

HMIS # _____
Client Name _____
Staff Name _____
Date _____

Santa Cruz County HMIS – HOPWA Child Status Update and/or Annual Assessment

A service provider must complete a HOPWA Child Status Update Assessment every 90 days a child client has been enrolled in a HOPWA-funded program, regardless of whether their information has changed. After the client has been enrolled in the program for 1 year, the service provider must complete a HOPWA Child Annual Assessment in lieu of a Status Assessment. This form can be used for either the Status Assessment or Annual Assessment because the same information is collected, however, please be sure to select the appropriate Assessment type when entering this data into the HMIS. A separate HOPWA Status and/or Annual Assessment Form must be completed for each child member of the household (non-Head of Household). A separate HOPWA Status and/or Annual Assessment Form must be completed for adult clients and the Head of Household as well, but please be sure to use the HOPWA Adult Status and/or Annual Assessment Form.

Project Status Update Date

		/			/				
Month			Day			Year			

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.

<p>1) Does the client have a Physical Disability?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>2) Does the client have a Developmental Disability?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>3) Does the client have a Chronic Health Condition?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>4) Does the client have HIV – AIDS?</p> <p><i>If Yes, please be sure to answer the required HIV/AIDS questions below.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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<p>5) Does the client have a Mental Health Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>6) Does the client have any Substance Use Disorder?</p> <p><i>If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> No <input type="checkbox"/> Alcohol use disorder <input type="checkbox"/> Drug use disorder <input type="checkbox"/> Both Alcohol & Drug Abuse Use Disorders	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

Health Insurance

<p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<p>If Yes, type(s) of insurance(s) and reason(s) not covered:</p> <p><i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Medicare <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

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	<input type="checkbox"/> Veteran's Health Administration (VHA) <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Employer-Provided Health Insurance <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Health Insurance Obtained Through COBRA <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Private Pay Health Insurance <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> State Health Insurance for Adults <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Indian Health Services Program <ul style="list-style-type: none"> <input type="checkbox"/> Applied; Decision Pending <input type="checkbox"/> Applied; Client Not Eligible <input type="checkbox"/> Client Did Not Apply <input type="checkbox"/> Insurance Type N/A for this Client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Other Health Insurance If Other Specify: _____

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Medical Assistance [All Household Members with HIV/AIDS]

<p>Is the client receiving AIDS Drug Assistance Program (ADAP)?</p> <p>If No for “Receiving AIDS Drug Assistance Program (ADAP),” please select the appropriate reason:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
<p>Is the client receiving AIDS Drug Assistance Program (ADAP)?</p> <p>If No for “Receiving AIDS Drug Assistance Program (ADAP),” please select the appropriate reason:</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>

T-cell (CD4) and Viral Load [All Household Members with HIV/AIDS]

<p>T-Cell (CD4) Count Available?</p> <p>If Yes to “T-Cell (CD4) Count Available,” then please collect the T-cell Count number: <i>Integer between 0-1500</i></p> <p>If a number is entered in the T-Cell (CD4) count, then how was the information obtained?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>
<p>Viral Load Information Available?</p> <p>If “Viral Load Information Available,” then please collect the Viral Load Count: <i>Integer between 0-999999</i></p> <p>If a number is entered in the Viral Load count, then how was the information obtained?</p>	<p><input type="checkbox"/> Not Available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <hr/> <p><input type="checkbox"/> Medical Report <input type="checkbox"/> Client Report <input type="checkbox"/> Other</p>

Prescribed Anti-Retroviral [All Household Members with HIV/AIDS]

<p>Has the participant been prescribed anti-retroviral drugs?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer</p>
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