

New Hampshire Continua of Care APR Housing Opportunities for People with AIDS (HOPWA) Intake and Entry Data Collection Form for HMIS

This form is required by HUD for each HOH and adult entering your project.

- | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> BOS TBRA | <input type="checkbox"/> BOS STRMU | <input type="checkbox"/> BOS SSO | <input type="checkbox"/> GNCOC PHP |
| <input type="checkbox"/> MCOC TBRA | <input type="checkbox"/> MCOC STRMU | <input type="checkbox"/> MCOC SSO | |
| <input type="checkbox"/> BOS Housing Info | <input type="checkbox"/> BOS PHP | <input type="checkbox"/> GNCOC TBRA | |
| <input type="checkbox"/> MCOC Housing Info | <input type="checkbox"/> MCOC PHP | <input type="checkbox"/> GNCOC STRMU | |

Refer to the *2014 HUD HMIS Data Standards Version 5.1*, available on the NH-HMIS website www.nh-hmis.org for an explanation of the data elements in this form.

Project entry – Use this form to collect the data elements about a **client** when they *enter* your project. These data elements must reflect the client’s circumstances *on the date of project entry*, regardless of the exact date these data elements are collected or entered into HMIS. The only reason changes should be made to entry information is to correct errors or enter additional information related to project entry that is provided by the client at a later time (e.g., social security number or name change). It is important that data be accurate as of the *Project Entry Date*.

This data must be added to HMIS using the ServicePoint software within three (3) days of client intake.

Important!

Please complete the **HUD COC APR HOPWA Intake and Entry** form for *each client*. If the client is going to receive financial services at entry, fill out the **HOPWA Financial Services Form**. If the client will receive supportive services at entry, fill out the **Supportive Services Form**.

Data Collection and HMIS Instruction Tips:

- In ServicePoint, always set the Entry Data Type to **HUD**.
- In ServicePoint, confirm backdate matches project entry date.
- If a family, complete this form for *each* family member (see the child form on the NH-HMIS website at www.nh-hmis.org).
- Do **not** enter **Client doesn’t know** or **Client refused** unless the client tells you they do not know or they refuse to answer.
- Information Date must match the client’s Project Entry Date.

- Single Client** **Household/ family (complete this form for each client)**

Date form completed: __ - __ - ____

Case Manager’s Name: _____

Client’s Project Entry Date: _____ **Location:** _____

Demographics/Universal Data Elements

In ServicePoint, use ClientPoint Search and the Client Profile tab.

Client First, MI, Last Name, Suffix: _____

- Client Name Data Quality:**
- | | |
|--|--|
| <input type="checkbox"/> Full name reported | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Partial, street name, or code name reported | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

Social Security Number: ____ - ____ - ____

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- Social Security Number Data Quality:**
- Full SSN reported
 - Client does not know or does not have a SSN
 - Partial SSN reported
 - Client Refused
 - Data not collected

Respond "Yes" to Veteran Status if the person is someone who has served on active duty in the armed forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

- US Military Veteran?**
- Yes
 - No
 - Client doesn't know
 - Client Refused
 - Data not collected

- Has client ever received health care benefits from a VA Center? Yes No
- Is client receiving Veteran Services? Yes No
- Is client eligible for Veteran Services? Yes No
- If "No," select reason: Client not interested Client doesn't know
 Data not collected

For all who answered "Yes" for veteran and are not currently serving, select from the following:

- Discharge Type:**
- Honorable
 - General under honorable conditions
 - Under other than honorable conditions
 - Bad conduct
 - Dishonorable
 - Uncharacterized
 - Client doesn't know
 - Client refused
 - Data not collected

Date of Birth: _ _ - _ _ - _ _ _ _

- Date of Birth Type:**
- Full DOB reported
 - Approximate or partial DOB reported
 - Client doesn't know
 - Client Refused
 - Data not collected

Race:

Client may choose up to five.

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

Ethnicity:

Client may choose one.

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

Gender:

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- | | |
|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Transgender female to male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Transgender male to female | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Doesn't identify as male, female, or transgender | <input type="checkbox"/> Data not collected |

Release of Information

Click to display the ROI tab and create a Release of Information. Select **Implied** consent.

Project and APR Entry Assessment

Click to display the Entry/Exit tab, then click the **Add Entry/Exit** button.

In the **Entry Data** dialog box, click to open the **Type** drop down menu, then select **HUD**. Click **Save and Continue**.

Relationship to head of household (HoH):

Choose one.

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> HoH's other relation member (other relation to HoH) |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Other (non-relation member): _____ |
| <input type="checkbox"/> Head of household's spouse or partner | <input type="checkbox"/> Data not collected |

Client Location

Date of information collection: ____/____/____

Select appropriate HUD-assigned CoC Code(s).

- NH-500 Balance of State
- NH-501 Manchester
- NH-502 Nashua

Living Situation: Residence Prior To Project Entry

i In this section you will need to consider the client's residence as of the day before project entry. Please answer the check boxes below, then follow the instructions to the appropriate sub-section.

On the day before project entry, was client living in:

A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interim Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
i If "Yes" to any of the above, please skip down to the Homeless Situation subsection and answer the questions there.	
Foster care home or foster care group home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facility or nursing home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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i If "Yes" to any of the above, please skip down to the Institutional Situation Subsection and answer the questions there.	
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent housing for formerly homeless persons (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with other ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying in a friend's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client doesn't know (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client refused (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data not collected (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
i If "Yes" to any of the above, please skip down to the Transitional and Permanent Housing Situation Subsection and answer the questions there.	

Homeless Situation Subsection
<p>Length of Stay in Previous Place?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year </div> <div style="width: 48%;"> <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> </div>
<p>What is the approximate date the current homeless situation began? ____/____/____</p>
<p>Regardless of where they stayed last night, number of times the client been homeless on the streets, in ES or SH in the past three years, including today?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 22%;"> <input type="checkbox"/> One time <input type="checkbox"/> Client doesn't know </div> <div style="width: 22%;"> <input type="checkbox"/> Two times <input type="checkbox"/> Client refused </div> <div style="width: 22%;"> <input type="checkbox"/> Three times <input type="checkbox"/> Data not collected </div> <div style="width: 22%;"> <input type="checkbox"/> Four or more times </div> </div>
<p>Total number of month homeless on the streets, in ES or SH in the past three years?</p> <p>i If this is the first month, select 1.</p> <div style="display: grid; grid-template-columns: repeat(5, 1fr); gap: 5px;"> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><input type="checkbox"/> 9</div> <div><input type="checkbox"/> 10</div> <div><input type="checkbox"/> 11</div> <div><input type="checkbox"/> 12</div> <div><input type="checkbox"/> More than 12</div> <div><input type="checkbox"/> Client doesn't know</div> <div><input type="checkbox"/> Client refused</div> <div><input type="checkbox"/> Data not collected</div> </div>

i Once this subsection is completed, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip down to the next section.

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Institutional Situation Subsection

Length of stay in previous place?

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

i If length of stay in previous place is MORE than 90 days, client doesn't know, client refused or data not collected, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip down to the next section.

If length of stay in previous place is LESS than 90 days, please answer the following :

On the night before, did the client stay on the streets, in ES or SH? Yes No

i If No, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip down to the next section.

- **If Yes to "on the street, in ES or SH," what is the approximate date homelessness started:**

____/____/____

- **If Yes to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of times the client has been on the streets, in ES or SH in the past three years including today?**

- | | | |
|---|--|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |

- **If Yes to "on the street, in ES or SH," what is the total number of months homeless on the street, in ES or SH in the past three years?**

i If this is the first month, select 1.

- | | | | | |
|---|-----------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> More than 12 | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | | | |

i Once you have completed this subsection, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

Transitional and Permanent Housing Situation Subsection

Length of Stay in Previous Place:

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

i If length of stay in previous place is more than 6 nights, client doesn't know, client refused or data not collected, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to the next section.

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If "length of stay in previous place" is less than seven nights, please answer the following:

On the night before, did you stay on the streets, ES or SH? Yes No

i If No, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

• **If Yes to "on the street, in ES or SH," what is the approximate date homelessness started:**

____/____/____

• **If Yes to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of times the client has been on the streets, in ES or SH in the past three years including today?**

- | | | |
|---|--|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times |
| <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | |

• **If Yes to "on the street, in ES or SH," what is the total number of months homeless on the street, in ES or SH in the past three years?**

i If this is the first month, select 1.

- | | | | | |
|---|-----------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> More than 12 | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | | | | |

Housing Status:

i Housing status as of the day before project entry.

Homelessness and at-risk of homelessness status

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
 - Category 2** -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
 - Category 3** -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
 - Category 4** -- Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
 - At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
- Stably housed** **Client doesn't know** **Client refused** **Data not collected**

Zip Code of Last Permanent Address:

(where client last lived 90 days or more)

Zip Code data quality:

- Full or Partial Client Doesn't Know Client Refused
- Data not collected

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Entry Monthly Income and Non-cash Benefits

Important: Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive. Record income for HOH and adult household members. Income or benefits received by a minor child should be assigned to the HOH.

Monthly Income (Cash)

Date of Information Collection: ___ - ___ - _____

Income from any source? Yes Client doesn't know Data not collected
 No Client refused

Monthly Income (cash) Source:

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Earned income (i.e. employment income) | \$ _____ | <input type="checkbox"/> TANF | \$ _____ |
| <input type="checkbox"/> Unemployment Insurance | \$ _____ | <input type="checkbox"/> Retirement Income from Social Security | \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ _____ | <input type="checkbox"/> Pension or retirement income from former job | \$ _____ |
| <input type="checkbox"/> Social Security Disability Income(SSDI) | \$ _____ | <input type="checkbox"/> Child support | \$ _____ |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | \$ _____ | <input type="checkbox"/> VA Non- Service-Connected Disability Pension | \$ _____ |
| <input type="checkbox"/> Private disability insurance | \$ _____ | <input type="checkbox"/> Alimony or other spousal support | \$ _____ |
| <input type="checkbox"/> Worker's compensation | \$ _____ | <input type="checkbox"/> Other (specify below) | \$ _____ |

If "Other," please specify:

Monthly Income Total \$ _____

Non-Cash Benefits

Important: Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.

Date of information collection: ___ - ___ - _____

Non-cash benefit from any source?

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

If Yes, please select non-cash source(s) and amounts below.

Source	Amount
<input type="checkbox"/> Supplemental Nutrition Assist. Pr. (SNAP/Food Stamps)	\$ _____
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$ _____
<input type="checkbox"/> TANF Child Care services	\$ _____
<input type="checkbox"/> TANF Transportation services	\$ _____
<input type="checkbox"/> Other TANF-funded services	\$ _____
<input type="checkbox"/> Section 8, public housing or rental assistance	\$ _____

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<input type="checkbox"/> Temporary rental assistance	\$
<input type="checkbox"/> Other Source (specify below)	\$
If "Other source," please specify:	
Monthly Non-cash Benefits Total \$ _____	

Percentage (%) of County Median Income

- 0-30% of area median income (extremely low)
- 31-50% of area median income (very low)
- 51-80% of area median income (low)

For the most current list, navigate to <http://www.huduser.org/portal/datasets/fmr.html>

Entry Health Insurance

*In ServicePoint, click to select the **Entry/Exit** tab. Updates are required for children over 18 who are aging into adulthood. Use this adult's form.*

Date of information collection: __ - __ - ____

Is the client covered by health insurance? Yes Client doesn't know Data not collected
 No Client refused

If Yes, please select source(s) below.

Health Insurance Source:

Health Insurance Source	Covered?	If not covered, reason
MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected

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State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Employer-provided health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Health insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Private pay health insurance Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected
Other (Please specify below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Refused <input type="checkbox"/> Data Not Collected

If "Other," please specify:

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Entry Disability

1 Answer for all clients in household, regardless of age.

Does the client have a disabling condition?

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

If yes:

Information/Project Entry Date: ____-____-____

Disability Type

Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.

Physical Disability

Date of information collection: ____/____/____

Physical Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Physical Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Developmental Disability

Date of information collection: ____/____/____

Developmental Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Chronic Health Condition

Date of information collection: ____/____/____

Chronic Health Condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know

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<input type="checkbox"/> Client refused		
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

HIV/AIDS

Date of information collection: ___/___/_____

HIV/AIDS?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Mental Health Problem

Date of information collection: ___/___/_____

Mental Health Problem?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Substance Abuse

Date of information collection: ___/___/_____

Substance Abuse?		
<input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse only	<input type="checkbox"/> Drug abuse only
<input type="checkbox"/> Alcohol and drug abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know

New Hampshire Continua of Care APR Housing Opportunities for People with AIDS (HOPWA) Intake and Entry Data Collection Form for HMIS

This form is required by HUD for each HOH and adult entering your project.

Client refused

T-cell (CD4) and Viral Load

Complete for all household members with HIV/AIDS.

Information Date: _____

Is T-cell (CD4) count available?

No Yes Client doesn't know Client refused Data Not Collected

If "Yes," please note T-cell Count (as a number between 1 and 1500): _____

If T-cell count is provided, how was the data obtained?

Medical Report Client Report Other

Is viral load information available?

Not available Available Undetectable Client refused Data Not Collected

If "Yes," please note viral load (as a number between 1 and 999999): _____

How was the data obtained?

Medical Report Client report Other

Domestic Violence

Is client Victim/Survivor of domestic violence?

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

If Yes, when was most recent occurrence?

Within the past 3 months Client doesn't know
 3-6 months ago Client refused
 6-12 months ago Data not collected
 More than 12 months ago

Is client currently fleeing?

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

Medical Assistance Benefits

Complete for all household members with HIV/AIDS.

Receiving Public HIV/AIDS Medical Assistance?

No Yes Client doesn't know Client refused Data Not Collected

NNew Hampshire Continua of Care

APR Housing Opportunities for People with AIDS (HOPWA) Intake and Entry Data Collection Form for HMIS

If **no**, specify a reason:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Applied; not eligible | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Client refused | |


Receiving AIDS Drug Assistance Program (ADAP)?

- No Yes Client doesn't know Client refused Data Not Collected

If **no**, specify a reason:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Applied, decision pending | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Applied, client not eligible | <input type="checkbox"/> Insurance type N/A for this client | <input type="checkbox"/> Client refused | |

Entry Employment Status

 Employment status is a required element per NH BHHS.	
Information Date ____/____/____	
Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Tenure of employment?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

For TBRA Clients Only

First time homeless?

- Yes No

This form can be found on the NH-HMIS website at: www.nh-hmis.org.