COHMIS

HOPWA Intake Form

SOCIAL SECURITY NUMBER (SSN)	☐☐☐-☐☐-☐☐☐☐
QUALITY OF SSN	☐ Full SSN reported ☐ Approximate/partial SSN reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
CLIENT NAME	
Last:	
First:	
Middle:	Suffix:
QUALITY OF NAME	☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected
DATE OF BIRTH (DOB) (MM/DD/YYYY)	☐☐-☐☐-☐☐☐☐
QUALITY OF DOB	☐ Full DOB reported ☐ Approximate/partial DOB reported ☐ Client doesn't know ☐ Client refused ☐ Data not collected

GENDER

☐ Female
☐ Male
☐ Trans Female (MTF or Male to Female)
☐ Trans Male (FTM or Female to Male)
☐ Gender Non-Conforming (not exclusively male or female)
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RACE

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Client doesn't know
☐ Client refused
☐ Data not collected

ETHNICITY

☐ Non-Hispanic/Non-Latino
☐ Hispanic/Latino
☐ Client doesn't know
☐ Client refused
☐ Data not collected

VETERAN STATUS

☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused
☐ Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD

☐ Self (head of household)
☐ Head of household's child
☐ Head of household's spouse or partner
☐ Head of household's other relation member
☐ Other: non-relation member

PROJECT NAME	
PROJECT START DATE (MM/DD/YYYY)	
Has the client ever experienced homelessness before?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Housing Move-in Date **(PH Only)**	**Zip Code:**

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?) (PICK ONLY 1)*

HOMELESS SITUATION

- ☐ Place not meant for human habitation (vehicle, anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- ☐ Safe Haven

INSTITUTIONAL SITUATION

- ☐ 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 & PERMANENT HOUSING SITUATION

- ☐ 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 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)
- ☐ 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
- ☐ Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- ☐ 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
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

If Client's Prior Living Situation is any of the HOMELESS SITUATION options:

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** episode of homelessness)*

MONTH DAY YEAR

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

- ☐ One time
- ☐ Two times
- ☐ Three times
- ☐ Four or more times
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

- ☐ One month (first time)
- ☐ Two months
- ☐ Three months
- ☐ Four months
- ☐ Five months
- ☐ Six months
- ☐ Seven months
- ☐ Eight months
- ☐ Nine months
- ☐ Ten months
- ☐ Eleven months
- ☐ Twelve months
- ☐ More than 12 months
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

If Client's Prior Living Situation is any INSTITUTIONAL SITUATION:

Length of Stay Less than 90 days?
(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)

☐ No
☐ Yes*

***If YES to Length of Stay Less than 90 days**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?
(On the night before the client's stay of less than 90 days in an institutional setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)

☐ No
☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** episode of homelessness)*

MONTH DAY YEAR

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)
☐ Two months
☐ Three months
☐ Four months
☐ Five months
☐ Six months
☐ Seven months
☐ Eight months
☐ Nine months
☐ Ten months
☐ Eleven months
☐ Twelve months
☐ More than 12 months
☐ Client doesn't know
☐ Client refused
☐ Data not collected

If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION:

Length of Stay Less than 7 nights?
(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)

☐ No
☐ Yes*

***If YES to Length of Stay Less than 7 nights**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?
(On the night before the client's stay of less than 7 nights in a Transitional or Permanent Housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?

☐ No
☐ Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED
*(for the client's **current** episode of homelessness)*

MONTH DAY YEAR

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

☐ One time
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years

☐ One month (first time)
☐ Two months
☐ Three months
☐ Four months
☐ Five months
☐ Six months
☐ Seven months
☐ Eight months
☐ Nine months
☐ Ten months
☐ Eleven months
☐ Twelve months
☐ More than 12 months
☐ Client doesn't know
☐ Client refused
☐ Data not collected

DISABLING CONDITION

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

PHYSICAL DISABILITY

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Physical Disability** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DEVELOPMENTAL DISABILITY

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

CHRONIC HEALTH CONDITION

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Chronic Health Condition** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

HIV/AIDS

☐ No
☐ Yes

☐ Client doesn't know
☐ Client refused
☐ Data not collected

MENTAL HEALTH PROBLEM

☐ No
☐ Yes*

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Mental Health Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

SUBSTANCE ABUSE PROBLEM

☐ No
☐ Alcohol abuse
☐ Drug abuse
☐ Both alcohol and drug abuse

☐ Client doesn't know
☐ Client refused
☐ Data not collected

***If YES for Substance Abuse Problem** *Expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR		
	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES to Domestic Violence Victim/Survivor**		
When did this experience occur?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to twelve months ago (excluding one year exactly) ☐ More than a year ago	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Income from Any Source – Indicate all sources that apply**	
Income Source (Check all that apply)	**Monthly Amount**
☐ Earned Income	
☐ Unemployment Insurance	
☐ Supplemental Security Income (SSI)	
☐ Social Security Disability Insurance (SSDI)	
☐ VA Service-Connected Disability Compensation	
☐ VA Non-Service Connected Disability Pension	
☐ Private Disability Insurance	
☐ Worker's Compensation	
☐ Temporary Assistance for Needy Families (TANF)	
☐ General Assistance (GA)	
☐ Retirement Income from Social Security	
☐ Pension or Retirement Income from a Former Job	
☐ Child Support	
☐ Alimony and Other Spousal Support	
☐ Other Cash Income (Specify: _____)	
Total Monthly Amount	

NON-CASH BENEFITS		
Receiving Non-Cash Benefits?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Receiving Non-Cash Benefits – Indicate all sources that apply**

☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Childcare Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Non-Cash Benefit (Specify source:_____)

HEALTH INSURANCE		
Covered by Health Insurance?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected

***If YES to Covered by Health Insurance – Indicate all sources that apply AND Indicate Reason Not Covered by any Insurance Sources client does not have**

Health Insurance Source	Reason Not Covered by Specific Insurance Source
☐ Medicaid	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ 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 refused ☐ Data not collected
☐ State Children's Health Insurance Program	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected
☐ Veteran's Administration (VA) Medical Services	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ 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 refused ☐ Data not collected

Health Insurance Sources continued on next page →

Health Insurance Source (cont'd)	Reason Not Covered by Specific Insurance Source
☐ 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 refused ☐ 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 refused ☐ 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 refused ☐ 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 refused ☐ Data not collected
☐ Other Health Insurance	(Specify Source: _____)

MEDICAL ASSISTANCE		
Receiving Public HIV/AIDS Medical Assistance?	☐ No* ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If NO for Receiving Public 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 ☐ Data not collected
Receiving AIDS Drug Assistance Program (ADAP)?	☐ No* ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If NO for Receiving AIDS Drug Assistance Program**		
☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client		☐ Client doesn't know ☐ Client refused ☐ Data not collected

T-CELL (CD4) AND VIRAL LOAD		
T-cell (CD4) Count Available?	☐ No ☐ Yes*	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If YES to T-Cell (CD4) Count Available, T-Cell Count (# between 0 – 1500) =**		
If a # is entered in the T-Cell (CD4) count, then how was information obtained?		☐ Medical report ☐ Client report ☐ Other
Viral load information available?	☐ Not available ☐ Available* ☐ Undetectable	☐ Client doesn't know ☐ Client refused ☐ Data not collected
***If Viral Load Information is AVAILABLE, then Count (# between 0 – 999999) =**		
If a # is entered in the Viral Load count, then how was information obtained?		☐ Medical report ☐ Client report ☐ Other

Would you like to share the reasons or factors you feel contributed to your homelessness?	☐ No ☐ Yes*

***If YES please indicate all reasons that apply**

☐ Abuse or violence in my home	☐ Lost a job, could not find work
☐ Alcohol or substance use problems	☐ Medical Expenses
☐ Asked to leave or evicted	☐ Mental health condition
☐ Bad credit	☐ Moved to find work
☐ Client Choice	☐ Problems with public benefits
☐ COVID-19	☐ PTSD
☐ Disabling conditions	☐ Reasons related to my race or ethnicity
☐ Discharged from foster care	☐ Reasons related to my sexual orientation or gender identity
☐ Discharged from jail	☐ Relationship problems or family breakup
☐ Discharged from prison	☐ Traumatic brain injury
☐ Family member or personal illness	☐ Unable to pay rent or mortgage
☐ Language barrier	☐ Unable to pay utilities
☐ Legal problems	☐ Other reason (Please specify:_____)

CONTACT INFORMATION (Optional – entered on the **Contacts** tab)	
Phone number	
Email	

ADDRESS (Optional – entered on the **Locations** tab)			
Street			
City			
State		Zip Code	

Signature of applicant stating all information is true and correct

Date