

Agency Name: \_\_\_\_\_



## CLARITY HMIS: HUD-HOPWA PROJECT INTAKE FORM

Use block letters for text and bubble in the appropriate circles.  
Please complete a separate form for each household member.

**PROJECT START DATE** *[All Clients]*

		/			/				
Month			Day			Year			

**SOCIAL SECURITY NUMBER** *[All Clients]*

			-			-				
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**QUALITY OF SOCIAL SECURITY**

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**TRANSLATION ASSISTANCE NEEDED?** *[Head of Household]*

<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 TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE**

<input type="radio"/>	English	<input type="radio"/>	Korean
<input type="radio"/>	Spanish	<input type="radio"/>	Russian
<input type="radio"/>	Chinese (Cantonese)	<input type="radio"/>	Samoan
<input type="radio"/>	Chinese (Mandarin)	<input type="radio"/>	Tigrinya
<input type="radio"/>	Filipino (Tagalog)	<input type="radio"/>	Vietnamese
<input type="radio"/>	Amharic	<input type="radio"/>	American Sign Language (ASL)
<input type="radio"/>	Arabic	<input type="radio"/>	<i>Insert language option</i>
<input type="radio"/>	French	<input type="radio"/>	<i>Insert language option</i>
<input type="radio"/>	Hindi	<input type="radio"/>	<i>Insert language option</i>
<input type="radio"/>	Japanese	<input type="radio"/>	<i>Insert language option</i>
<input type="radio"/>	Different Preferred Language ( <i>specify</i> ):	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client prefers not to answer
		<input type="radio"/>	Data not collected

**CURRENT NAME** *[All Clients]*

																	N/A				
Last																				○	
First																					○
Middle																					○
Suffix																					○

**QUALITY OF CURRENT NAME**

<input type="radio"/> Full name reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Partial, street name, or code name reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**DATE OF BIRTH [All Clients]**

		/			/				Age:
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**QUALITY OF DATE OF BIRTH**

<input type="radio"/> Full DOB reported	<input type="radio"/> Client doesn't know
<input type="radio"/> Approximate or partial DOB reported	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected

**GENDER [All Clients]**

<input type="radio"/> Woman (Girl, if child)	<input type="radio"/> Questioning
<input type="radio"/> Man (Boy, if child)	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="radio"/> Client doesn't know
<input type="radio"/> Transgender	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Non-Binary	<input type="radio"/> Data not collected

**WHAT IS THE APPROPRIATE PRONOUN TO USE WHEN ADDRESSING THE CLIENT**

<input type="radio"/> She/her	<input type="radio"/> Questioning
<input type="radio"/> He/him	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> They/Them	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**WHAT IS THE CLIENT'S SELF DESCRIBED SEXUAL ORIENTATION OR SEXUAL IDENTITY**

[All Clients over age 11]

<input type="radio"/> Straight / Heterosexual	<input type="radio"/> Questioning
<input type="radio"/> Bisexual	<input type="radio"/> Different Identity ( <i>specify</i> ):
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Client doesn't know
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**WHAT SEX WAS THE CLIENT ASSIGNED AT BIRTH [Clients Over the age of 11]**

<input type="radio"/> Female	<input type="radio"/> Not Listed, Specify:
<input type="radio"/> Male	<input type="radio"/> Declined / Not Stated
<input type="radio"/> Gay / Lesbian / Same-Gender Loving	<input type="radio"/> Question / Not Asked
<input type="radio"/>	<input type="radio"/> Client prefers not to answer
<input type="radio"/>	<input type="radio"/> Data not collected

**RACE AND ETHNICITY (Select all applicable) [All Clients]**

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Data not collected

**VETERAN STATUS [All Adults]**

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

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>	
<b>Year separated from military service (year)</b>	
<b>Theater of Operations: World War II</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>Theater of Operations: Korean War</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>Theater of Operations: Vietnam War</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected
<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<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
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<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
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<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
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<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

<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Space Force
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<input type="radio"/>	Coast Guard		
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**ENROLLMENT CoC** *[only if multiple CoC's]* \_\_\_\_\_

**WHEN CLIENT WAS ENGAGED** *[Street Outreach Only]*

<b>Date of Engagement:</b>	____/____/____
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**IN PERMANENT HOUSING** *[Permanent Housing Projects, for Head of Household]*

<input type="radio"/>	No	<input type="radio"/>	Yes
<b>IF "YES" TO PERMANENT HOUSING</b>			
<b>Housing Move-In Date:</b>	____/____/____		

**LIVING SITUATION TYPE OF RESIDENCE** *[Head of Household and Adults]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	<input type="radio"/>	Host Home (non-crisis)
<input type="radio"/>	Safe Haven	<input type="radio"/>	Staying or living in a friend's room, apartment, or house
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with ongoing housing subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Owned by client, with on-going housing subsidy
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Data not collected
<b>IF "RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY" – SPECIFY:</b>			
<input type="radio"/>	GPD TIP housing subsidy	<input type="radio"/>	Emergency Housing Voucher
<input type="radio"/>	VASH Housing subsidy	<input type="radio"/>	Family Unification Program Voucher (FUP)
<input type="radio"/>	RRH or equivalent subsidy	<input type="radio"/>	Foster Youth to Independence Initiative (FYI)
<input type="radio"/>	HCV voucher (tenant or project based) (not dedicated)	<input type="radio"/>	Permanent Supportive Housing
<input type="radio"/>	Public Housing Unit	<input type="radio"/>	Other permanent housing dedicated for formerly homeless persons
<input type="radio"/>	Rental by client, with other ongoing housing subsidy		

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS** *[TH, PH]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS** *[Institutional Housing Situations]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN**  
*[Head of Household and Adults]*

<input type="radio"/> Yes	<input type="radio"/> No
<b>Approximate Date This Episode of Homelessness Started</b>	____/____/____
<b>Number of <i>times</i> the client has been on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One Time	<input type="radio"/> Client doesn't know
<input type="radio"/> Two Times	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Three Times	<input type="radio"/> Data not collected
<input type="radio"/> Four or More Times	
<b>Total Number of <i>Months</i> homeless on the streets, ES, or Safe Haven in the last 3 years</b>	
<input type="radio"/> One month (this time is the first month)	<input type="radio"/> Client doesn't know
<input type="radio"/> 2-12 months (specify number of months): _____	<input type="radio"/> Client prefers not to answer
<input type="radio"/> More than 12 months	<input type="radio"/> Data not collected

**HAVE YOU EVER BEEN HOMELESS IN SAN FRANCISCO?**  
*[Head of Household or Over the age of 17]*

<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:	
How many years:	Months:

**HAVE YOU EVER BEEN HOMELESS OUTSIDE OF SAN FRANCISCO?**  
*[Head of Household or Over the age of 17]*

<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
How many years:	Months:

**LAST PERMANENT ZIP CODE**

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**QUALITY OF ZIPCODE**

<input type="radio"/> Full or Partial Zip Code Reported
<input type="radio"/> Client Doesn't Know
<input type="radio"/> Client prefers not to answer

**DISABLING 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

**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
<b>IF "YES" TO PHYSICAL DISABILITY – SPECIFY</b>	
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

**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
<b>IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY</b>	
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

**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
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>	
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

**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
<b>IF "YES" TO HIV-AIDS – SPECIFY</b>	
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

**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
<b>IF "YES" TO MENTAL HEALTH DISORDER – SPECIFY</b>	
<input type="radio"/> No	<input type="radio"/> Client doesn't know

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
		<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	

<b>Are you currently fleeing?</b>	<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"/> CalWORKS	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> CAAP	
<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 ( <i>specify</i> ):	
<input type="radio"/> Worker's Compensation			

**Total Monthly Income for Individual:**

**NON-CASH BENEFITS**

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>	
<input type="radio"/> CalFresh	<input type="radio"/> CalWORKs Childcare Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> CalWORKs Transportation Services
<input type="radio"/> Other (specify):	<input type="radio"/> Other CalWORKs-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
<b>IF "YES" TO HEALTH INSURANCE &amp; REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)</b>	
<input type="radio"/> Medi-Cal	<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

○ Employer Provided Health Insurance	○ 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
	○ Data not collected
○ Health Insurance Obtained through COBRA	○ 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
	○ Data not collected
○ Private Pay Health Insurance	○ 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
	○ Data not collected
○ State Health Insurance for Adults	○ 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
	○ Data not collected
○ Indian Health Services Program	○ 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
	○ Data not collected
○ Other Health Insurance (specify)	

**IF "YES" TO HIV-AIDS:**

**Receiving AIDS Drug Assistance Program (ADAP)**

○ No	○ Client doesn't know
○ Yes	○ Client prefers not to answer
	○ Data not collected
<b>IF "NO" TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON</b>	
○ Applied; decision Pending	○ Client doesn't know
○ Applied; client not eligible	○ Client prefers not to answer
○ Client did not apply	○ Data not collected
○ 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
<b>IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON</b>	
<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	

**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

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**Signature of applicant stating all information is true and correct      Date**