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 DayYear

TRANSLATION ASSISTANCE NEEDED? *[Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

IF “YES” TO TRANSLATION ASSISTANCE NEEDED – INDICATE PREFERRED LANGUAGE

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Spanish | ○ | Amharic |
| ○ | Tagalog | ○ | Thai |
| ○ | Arabic | ○ | French |
| ○ | Chinese | ○ | Persian / Farsi |
| ○ | English | ○ | Ukrainian |
| ○ | Korean | ○ | Russian |
| ○ | Vietnamese | ○ | German |
| ○ | Japanese | ○ | Samoan |
| ○ | American Sign Language |  |  |
| ○ | Different Preferred Language (*specify*): | ○ | Client doesn’t know |
| ○ | Client prefers not to answer |
| ○ | Data not collected |

SOCIAL SECURITY NUMBER​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *­* |  |  | *­* |  |  |  |  |

QUALITY OF SOCIAL SECURITY

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full SSN reported | ○ | Client doesn’t know |
| ○ | Approximate or partial SSN reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CURRENT NAME *[​All Clients]* | | | | | | | | | | | | | | | | | | | N/A |
| Last |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| First |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |
| Suffix |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ○ |

QUALITY OF CURRENT NAME

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full name reported | ○ | Client doesn’t know |
| ○ | Partial, street name, or code name reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

DATE OF BIRTH​ ​*[All Clients]*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | */* |  |  | */* |  |  |  |  | Age: |

Month DayYear

QUALITY OF DATE OF BIRTH

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Full DOB reported | ○ | Client doesn’t know |
| ○ | Approximate or partial DOB reported | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

PRONOUNS [*All Clients*]

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | She/Her/Hers | ○ | Other: |
| ○ | He/Him/His | ○ | Client doesn’t know |
| ○ | They/Them/Theirs | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

GENDER​ *​[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Woman (Girl, if child) | ○ | Questioning |
| ○ | Man (Boy, if child) | ○ | Different Identity (*specify*): |
| ○ | Culturally Specific Identity (e.g., Two-Spirit) | ○ | Client doesn’t know |
| ○ | Transgender | ○ | Client prefers not to answer |
| ○ | Non-Binary | ○ | Data not collected |

WHAT SEX WERE YOU ASSIGNED AT BIRTH, SUCH AS ON YOUR ORIGINAL BIRTH CERTIFICATE?

|  |  |
| --- | --- |
| ○ | Male |
| ○ | Female |
| ○ | Prefer not to disclose |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | American Indian, Alaska Native, or Indigenous | ○ | Native Hawaiian or Pacific Islander |
| ○ | Asian or Asian American | ○ | White |
| ○ | Black, African American, or African | ○ | Client doesn’t know |
| ○ | Hispanic/Latina/e/o | ○ | Client prefers not to answer |
| ○ | Middle Eastern or North African | ○ | Data not collected |

ADDITIONAL RACE AND ETHNICITY DETAIL

|  |  |
| --- | --- |
| ○ |  |

ZIP CODE OF LAST ADDRESS [*Head of Household*]

|  |  |
| --- | --- |
| ○ |  |

VETERAN STATUS​ ​*[All Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

IF “YES” TO VETERAN STATUS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year entered military service (year) | | |  | | |
| Year separated from military service (year) | | |  | | |
| Theater of Operations: World War II | | | | | |
| ○ | | No | | ○ | Client doesn’t know |
| ○ | | Yes | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| Theater of Operations: Korean War | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| Theater of Operations: Vietnam War | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| Theater of Operations: Persian Gulf War (Desert Storm) | | | | | |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| Theater of Operations: Afghanistan (Operation Enduring Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| Theater of Operations: Iraq (Operation Iraqi Freedom) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| Theater of Operations: Iraq (Operation New Dawn) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| Theater of Operations: Other peace­keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Branch of the Military | | | | |
| ○ | | Army | ○ | Space Force |
| ○ | | Air Force | ○ | Client doesn’t know |
| ○ | | Navy | ○ | Client prefers not to answer |
| ○ | | Marines | ○ | Data not collected |
| ○ | | Coast Guard |  | |
| Discharge Status | | | | |
| ○ | Honorable | | ○ | Uncharacterized |
| ○ | General under honorable conditions | | ○ | Client doesn’t know |
| ○ | Other than honorable conditions (OTH) | | ○ | Client prefers not to answer |
| ○ | Bad Conduct | | ○ | Data not collected |
| ○ | Dishonorable | |  | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Self | ○ | Head of household - other relation to member |
| ○ | Head of household’s child | ○ | Other: non­relation member |
| ○ | Head of household’s spouse or partner |  | |

CLIENT LOCATION

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | NV-500 | ○ | NV-502 |
| ○ | NV-501 | ○ | Bitfocus |
| **If NV-500, Indicate Jurisdiction** | | | |
| ○ | Not Applicable | ○ | Las Vegas-Downtown |
| ○ | Client doesn’t know | ○ | Las Vegas-Fremont |
| ○ | Client prefers not to answer | ○ | Las Vegas-Symphony Park |
| ○ | Data not collected | ○ | Las Vegas-Hope Corridor |
| ○ | Unincorporated Clark County | ○ | Las Vegas-Other |
| ○ | Boulder City | ○ | Henderson |
| ○ | Other SN Jurisdiction (*specify*): | ○ | City of North Las Vegas |

IN PERMANENT HOUSING *​[Permanent Housing Projects, for Head of Household]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |
| IF “YES” TO PERMANENT HOUSING | | | |
| Housing Move-In Date: | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |

PRIOR LIVING SITUATION

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) | ○ | Hotel or motel paid for without emergency shelter voucher |
| ○ | Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter | ○ | Host Home (non-crisis) |
| ○ | Safe Haven | ○ | Staying or living in a friend’s room, apartment, or house |
| ○ | Foster care home or foster care group home | ○ | Staying or living in a family member’s room, apartment or house |
| ○ | Hospital or other residential non­psychiatric medical facility | ○ | Rental by client, no ongoing housing subsidy |
| ○ | Jail, prison or juvenile detention facility | ○ | Rental by client, with ongoing housing subsidy |
| ○ | Long-term care facility or nursing home | ○ | Owned by client, with on­going housing subsidy |
| ○ | Psychiatric hospital or other psychiatric facility | ○ | Owned by client, no on­going housing subsidy |
| ○ | Substance abuse treatment facility or detox center | ○ | Client doesn’t know |
| ○ | Transitional housing for homeless persons (including homeless youth) | ○ | Client prefers not to answer |
| ○ | Residential project or halfway house with no homeless criteria | ○ | Data not collected |

|  |  |  |  |
| --- | --- | --- | --- |
| IF “RENTAL BY CLIENT, WITH ONGOING HOUSING SUBSIDY” – SPECIFY: | | | |
| ○ | GPD TIP housing subsidy | ○ | Emergency Housing Voucher |
| ○ | VASH Housing subsidy | ○ | Family Unification Program Voucher (FUP) |
| ○ | RRH or equivalent subsidy | ○ | Foster Youth to Independence Initiative (FYI) |
| ○ | HCV voucher (tenant or project based) (not dedicated) | ○ | Permanent Supportive Housing |
| ○ | Public Housing Unit | ○ | Other permanent housing dedicated for formerly homeless persons |
| ○ | Rental by client, with other ongoing housing subsidy |

LENGTH OF STAY IN PRIOR LIVING SITUATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | One night or less | ○ | One month or more, but less than 90 days | ○ | Client doesn’t know |
| ○ | Two to six nights | ○ | 90 days or more, but less than one year | ○ | Client prefers not to answer |
| ○ | One week or more, but less than one month | ○ | One year or longer | ○ | Data not collected |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

LENGTH OF STAY LESS THAN 90 DAYS [*Institutional Housing Situations]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Yes |

ON THE NIGHT BEFORE – STAYED ON THE STREETS, EMERGENCY SHELTER, SAFE HAVEN *[Head of Household and Adults]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | Yes | ○ | | No |
| Approximate Date This Episode of Homelessness Started | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |
| Number of *times* the client has been on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One Time | ○ | | Client doesn’t know |
| ○ | Two Times | ○ | | Client prefers not to answer |
| ○ | Three Times | ○ | | Data not collected |
| ○ | Four or More Times |  | | |
| Total Number of *Months* homeless on the streets, ES, or Safe Haven in the last 3 years | | | | |
| ○ | One month (this time is the first month) | ○ | | Client doesn’t know |
| ○ | 2­12 months (specify number of months): \_\_\_\_\_\_\_\_ | ○ | | Client prefers not to answer |
| ○ | More than 12 months | ○ | | Data not collected |

DISABLING CONDITION ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

PHYSICAL DISABILITY ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO PHYSICAL DISABILITY – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

DEVELOPMENTAL DISABILITY ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

CHRONIC HEALTH CONDITION ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO CHRONIC HEALTH CONDITION – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

HIV-AIDS ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

MENTAL HEALTH DISORDER ​*[All Clients]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO MENTAL HEALTH DISORDER – SPECIFY | | | | | |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SUBSTANCE USE DISORDER ​*[All Clients]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | | No | | | ○ | Client doesn’t know |
| ○ | | Alcohol use disorder | | | ○ | Client prefers not to answer |
| ○ | Drug use disorder | | | | ○ | Data not collected |
| ○ | 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? | | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

SURVIVOR OF DOMESTIC VIOLENCE *​[Head of Household and Adults]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ | No | | | ○ | Client doesn’t know |
| ○ | Yes | | | ○ | Client prefers not to answer |
|  | | | | ○ | Data not collected |
| IF “YES” TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED | | | | | |
| ○ | Within the past three months | | | ○ | Client doesn’t know |
| ○ | Three to six months ago (excluding six months exactly) | | | ○ | Client prefers not to answer |
| ○ | Six months to one year ago (excluding one year exactly) | | | ○ | Data not collected |
| ○ | One year ago or more | | |  | |
| Are you currently fleeing? | | ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  |  | ○ | Data not collected |

INCOME FROM ANY SOURCE *​[Head of Household and Adults]*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ○ | No | | ○ | | Client doesn’t know | |
| ○ | Yes | | ○ | | Client prefers not to answer | |
|  | | | ○ | | Data not collected | |
| IF “YES” TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY | | | | | | |
| Income Source | | Amount | | Income Source | | Amount |
| ○ | Earned Income |  | | ○ | Temporary Assistance for Needy Families (TANF) |  |
| ○ | Unemployment Insurance |  | | ○ | General Assistance (GA) |  |
| ○ | Supplemental Security Income (SSI) |  | | ○ | Retirement income from Social Security |  |
| ○ | Social Security Disability Insurance (SSDI) |  | | ○ | Pension or retirement income from a former job |  |
| ○ | VA Service-Connected Disability Compensation |  | | ○ | Child support |  |
| ○ | VA Non-Service-Connected Disability Pension |  | | ○ | Alimony and other spousal support |  |
| ○ | Private disability insurance |  | | ○ | Other income source *(specify):* |  |
| ○ | Worker’s Compensation |  | |
| Total Monthly Income for Individual: | | | | | | |

RECEIVING NON-CASH BENEFITS​ *​[Head of Household and Adults]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| IF “YES” TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY | | | |
| ○ | Supplemental Nutrition Assistance Program (SNAP) | ○ | TANF Child Care Services |
| ○ | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | ○ | TANF Transportation Services |
| ○ | Other (specify): | ○ | Other TANF-funded services |

COVERED BY HEALTH INSURANCE ​*[All Clients]*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| IF “YES” TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S) | | | |
| ○ | MEDICAID | ○ | 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 |
| ○ | MEDICARE | ○ | 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 Children’s Health Insurance (SCHIP) | ○ | 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 |
| ○ | Veteran’s Health Administration (VHA) | ○ | 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | 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 |
| ○ | Anthem | ○ | 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 |
| ○ | HPN | ○ | 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Molina | ○ | 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 |
| ○ | SilverSummit | ○ | 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 (specify): | | |

EDUCATION STATUS

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Not currently enrolled in any school or educational course | ○ | Client doesn’t know |
| ○ | Currently enrolled but NOT attending regularly (when school or the course is in session) | ○ | Client prefers not to answer |
| ○ | Currently enrolled and attending regularly (when school or the course is in session) | ○ | Data not collected |
| **IF “NOT CURRENTLY ENROLLED” - MOST RECENT EDUCATIONAL STATUS** | | | |
| ○ | K12: Graduated from high school | ○ | Higher education: Pursuing a credential but not currently attending |
| ○ | K12: Obtained GED | ○ | Higher education: Dropped out |
| ○ | K12: Dropped out | ○ | Higher education: Obtaining a credential/degree |
| ○ | K12: Suspended | ○ | Client doesn’t know |
| ○ | K12: Expelled | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| **IF “CURRENTLY ENROLLED” - CURRENT EDUCATIONAL STATUS** | | | |
| ○ | Pursuing a high school diploma or GED |  | Pursuing other post-secondary credential |
| ○ | Pursuing Associate’s Degree |  | Client doesn’t know |
| ○ | Pursuing Bachelor’s Degree |  | Client prefers not to answer |
| ○ | Pursuing Graduate Degree |  | Data not collected |
| ○ | Name of School (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **VOCATIONAL TRAINING OR APPRENTICESHIP?** | | | |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

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 |
| IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) – SPECIFY REASON | | | |
| ○ | 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

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |
| IF “NO” TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE – SPECIFY REASON | | | |
| ○ | 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 |  | |

T-cell (CD4) Count Available

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

T-cell Count (Integer between 0-1500): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Was the Information Obtained?

|  |  |  |
| --- | --- | --- |
| ○ | | Medical Report |
| ○ | | Client report |
| ○ | Other (specify) | |

Viral Load Information Available

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ○ | | Not available | ○ | Client doesn’t know |
| ○ | | Available | ○ | Client prefers not to answer |
| ○ | Undetectable | | ○ | Data not collected |

Count (Integer between 0-999999): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 How Was the Information Obtained?

|  |  |  |
| --- | --- | --- |
| ○ | | Medical Report |
| ○ | | Client report |
| ○ | Other (specify) | |

Has the participant been prescribed anti-retroviral drugs?

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | No | ○ | Client doesn’t know |
| ○ | Yes | ○ | Client prefers not to answer |
|  | | ○ | Data not collected |

SEXUAL ORIENTATION

|  |  |  |  |
| --- | --- | --- | --- |
| ○ | Heterosexual | ○ | Other |
| ○ | Gay | *If Other please specify:* | |
| ○ | Lesbian | ○ | Client doesn’t know |
| ○ | Bisexual | ○ | Client prefers not to answer |
| ○ | Questioning/Unsure | ○ | Data not collected |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant stating all information is true and correct Date