HMIS Standard Update Form for HOPWA – ES *(Hotel/Motel)* projects
Effective 10/01/2025

Intake Date

		/		/	

Entry Date

		/		/	

ServicePoint (HoH) ID:

Project Name

HoH First Name **Middle**

Last **Suffix** **Alias**

☐ Full Name Reported ☐ Partial, Street or Code Name

☐ Client doesn't know ☐ Client prefers not to answer

Social Security Number:

☐ Full SSN reported ☐ Approx or Partial SSN

☐ Client doesn't know ☐ Client prefers not to answer

Date of Birth:

		/		/	

☐ Full DOB reported ☐ Approx or Partial DOB

☐ Client doesn't know ☐ Client prefers not to answer

Veteran Status

☐ No   ☐ Yes

Relationship to Head of Household (Must be an adult)

☐ Self (Head of Household)

☐ HoH's child ☐ HoH's spouse or partner

☐ HoH's other relation member ☐ Other: non-relation member

Sex

☐ Female
☐ Male

☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic/Latina/o
☐ Middle Eastern or North African
☐ Additional Race and Ethnicity detail: _____

☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client doesn't know
☐ Client prefers not to answer

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Gender (Select all that apply)

☐ Woman (Girl, if child)
☐ Man (Boy, if child)
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender
☐ Non-Binary
☐ If Different Identity, Please Specify: _____

☐ Questioning
☐ Different Identity
☐ Client doesn't know
☐ Client prefers not to answer

Health Insurance

☐ No
☐ Yes (identify source below)

☐ Client doesn't know
☐ Client prefers not to answer

Source

☐ Medicaid
☐ State Children's Health Insurance (KCHIP)
☐ Employer-Provided Health Insurance
☐ Private Pay Health Insurance
☐ Indian Health Services Program

☐ Medicare
☐ Veteran's Health Administration (VHA)
☐ Health Insurance obtained through COBRA
☐ State Health Insurance for Adults
☐ Other: _____

Disability

Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?
☐ No   ☐ Yes (indicate type(s) below)   ☐ Client doesn't know   ☐ Client prefers not to answer

	Physical ☐	Mental Health ☐	Chronic Health Condition ☐	☐ Alcohol ☐ Drugs ☐ Both	Developmental ☐	HIV/AIDS ☐
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

🛑 ****IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE****

Income

☐ No/None at all
☐ Client doesn't know

☐ Yes (identify source and amounts)
☐ Client prefers not to answer

Source	Amount:
☐ Earned income (i.e., employment income)	$_____. 00
☐ Unemployment Insurance	$_____. 00
☐ Supplemental Security Income (SSI)	$_____. 00
☐ Social Security Disability Income (SSDI)	$_____. 00
☐ Retirement Income from Social Security	$_____. 00
☐ VA Service-Connected Disability Compensation	$_____. 00
☐ VA Non-Service-Connected Disability Pension	$_____. 00
☐ Worker's Compensation	$_____. 00

☐ Temporary Assistance for Needy Families (TANF)	$_____. 00
☐ General Assistance (GA)	$_____. 00
☐ Private disability Insurance	$_____. 00
☐ Pension or retirement income from a former job	$_____. 00
☐ Child Support	$_____. 00
☐ Alimony or other spousal support	$_____. 00
☐ Other source: _____	$_____. 00
Total Monthly Income:	$

Non-Cash Benefits

☐ No/None at all	☐ Yes (Identify source below)
☐ Client doesn't know	☐ Client prefers not to answer

Source

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care services
☐ TANF transportation services
☐ Other TANF-funded services
☐ Other: _____

Client's Prior Living Situation - Prior to Project Entry				
(Select one Living Situation and **answer the corresponding questions in the order in which they appear**)				
Homeless Situations	**Institutional Situations**	**Temporary Housing Situations**	**Permanent Housing Situation**	**Other**
☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter ☐ Safe Haven	☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric medical facility ☐ Jail, prison or juvenile detention facility ☐ Long-term care facility or nursing home ☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment facility or detox center	☐ Transitional housing for homeless persons (including homeless youth) ☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, or house ☐ Staying or living in a family member's room, apartment, or house	☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with ongoing housing subsidy o GPD TIP housing subsidy o VASH housing subsidy o RRH or equivalent subsidy o HCV voucher (tenant or project based) (not dedicated) o Public housing unit o Rental by client, with other ongoing housing subsidy o Emergency Housing Voucher o Family Unification Program Voucher (FUP) o Foster Youth to Independence Initiative (FYI) o Permanent Supportive Housing o Other permanent housing dedicated for formerly homeless persons ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	☐ Other ☐ Worker unable to determine ☐ Client doesn't know ☐ Client prefers not to answer
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?**	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?** ☐ One night or less	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?** ☐ One night or less	

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☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer	☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the institutional situation less than 90 days?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client prefers not to answer
☐ **N/A** (Complete SECTION IV Below)	**On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	**On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	**On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes (If YES – Complete SECTION IV) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client prefers not to answer

On the night <u>before your previous stay</u>, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	Approximate date this episode of homelessness started: ☐☐ / ☐☐ / ☐☐☐☐
Total <u>number of times homeless</u> on the street, in ES, or SH in the past three years ☐ One time ☐ Two times ☐ Three times ☐ Four times ☐ Client doesn't know ☐ Client prefers not to answer	Total <u>number of months</u> homeless on the street, in emergency shelter, or SH in the past three years _____

Domestic Violence

Are you, or have you been a survivor of domestic or intimate partner violence?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

If YES, how long ago did you have this experience?
☐ Within the past 3 months   ☐ 1 year ago or more
☐ 3 to 6 months ago   ☐ 6 months to 1 year ago
☐ Client doesn't know   ☐ Client prefers not to answer

If Yes, are you currently fleeing?
☐ No   ☐ Yes
☐ Client doesn't know   ☐ Client prefers not to answer

In the last 2 years, in what Kentucky county did you become homeless? (If Out of State please indicate):	
If you have lived in multiple Kentucky counties in the last 2 years, please specify additional county:	
If you have lived in another part of the US in the last 2 years, please specify state:	

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If other location in the last 2 years, please specify:	
In what Kentucky county are you currently staying?:	
Did you have housing when you came to this county/community?:	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
What is the primary reason you came to this county/community?:	☐ Access to service and resources ☐ Fleeing an abusive situation ☐ Job Opportunities ☐ Other ☐ Client prefers not to answer

HOPWA Project: Medical Assistance

Receiving AIDS Drug Assistance Program (ADAP)?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

If No, reason (for not receiving ADAP)?
☐ 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

Receiving Ryan White funded Medical or Dental Assistance?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

If No, reason (for not receiving Ryan White)?
☐ 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

Has the participate been prescribed anti-retrovial drugs?
☐ No   ☐ Yes   ☐ Client doesn't know   ☐ Client prefers not to answer

HIV/AIDS

Start Date: ☐☐ / ☐☐ / ☐☐	**End Date:** ☐☐ / ☐☐ / ☐☐
If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?	☐ Yes ☐ No ☐ Client prefers not to answer
If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count?	
If Yes for HIV/AIDs and a T-Cell (CD4) is recorded above, how was the information obtained?	☐ Medical report ☐ Client report ☐ Other
If Yes for HIV/AIDS, does the client have Viral Load Information available?	☐ Not Available ☐ Available ☐ Undetectable ☐ Client doesn't know ☐ Client prefers not to answer
If Yes for HIV/AIDS and Viral Load Information is available, what is the Viral Load?	
If Yes for HIV/AIDS and Viral Load is recorded above, how was the information obtained?	☐ Medical report ☐ Client report ☐ Other

Staff Completing (Printed Name):   **Date:**