HMIS Standard Update Form for HOPWA – ES *(Hotel/Motel)* projects

Effective 10/01/2021

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 Refused

Social Security Number:

☐ Full SSN reported ☐ Approx or Partial SSN

☐ Client doesn't know ☐ Client refused

Date of Birth:

☐ Full DOB reported ☐ Approx or Partial DOB

☐ Client doesn't know ☐ Client refused

Race (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ Asian
☐ White
☐ Client doesn't know
☐ Client refused

Gender

☐ Female
☐ Male
☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
☐ Transgender
☐ Questioning
☐ Client doesn't know
☐ Client refused

Ethnicity

☐ Non-Hispanic/Non-Latin(o)(a)(x)
☐ Hispanic/Latin(o)(a)(x)
☐ Client doesn't know
☐ Client refused

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

Health Insurance	
☐ No	☐ Client doesn't know
☐ Yes (identify source below)	☐ Client
Source	
☐ Medicaid	☐ Medicare
☐ State Children's Health Insurance (KCHIP)	☐ VA Medical Services
☐ Employer-Provided Health Insurance	☐ Health Insurance obtained through COBRA
☐ Private Pay Health Insurance	☐ State Health Insurance for Adults
☐ Indian Health Services Program	☐ 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 refused

	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 ☐

**Only answer the following questions for Adults and HoH. **

Income	
☐ No/None at all	☐ Yes (identify source and amounts)
☐ Client doesn't know	☐ Client refused
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 refused

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**)

Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Other
☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher ☐ Safe Haven	☐ Foster care home or foster 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	☐ Residential project or halfway house with no homeless criteria ☐ Hotel or motel paid for without emergency shelter voucher ☐ Transitional housing for homeless persons (including homeless youth) ☐ 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, with GPD TIP housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons ☐ Rental by client, with RRH or equivalent subsidy ☐ Rental by client, with HCV voucher (tenant or project based) ☐ Rental by client in a public housing unit ☐ Rental by client, no ongoing housing subsidy ☐Rental by client with other ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	☐ Client doesn't know ☐ Client refused
Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)? ☐ 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	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ 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	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)** ☐ 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 housing situation less than 7 nights?** ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)	☐ Client doesn't know ☐ Client refused

	Did you stay in the institutional situation less than 90 days? ☐ Yes (If YES – Complete SECTION III) ☐ No (If NO – End Homeless History Interview)		
☐ **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)	☐ Client doesn't know ☐ Client refused

On the night <u>before your previous stay</u>, was that on the streets, in an Emergency Shelter, or Safe Haven? ☐ No ☐ Yes	Approximate start of homelessness: ☐☐/☐☐/☐☐☐☐
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 refused	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 refused
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 refused
If Yes, are you currently fleeing? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

In the last 2 years, have you lived anywhere other than this county/community?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
Where did you move from?	☐ A different Kentucky County ☐ Another part of the US ☐ Other
If a different Kentucky County, please specify:	
If Another part of the US, please specify state:	
If other location, please specify:	

Did you have housing when you came to this county/community?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
What is the primary reason you came to this county/community?	☐ Access to service and resources ☐ Fleeing an abusive situation ☐ Job Opportunities ☐ Other ☐ Client refused

HOPWA Project: Medical Assistance
Receiving Public HIV/AIDS Medical Assistance? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
If No, reason (for not receiving HIV/AIDS medical assistance)? ☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused
Receiving AIDS Drug Assistance Program (ADAP)? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
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 refused
Receiving Ryan White funded Medical or Dental Assistance? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused
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 refused
Has the participate been prescribed anti-retrovial drugs? ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused

HIV/AIDS	
Start Date: ☐☐/☐☐/☐☐	**End Date:** ☐☐/☐☐/☐☐
If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?	☐ Yes ☐ No ☐ Client refused
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 refused ☐ Data not collected
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:**