**HOPWA Program Specific Data Elements Form for HMIS: All Clients** *(Collect information about all household members)*

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * ***Underlined terms*** *have definitions available at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Print a copy to have available.* | **HMIS Tips:**   * *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.* * *EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.* * *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or refused an answer.* |

Program Entry (in HMIS: use Entry/Exit Tab)

|  |
| --- |
| 1. Provider: 2. Type: HUD 3. Project Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year) |

|  |
| --- |
| **HMIS Tips:** *Complete the remaining required questions for EACH household member.* A green circle with a white tick  Description automatically generated *(green check-mark) indicates a household member’s record has been updated.* |

**Translation Assistance Needed?** *(Head of Household) (Complete for clients in all CoC funded projects)*

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

***If yes*, Preferred Language?**

* Acholi
* American Sign Language
* Amharic
* Arabic
* Black American Sign Language
* Bosnian
* Chuukese
* Farsi
* French
* Hmong
* Juba Arabic
* Karen
* Kurmanji
* Laotian
* Marathi
* Moroccan Arabic
* Nepali
* Ojibwe
* Oromo
* Punjabi
* Russian
* Somali
* Spanish
* Spanish Creole
* Sudanese Arabic
* Swahili
* Tigrigna
* Twi
* Ukrainian
* Urdu
* Vietnamese
* ***Different Preferred Language***
* Client doesn't know
* Client prefers not to answer
* Data not collected

**If Different Preferred Language, please specify:**

**HOPWA Specific Elements** *(All Household members with HIV/AIDS)*

|  |
| --- |
| **HIV/AIDS** |
| **a. Start Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** |
| **b. End Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
| **c. If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?** □Yes □No □ DK □ X □ NC |
| **d. If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? (integer 0-1500)** |
| **e. If Yes for HIV/ADIS and a T-Cell count entered above, how was the information obtained?** □ Medical Report □ Client Report □ Other |
| **g. If Yes for HIV/AIDS, does the client have Viral Load Information available?** □ Not Available □ Available □ Undetected □ DK □ X □ NC |
| **h. If Yes for HIV/AIDS and “Viral Load Information” is available, what is the Count? (integer 0-999999)** |
| **i. If Yes for HIV/AIDS and a Viral Load entered above, how was the information obtained?** □ Medical Report □ Client Report □ Other |

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

□ Yes □ No □ DK □ X □ DNC

**If No for “Receiving AIDS Drug Assistance Program (ADAP)” Reason**

□ Applied; Decision Pending □ Applied; Client not eligible □ Client did not apply □ Insurance type N/A for this client □ DK □ X □ DNC

**b. Receiving Ryan White-funded Medical or Dental Assistance**

□ Yes □ No □ DK □ X □ DNC

**If No for “Receiving AIDS Drug Assistance Program (ADAP)” Reason**

□ Applied; Decision Pending □ Applied; Client not eligible □ Client did not apply □ Insurance type N/A for this client □ DK □ X □ DNC

**Has the participant been prescribed anti-retroviral drugs?**

□ Yes □ No □ DK □ X □ DNC

Updates (in HMIS: Entry/Exit Tab: Interims)

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * ***Underlined terms*** *have definitions available at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*. Print a copy to have available.* | **HMIS Tips:**   * *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.* * *EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.* * *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or refused an answer.* |

**Translation Assistance Needed?** *(Head of Household) (Complete for clients in all CoC funded projects)*

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

***If yes*, Preferred Language?**

* Acholi
* American Sign Language
* Amharic
* Arabic
* Black American Sign Language
* Bosnian
* Chuukese
* Farsi
* French
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* Marathi
* Moroccan Arabic
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* Ojibwe
* Oromo
* Punjabi
* Russian
* Somali
* Spanish
* Spanish Creole
* Sudanese Arabic
* Swahili
* Tigrigna
* Twi
* Ukrainian
* Urdu
* Vietnamese
* ***Different Preferred Language***
* Client doesn't know
* Client prefers not to answer
* Data not collected

**If Different Preferred Language, please specify:**

**HOPWA Specific**

|  |
| --- |
| **HIV/AIDS** |
| **a. Start Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** |
| **b. End Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
| **c. If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?** □Yes □No □ DK □ X □ NC |
| **d. If Yes for HIV/AIDS and a T-Cell (CD4) count is available, what is the T-Cell (CD4) count? (integer 0-1500)** |
| **e. If Yes for HIV/ADIS and a T-Cell count entered above, how was the information obtained?** □ Medical Report □ Client Report □ Other |
| **g. If Yes for HIV/AIDS, does the client have Viral Load Information available?** □ Not Available □ Available □ Undetected □ DK □ X □ NC |
| **h. If Yes for HIV/AIDS and “Viral Load Information” is available, what is the Count? (integer 0-999999)** |
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**b. Receiving Ryan White-funded Medical or Dental Assistance**

□ Yes □ No □ DK □ X □ DNC

**If No for “Receiving AIDS Drug Assistance Program (ADAP)” Reason**

□ Applied; Decision Pending □ Applied; Client not eligible □ Client did not apply □ Insurance type N/A for this client □ DK □ X □ DNC

**Has the participant been prescribed anti-retroviral drugs?**

□ Yes □ No □ DK □ X □ DNC

Program Exit (in HMIS: use Entry/Exit Tab)

**Name**:

*First Middle Last Suffix*

|  |
| --- |
| **HMIS Tips:**   * *Complete Exit from the head of household’s record* * *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.* * *EDA to Entry Provider. No need to backdate.* * *Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.* * *If some household members are staying, uncheck the boxes next to their names.* * *After completing the first Exit Data window, Save & Continue to Exit Assessment and answer required questions for each member. A* A green circle with a white tick    Description automatically generated *(green checkmark) indicates a household member’s record has been updated.* |

**Translation Assistance Needed?** *(Head of Household) (Complete for clients in all CoC funded projects)*

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

***If yes*, Preferred Language?**

* Acholi
* American Sign Language
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* Bosnian
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* Somali
* Spanish
* Spanish Creole
* Sudanese Arabic
* Swahili
* Tigrigna
* Twi
* Ukrainian
* Urdu
* Vietnamese
* ***Different Preferred Language***
* Client doesn't know
* Client prefers not to answer
* Data not collected

**If Different Preferred Language, please specify:**

**HOPWA Specific**

*(All Clients)*

**a. Housing Assessment at Exit**

|  |  |
| --- | --- |
| * Able to maintain the housing they had at project Entry | * Client died |
| * Moved to new housing unit | * Client doesn’t know |
| * Moved in with family/friends on a temporary basis | * Client prefers not to answer |
| * Moved in with family/friends on a permanent basis | * Data not collected |
| * Moved to a transitional or temporary housing facility or program | |
| * Client became homeless – moving to a shelter or other place unfit for human habitation | |
| * Jail/prison |  |

**b. If Able to Maintain Housing at entry, Subsidy Information**

|  |
| --- |
| * Without a subsidy |
| * With the subsidy they had at project entry |
| * With an on-going subsidy acquired since project entry |
| * Only with financial assistance other than a subsidy |

**c. If moved to new housing unit, Subsidy Information**

□ With an ongoing subsidy □ Without an on-going subsidy

*(All Household members with HIV/AIDS)*

|  |
| --- |
| **HIV/AIDS** |
| **a. Start Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** |
| **b. End Date \_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
| **c. If Yes for HIV/AIDS, does the client have a T-Cell (CD4) count available?** □Yes □No □ DK □ X □ NC |
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□ Yes □ No □ DK □ X □ DNC