Bridging the Gap – HOPWA Programs				Adult Entry / Assessment Form			
Agency:				Project Ent	ry Date:		
Project:				Case Worker:			
Hawaii HMIS	Add New Clie	nt: Identifying					
		ite identifying				□ Client prefers not to answer	
Name Quality*:	□ Full name	□ Partial, stree	et/code nan	ne $\Box$ Client doesn	't know	□ Data not collected	
First Name*:				Last Name*:			
Middle Name:				Suffix			
Birth Date*:		□ Full DOB □ Partial (MM/Y				prefers not to answer not collected Age:	
Social Security#	*:			□ Partial loesn't know		prefers not to answer not collected	
Gender*	<ul> <li>Man (Boy, if</li> <li>Woman (Girl</li> <li>Transgender</li> <li>Questioning</li> </ul>	, if child) $T$	wo-spirit) on-Binary	ecific identity (e.g.	□ Clie	ent doesn't know ent prefers not to answer a not collected	
Primary Language*	□ Chinese □ Chuukese □ English □ Ilocano □ Japanese Other:			If Non-US Citizen □ Chuuk-Micro □ Kosrae-Micr □ Marshall Isla □ Palau	onesia onesia	<ul> <li>Pohnpei-Micronesia</li> <li>Yap-Micronesia</li> <li>Client doesn't know</li> <li>Client prefers not to answe</li> <li>Data not collected</li> </ul>	
Relationship to HOH*	□ Self (H of H) □ Spouse □ Child □ Step Child □ Foster Child □ Grandparent	☐ Guardian ☐ Grandchild ☐ Other Relat ☐ Other Non- ☐ Unknown	tive	- Veteran Sta □ No □Yes		<ul> <li>□ Client doesn't know</li> <li>□ Client prefers not to answe</li> <li>□ Data not collected</li> </ul>	
Ar Iı As Bla Hi	et all that apply) merican Indian, Al ndigenous sian or Asian Ame ack, African Ame spanic/Latin(a)(o) iddle Eastern/Nort	rican* rican, African	□ White □ Client □ Client	Hawaiian or Pacific doesn't know prefers not to answe ot collected			

If Native Hawaiian or Paci	fic Islander chose	en above*		
🗆 Native Hawaiian	□ Marshallese	🗆 Samoan	e	
□ Guamanian/Chamorro	□ Micronesian	□ Other Pacif	ïc Islander	
What race do you identify v	Native 🛛 Guam	anian/Chamorro		□ Tongan □ Vietnamese
□ Asian Indian		e Hawaiian	□ Other Asian	
Black/African American	1		□ Other Pacific Islander	
Chinese/Taiwanese	□ Korea		□ Portuguese	□ Client refused
□ Filipino	□ Marsh	allese	□ Samoan	$\Box$ Data not collected
Contact Information				
Address*:				
Zip Code*:			Apt. Number:	
City:			County:	
Country*:			State:	
Cell Phone:			Home Phone:	
$\Box$ Primary $\Box$ Set	condary 🛛 Tertia	ary	□ Primary	□ Secondary □ Tertiary
Email Address:			Work Phone:	
				□ Secondary □ Tertiary
Other Information - CO	NSENT			
Was Consent given to share	data? : □ Yes	□ No	(Use HMIS Consent For	m)
Date of Consent:				
***All consent forms m	<mark>ust be uploaded i</mark>	nto the HMIS		
Hawaii Add Family				
			lult entry form; if child, comple	te child form
	-			
Hawaii Enrollment Add	/Edit			
Enrollment Entry Date*:			Enrollment Exit	Date: <u>DO NOT CHANGE</u>
			Ducould auto MAAT	
Program*:			rrovider^: <u>NIA I</u>	<u>CH PROGRAM NAME</u>
Case Manager:				

Hawaii HMIS	Add New	<b>Client:</b>	Identifying	(Continued)

□ Filipino

□ Japanese

.

□ Korean

-

□ Vietnamese

□ Other Asian

**Bridging the Gap – HOPWA Programs** 

If Asian Chosen Above\*

□ Chinese/Taiwanese

□ Asian Indian

Bridging the Gap – HOPWA Programs				Adult En	try / A	ssessment Form	
VETERAN AS	ssessment						
Military	□ Army	□ Ma	arines		□ Client doesn't know		
Branch*	□ Air Force	□ Co	ast Guar	d	□ Client prefers not to answer		
	□ Navy	$\Box$ Sp	ace Force	e	□ Data not collected		
Discharge	□ Honorable				□ Bad conduct	🗆 Clie	ent doesn't know
Status*	□ General under hono	orable c	ondition	s	□ Dishonorable	🗆 Clie	ent prefers not to answer
	$\Box$ Under other than ho	onorabl	e conditi	ons	□ Uncharacterized	□ Dat	a not collected
Date Entere	d Service*				Date Separated from Service	e*:	
Theatre of Ope	erations* (options will	l popu	late bas	ed on dat	tes of service above):		
	World W	'ar II	□ No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
	Korean	War	□ No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
	Vietnam	War	□ No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
Persian Gulf W	ar (Operation Desert Sto	orm)	□ No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
Afghanistan (O	peration Enduring Freed	lom)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
Ira	q (Operation Iraqi Freed	lom)	□ No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
	Iraq (Operation New Da	awn)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
	eping Operations or Mil tions (i.e. Lebanon, Pana Somalia, Bosnia, Kos	ama,	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected

## Bridging the Gap – HOPWA Programs HUD Universal Data

nob omversar bata				
Client location*(provider) <u>MATCH PR</u>	OGRAM NAME	_Continuum of Care Code: <u>S</u>	Self Populates in HMIS)	
<b><u>Disabling Condition*</u></b> DNO  DY	es 🛛 Client doesn't knov	v $\Box$ Client prefers not to ans	swer 🗆 Data not collected	
<b>LIVING SITUATION – Type of Resid</b>	ence Prior to Project Ent	t <u>ry (</u> Select only one answer)		
A. HOMELESS SITUATION				
<ul> <li>Emergency shelter, including hotel o emergency shelter voucher, Host Home</li> <li>Safe Haven</li> </ul>		□ Place not meant for habitation abandoned building, bus/train/s anywhere outside)		
<b>B. INSTITUTIONAL SITUATION</b>				
<ul> <li>Foster care home or foster care group</li> <li>Hospital or other residential non-psyc</li> <li>Jail, prison, or juvenile detention faci</li> </ul>	chiatric medical facility	<ul> <li>□ Long-term care facility or nu</li> <li>□ Psychiatric hospital or other</li> <li>□ Substance abuse treatment facility</li> </ul>	psychiatric facility	
C. TEMPORARY HOUSING SITUATIO	ON			
□ Hotel or motel paid for without emerg □ Host home (non-crisis)		<ul> <li>Staying or living in a friend'</li> <li>Transitional housing for hor homeless youth)</li> </ul>		
Staying or living in a family member house	's room, apartment, or	<ul> <li>Residential project or halfwa criteria</li> </ul>	ay house with no homeless	
<ul> <li>D. PERMANENT HOUSING SITUATIO</li> <li>□ Rental by client, no ongoing housing</li> <li>□ Rental by client, with ongoing house below):</li> </ul>	subsidy	<ul> <li>□ Owned by client, with ongoin</li> <li>□ Owned by client, no ongoin</li> </ul>		
<b>* Subsidy type</b> □ Housing stability vo	oucher	□ Permanent supportive hou	using	
□ Family Unification	Program voucher (FUP)	□ Public housing unit	-	
$\Box$ Foster Youth to Inde	ependence Initiative (FYI)	$\Box$ Rental by client, with oth	er ongoing housing subsidy	
$\Box$ HCV voucher (tenar		$\Box$ RRH or equivalent		
□ GIP TPD housing st	•	□ VASH housing subsidy		
$\Box$ Other permanent ho	using dedicated for formerl	y homeless persons		
E. OTHER				
□ Client doesn't know □ Client prefers not to answer		□ Data not collected		
A. If HOMELESS situation selected ab	oove, answer questions: (	(if not, skip to next question)		
	Length of Stay in the P	Prior Living Situation:		
Approximate date this episode of	$\Box$ One night or less		$\Box$ One year or longer	
homelessness started:	$\Box$ Two to six nights		□ Client doesn't know	
	$\Box$ One week or more, but		$\Box$ Client prefers not to answer	
	$\Box$ One month or more, but	ut less than 90 days	□ Data not collected	
	$\Box$ 90 days or more, but le	ess than one year		
(Regardless of where they stayed last ni <b>Number of times</b> the client has been on ES or SH in the past three years includi	the streets, in in t	tal <b>number of months</b> homeles the past three years: One month (this time is the 1st i		

ES, or SIT in the past three years including today.			ic monun	(uns unic is	the 1st month)
□ One time	$\Box$ Four or more times	$\Box 2$	$\Box 6$	□ 10	$\Box$ More than 12 months
□ Two times	□ Client doesn't know		$\Box 7$	□ 11	□ Client doesn't know
$\Box$ Three times	$\Box$ Client prefers not to answer	□ 4		□ 12	$\Box$ Client prefers not to answer
	$\Box$ Data not collected	$\Box 5$	□ 9		□ Data not collected

Bridging the Gap – I	HOPWA Programs			Adul	t Entry / Assessment Form		
HUD Universal Data - LIVING SITUATION (Continued)							
<b>B. If INSTITUTIONAL situation selected above, answer questions: (</b> if not, skip to next question)							
Did you stay less than 90	) days? $\Box$ Yes* $\Box$ No (If "No",	skip to HU	D Progra	m)			
*If yes, what was the <b>Prior Living Situati</b> e		One night o Two to six 1			week or more, but less than one month month or more, but less than 90 days		
*If yes, on the night b	pefore, did you stay on the "stree	ts", ES or	SH?	□ Yes**	□ No (If "No", skip to HUD Program)		
**Approximate date	this episode of homelessness starte	ed:		_			
Number of times the	ss of where they stayed last night client has been on the streets, ast three years including today:	in ES	, or SH in	n the past th	r of months homeless on the streets, nree years: the 1st month)		
□ One time	$\Box$ Four or more times	$\Box 2$	$\Box 6$	$\Box 10$	$\Box$ More than 12 months		
$\Box$ Two times	□ Client doesn't know		□ 7	□ 11	□ Client doesn't know		
$\Box$ Three times	$\Box$ Client prefers not to answer	□ 4		□ 12	$\Box$ Client prefers not to answer		
	□ Data not collected	$\Box 5$	□ 9		$\Box$ Data not collected		
C, D or E. If TEMPORAF	RY, PERMANENT, OTHER HO	USING si	tuation, a	answer que	stions: (if not, skip to HUD Program)		
Did you stay less than 7	nights? $\Box$ Yes* $\Box$ No (If "No",	skip to HU	JD Progra	am)			
*If yes, what was the I Prior Living Situation	n: 🗆 Tv	ne night or wo to six n	ights	□ <b>1</b> 7 ++			
	efore, did you stay on the "streets		H?	⊔ Yes**	□ No (If "No", skip to HUD Program)		
**Approximate date th	nis episode of homelessness started	l:					
Number of times the	ss of where they stayed last night client has been on the streets, ast three years including today:	ES, or	SH in th	ne past thre	<b>of months</b> homeless on the streets, in e years: s the 1st month)		
□ One time	$\Box$ Four or more times	$\Box 2$	$\Box 6$	□ 10	$\Box$ More than 12 months		
$\Box$ Two times	□ Client doesn't know		□ 7	□ 11	□ Client doesn't know		
$\Box$ Three times	$\Box$ Client prefers not to answer	□ 4		□ 12	$\Box$ Client prefers not to answer		
	□ Data not collected	$\Box 5$	□ 9		□ Data not collected		
HUD Program Data							
Survivor of Domestic Vio	lence*						
$\Box$ No $\Box$ Yes	Client doesn't know	□ Client p	orefers no	t to answer	□ Data not collected		
□ No       □ Yes       □ Client doesn't know       □ Client prefers not to answer       □ Data not collected         If yes, when experience occurred*       □ Client doesn't know       □ Client doesn't know         □ Within the past three months       □ Client doesn't know         □ Three to six months (excluding six months exactly)       □ Client prefers not to answer         □ From six months to one year (excluding one year exactly)       □ Data not collected         □ One year ago or more       □ Data not collected							
Are your currently fl □ No □ Yes		□ Client I	orefers no	t to answer	□ Data not collected		

## HUD Program Data (continued)

on-Cash Ben	efits from An	<u>y Sources</u> *(Received non-ca	sh benefits in the past 30 days; expe	ect to receive them again next mont
□ No	□ Yes*	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
If yes, plea	se mark all tł	at are applicable:		
□ SNAI	P (Food Stamps	3)	□ TANF Transportation Serv	ices
□ WIC-	Nutrition for W	omen, Infants, Children	□ Other TANF-Funded Servi	ces
$\Box$ TAN	F Child Care Se	ervices	□ Other source:	
ealth Insurai	nce* Are you c	overed by health insurance?		
□ No	□ Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
sabling Con	dition*			
Substance	Use Disorder	* (If "NO" selected, skip to	Mental Health)	
□ No		Drug Use Disorder	□ Both Alcohol and Drug Use Dis	sorder
□ Alcoho	ol Use Disorder	Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
a) Expec		-	duration and substantially impair	rs ability to live independently?
□No	□Yes	$\Box$ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Mental He	alth Disorder	* (If "NO" selected, skip to	Developmental Disability)	
□No	□Yes	□ Client doesn't know	□ Client prefers not to answer	□ Data not collected
a) Expec	ted to be of lor	ng-continued and indefinite	duration and substantially impair	rs ability to live independently?
□No	□Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Developme	ental Disabilit	v* (If "NO" selected, skip to	o Chronic Health Condition)	
□No	□Yes	□ Client doesn't know	□ Client prefers not to answer	□ Data not collected
Chronic H	ealth Conditi	on* (If "NO" selected, skip	to HIV / AIDS)	
□No	□Yes	□ Client doesn't know	□ Client prefers not to answer	□ Data not collected
a) Expec	ted to be of lor	ng-continued and indefinite	duration and substantially impair	rs ability to live independently?
□No	□Yes	□ Client doesn't know	□ Client prefers not to answer	□ Data not collected
HIV / AID	<b>S*</b> (If "NO" se	elected, skip to Physical Dis	ability) ( <i>as applicable</i> )	
□No	□Yes	$\Box$ Client doesn't know	□ Client prefers not to answer	□ Data not collected
Physical D	isability* (If '	NO" selected, skip to Healt	h Insurance Assessment)	
□No	□Yes	□ Client doesn't know	□ Client prefers not to answer	□ Data not collected
a) Expec	ted to be of lor	ng-continued and indefinite	duration and substantially impair	rs ability to live independently?
□No	□Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected

## Translation Assistance: Translation Assistance Needed\*

□ No □ Client doesn't know □ Client prefers not to answer □ Data not collected □ Different preferred language □ Yes\* If "Yes", Preferred language: \_\_\_\_\_\_

## Health Insurance Assessment (if yes to health insurance)

$\Box$ Medicaid: $\Box$ Yes $\Box$ No*		
If "No": 🛛 Applied: decision pending	□ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
$\Box Medicare: \Box Yes \qquad \Box No^*$		
If "No": 🗆 Applied: decision pending	□ Applied: client not eligible	□ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
🗆 State Children's Health Insurance: 🗆 Yes	□No*	
If "No":	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
□ Employer Provided Health Insurance: □ Yes	□No*	
If "No":	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
□ Health Insurance through COBRA: □ Yes	□No*	
If "No":	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
□ State Health Insurance for Adults: □ Yes	□No*	
If "No":	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
□ Veterans Health Administration (VHA): □ Yes	□No*	
If "No":  Applied: decision pending	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
$\Box Private Insurance: \Box Yes \Box No^*$		
If "No":  Applied: decision pending	$\Box$ Applied: client not eligible	$\Box$ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
□ Indian Health Services Program:□ Yes □No*		
If "No":	□ Applied: client not eligible	□ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer
$\Box \text{ Other:} \qquad \Box \text{ Yes } \Box \text{No}^*$		
If "No":	Applied: client not eligible	□ Client did not apply
$\Box$ Insurance type N/A for client	□ Client doesn't know	$\Box$ Client prefers not to answer

#### **HUD Financial Assessment**

Area Median Income\*

🗆 Kauai

🗆 Maui

Income from Any Source\* 🛛 No 🖓 Yes 🖓 Client doesn't know 🖓 Client prefers not to answer 🖓 Data not collected

### Please check all resources and enter the amount per MONTH\*

□ Big Island

Income Type	Amount	Income Type	Amount
□ Unemployment	\$	□ Retirement from Social Security:	\$
□ Earned Income (employment):	\$	□ VA Non-Service Disability Pension	\$
□ SSI:	\$	□ Pension or Retirement Income (job):	\$
□ SSDI:	\$	□ Child Support:	\$
□ VA Service Disability Compensation:	\$	□ Alimony or Other Spousal Support:	\$
□ Private Disability Insurance:	\$	□ Worker's Compensation:	\$
□ TANF	\$	□ Other:	\$
General Assistance:	\$	TOTAL INCOME:	\$

Hawaii Specific Assessmen			
Hawaii Residence Information	<u>l</u>		
Did you arrive in Hawaii d	luring the past 12 months?*		
$\Box$ No $\Box$ Yes	$\Box$ Client doesn't know $\Box$	Client prefers not to an	swer
If yes, how long have you <b>b</b>	been in Hawaii? # of months:	If in Hawaii	less than one month, # of days:
How long have you lived in	n Hawaii over your lifetime?*	# of years:	
Before your 18 <sup>th</sup> birthday,	were you placed in an out of h	ome placement and/o	or experience homelessness?
Check all that apply. $\Box$			
□ Foster Care □ Group Home	□ Juvenile Home □ Homeless	□ No	□ Client doesn't know □ Client prefers not to answer
-			
<u>Personal Information</u> Marital Status*:			
□ Single/never married	□ Married	□ Widowed	$\Box$ Client prefers not to ansy
$\Box$ Living with partner	□ Separated/divorced	□ Other	-
What is your current crim	inal justice status*		
□ Parole	□ Formerly in system & o	completed requirements	G □ Client doesn't know
$\Box$ Probation	□ Drug court		$\Box$ Client prefers not to answer
□ Supervised release	□ None □ Other		□ Data not collected
If the client's residence just p	prior to project entry was an E	S, TH, or PSH projec	t, please specify which one?
If the client's residence just p Zip code of last permanent ac	ldress* Zi	p Code Data Quality	*:  Full or Partial
Zip code of last permanent ad	ldress* Zi		*:  Full or Partial
Zip code of last permanent ac If currently working, # hours	Idress*  Zi    Idress*  Idress*	<b>p Code Data Quality</b> Client doesn't know	*:  Full or Partial
Zip code of last permanent ac If currently working, # hours Referral Information* (How w	Idress*       Zi         Image: symmetry of the symmetry of	p Code Data Quality Client doesn't know	*: □ Full or Partial □ Client refused
Zip code of last permanent ac If currently working, # hours Referral Information* (How w	Idress*       Zi         Image: series of the se	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ac If currently working, # hours Referral Information* (How w	Idress*       Zi         Image: symmetry of the symmetry of	p Code Data Quality Client doesn't know	*: □ Full or Partial □ Client refused
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice	Idress*       Zi         Image: service structure       Image: service structure	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ac If currently working, # hours Referral Information* (How w	Idress*       Zi         Image: service structure       Image: service structure	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ac If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc	Idress*       Zi         Image: service structure       Image: service structure	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc Medical Information	Idress*       Zi         Image: service structure       Image: service structure	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc <u>Medical Information</u> Name of Medical Insurer:	Idress*       Zi         Image: service of the structure of	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know
Zip code of last permanent ac If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc Medical Information Name of Medical Insurer: Emergency Services	iddress*       Zi         image: worked in past week?	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc Medical Information Name of Medical Insurer: Emergency Services How many times in the par	iddress*       Zi         iddress*       Zi         is worked in past week?	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agenc <u>Medical Information</u> Name of Medical Insurer: <u>Cmergency Services</u> How many times in the par	iddress*       Zi         image: worked in past week?	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agence Medical Information Name of Medical Insurer: Emergency Services How many times in the par- Hospital emergency roce	iddress*       Zi         iddress*       Zi         is worked in past week?	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agence Medical Information Name of Medical Insurer: Emergency Services How many times in the par Hospital emergency roo Other hospital services	iddress*       Zi         iddress*	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other
Zip code of last permanent ad If currently working, # hours Referral Information* (How w Aloha United Way Criminal justice If homeless service agence Medical Information Name of Medical Insurer: Emergency Services How many times in the par Hospital emergency roce Other hospital services 911/ambulance emergen	Idress*       Zi         Image: constraint of the second secon	p Code Data Quality Client doesn't know	*:  Full or Partial Client refused Client doesn't know Other

# Bridging the Gap – HOPWA Programs

## HUD HOPWA Data Assessment (only applicable if clients answered "Yes" to the HIV/AIDS disabling

condition question above)		<i>.</i>		8
HUD HOPWA:				
Receiving AIDS Drug Assista	ance Program (ADAP)*			
□No* □Yes	□ Client doesn't know	□ Client prefers r	ot to answer	□ Data not collected
If "No", reason*:				
<ul> <li>□ Applied: Decision pen</li> <li>□ Applied: Client not eli</li> <li>□ Client did not apply</li> <li>□ Insurance type N/A for</li> </ul>	gible	<ul> <li>□ Client doesn't know</li> <li>□ Client prefers not to</li> <li>□ Data not collected</li> </ul>		
Receiving Ryan White-funde	ed medical or dental assistanc	e*		
$\Box$ No* $\Box$ Yes	□ Client doesn't know	$\Box$ Client prefers	not to answer	□ Data not collected
If "No", reason*: ☐ Applied: Decision pen ☐ Applied: Client not eli ☐ Client did not apply ☐ Insurance type N/A for	gible	□ Client doesn't knov □ Client prefers not to □ Data not collected		
Has the client been prescribe	ed anti-retroviral drugs?*			
□No □Yes	Client doesn't k	now 🗆 Client pref	ers not to answer	□ Data not collected
T-Cell (CD4) and Viral Lo T-Cell (CD4) Count Availab □No □Yes*	le* □ Client doesn't k	now □ Client pref	ers not to answer	□ Data not collected
If "Yes", T-Cell count*:				
How was the T-Cell cou	int information obtained?*	□ Medical report	□ Client report	□ Other
Viral Load Information Ava Not available Available* Undetectable Closed Alternate schedule If "Available", Viral Loa		<ul> <li>Client doesn't know</li> <li>Client prefers not to</li> <li>Data not collected</li> <li>Change in capacity</li> </ul>		
How was the viral load	information obtained?*	□ Medical report	□ Client report	□ Other