	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	Pension or Retirement Income from a Former Job	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Private Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Alimony and Other Spousal Support	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	Other Cash Income	\$	
							Source of Other Cash:	

TOTAL CASH INCOME: Amount is Auto Generated

NON-CASH BENEFITS

Have you received non-cash benefits from any source?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes for non-cash benefits from any source that apply:

No	Yes	Source of Benefit	No	Yes	Source of Benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	SANF Child Care services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, public housing, or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other Source	If yes to "Other" Source, please specify		

HEALTH INSURANCE INFORMATION

Covered by health insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID

Reason not covered by Medicare (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE

Reason not covered by Medicare (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)

Reason not covered by SCHIP (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services

Reason not covered by VA (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	Employer - Provided Health Insurance
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Reason not covered by Employer - Provided Health Insurance (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA
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Reason not covered by COBRA (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
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Reason not covered by Private Pay Health Insurance (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
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Reason not covered by State Health Insurance for Adults (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
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Reason not covered by Indian Health Services Program (check one):

- Applied, Decision Pending
 Applied, Client not eligible
 Client did not apply
 Insurance Type N/A for this Client
 Client Doesn't Know
 Client Refused
 Data Not Collected

NO	YES
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<input type="checkbox"/>	<input type="checkbox"/>	Other
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Source of Other Insurance: _____

MEDICAL ASSISTANCE

Receiving Public HIV/AIDS Medical Assistance

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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Receiving AIDS Drug Assistance Program (ADAP)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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T-CELL (CD4) AND VIRAL LOAD

T-cell (CD4) Count Available

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If Yes.

T-cell Count (integer between 0 - 1500)

Viral Load Information Available

Not Available Available Undetectable Client doesn't know Client Refused Data Not Collected

If Available, :

Count (integer between 0 - 999999)