

**New Hampshire Continua of Care  
APR Housing Opportunities for People with AIDS (HOPWA)  
Updates & Annual Assessment Form for HMIS**

This form is required by HUD for each client entering your project.

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

Refer to the *2014 HUD HMIS Data Standards Version 5.1* on the NH-HMIS website at: [www.nh-hmis.org](http://www.nh-hmis.org) for an explanation of the data elements in this form. This form can be found on the NH-HMIS website at: [www.nh-hmis.org](http://www.nh-hmis.org).

**Update** –These data elements represent information that is either collected at multiple points during project enrollment in order to track changes over time (e.g., Income) or is entered to record project activities as they occur (e.g., Services Provided). The *Information Date* must reflect the date on which the information is collected and/or the date for which the information is relevant for reporting purposes and must be accurate, regardless of when it is actually collected or entered into HMIS.

**Annual assessment** – Is a specialized subset of the ‘update’ collection point. The annual assessment must be recorded no more than

30 days before the anniversary of the client’s *Project Entry Date*, regardless of the date of the most recent ‘update’ or ‘annual assessment’, if any [annually]. Information must be accurate as of the *Information Date*.

For HUD-funded programs and HUD reporting purposes, the implementation of ‘annual assessment’ as a data collection stage by vendors is mandatory; the data collection stage must not be inferred from the *Information Date*, although the field must have an *Information Date* recorded with it. In order to be considered reportable to HUD as an annual assessment, data must be stored with a *Data Collection Stage* of ‘annual assessment.’

There must be **only one** record for each data element annually with a *Data Collection Stage* recorded as ‘annual assessment’ associated with any given client and project entry ID within 30 days prior to the anniversary of the client’s *Project Entry Date*. Regardless of whether the responses have changed since project entry or the previous annual assessment, a new record must be created for each subsequent annual assessment such that it is possible to view a history, by date, of the values for each data element.

**Data Collection and HMIS Instruction Tips:**

- Complete updates yearly before your program’s APR is due.
- Only record if the answer has changed since last update.
- Always set the Entry Data Type to “HUD”.
- In ServicePoint, confirm backdate matches project entry date.
- When a child turns 18 during a project stay, the child’s intake assessment must be updated to include responses only required for adults.
- Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.
- Use this form to make updates to client’s information during Project stay and/or for the annual update.
- Required to do annual assessment updates (see definition above).

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Date Form Completed: \_\_ - \_\_ - \_\_\_\_

Client's ID: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

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**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                                  |

<input type="checkbox"/> Updates to information	<input type="checkbox"/> No updates	<input type="checkbox"/> Annual Update for APR
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**Client Profile**

*In ServicePoint use the Entry/Exit tab.*

Client First, MI, Last Name, Suffix: \_\_\_\_\_

Client's ID: \_\_\_\_\_ Household ID: \_\_\_\_\_

*Client ID number is generated by the HMIS system. Household ID number is generated by the HMIS system.*

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Date of information collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Location**

*Choose appropriate HUD-  
assigned CoC code(s):*

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

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## Monthly Cash and Non-Cash Benefit Updates

**HMIS Instructions:**

- \*Info/Project Date: If income source and amount was present at program entry, use program entry date.
- If NEW income source or amount, use actual start date or other date before the end of the report period.
- If income **amount** for a source has changed, in SP, record end date for the old amount one day before the start date of the new amount. Add new income record for that source.
- "Receiving income source" is always "yes," even if the amount/source ends.
- Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.

**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.

**Date of information collection:** \_\_ - \_\_ - \_\_\_\_

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

**Monthly Income (Cash): Sources and Amounts**

<b>Date of information collection:</b> _____	
<b>Income from any source?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>Monthly Income (cash) Source:</b>	<b>Amount:</b>
<input type="checkbox"/> Earned Income (i.e., employment income)	\$
<input type="checkbox"/> Unemployment Insurance	\$
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$
<input type="checkbox"/> VA Non-Service-Connected Disability Compensation	\$
<input type="checkbox"/> Private disability insurance	\$
<input type="checkbox"/> Worker's compensation	\$
<input type="checkbox"/> TANF	\$
<input type="checkbox"/> General Assistance (GA)	\$
<input type="checkbox"/> Retirement Income from Social Security	\$
<input type="checkbox"/> Pension/retirement income from former job	\$
<input type="checkbox"/> Child support	\$
<input type="checkbox"/> Alimony or other spousal support	\$
<input type="checkbox"/> Other source (specify below)	\$
<b>If "other source," please specify source:</b>	
<b>Monthly Income Total:</b> \$ _____	

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Cash income sources recorded at entry that have since **ended** or **changed**:

List below with end dates.

<b>Income Source 1</b> <i>Enter source from table above</i>	<b>End Date</b>	<b>Income Source 2</b> <i>Enter source from table above</i>	<b>End Date</b>	<b>Income Source 3</b> <i>Enter source from table above</i>	<b>End Date</b>
	__-__-____		__-__-____		__-__-____
	__-__-____		__-__-____		__-__-____
	__-__-____		__-__-____		__-__-____
	__-__-____		__-__-____		__-__-____
	__-__-____		__-__-____		__-__-____

**Non-Cash Benefits**

*Ask client whether they receive benefits from EACH source listed rather than asking them to state the sources of income they receive.*

**Receiving income source** response is always **Yes**, even if the amount/source ends.

**Date of information collection:** \_\_-\_\_-\_\_\_\_

**Non-cash benefit from any source?**

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

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

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

**Monthly Non-Cash Benefit Source:**

<b>Source</b>	<b>Amount</b>
<input type="checkbox"/> Supplemental Nutrition Assistance Program (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	\$
<input type="checkbox"/> Temporary rental assistance	\$
<input type="checkbox"/> Other Source (specify below)	\$
If "Other source," please specify:	
<b>Monthly Income Total \$</b> _____	

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Non-Cash Benefit sources recorded at entry that have since **ended** or **changed**:

List below with end dates.

<b>Income Source 1</b> <i>Enter source from table above</i>	<b>End Date</b>	<b>Income Source 2</b> <i>Enter source from table above</i>	<b>End Date</b>	<b>Income Source 3</b> <i>Enter source from table above</i>	<b>End Date</b>
	__-__-__		__-__-__		__-__-__
	__-__-__		__-__-__		__-__-__
	__-__-__		__-__-__		__-__-__
	__-__-__		__-__-__		__-__-__

**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>

**Health Insurance Updates - Interim**

HMIS Instructions:

- Use this table to record new insurance not recorded previously, or if an answer has changed since the last update.
- Health insurance must be recorded in HMIS as an annual assessment, even if there is no change.
- Updates are required for persons aging into adulthood.

Date of information collection: \_\_-\_\_-\_\_

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

**Health Insurance Source:**

If yes, select **Yes** or **No** below to indicate whether the client uses each insurance source, then record the start and end dates for the source if used.

<b>Health Insurance Source</b>	<b>Covered?</b>	<b>If not covered, reason</b>
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

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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
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"/> Client refused	<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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Other (or use local name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know	<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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**If Yes to "Other," please specify source:**

### Disability Updates

*Please supply for all clients, regardless of age. In ServicePoint, use the Entry/Exit tab.*

#### Entry Disability

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: \_\_\_/\_\_\_/\_\_\_\_\_

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

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

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

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

<b>Mental Health Problem?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>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?</b>		



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

<b>Substance Abuse?</b>		
<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
<b>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?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

**Domestic Violence**

Date of information collection: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Domestic Violence Victim/Survivor?**

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

**If Yes for "Domestic Violence Victim/Survivor" is client still fleeing?**

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

**If Yes to "Domestic Violence Victim/Survivor," when experience occurred?**

- Within the past 3 months
- From 3 to 6 months ago
- From 6 months up to (but not including) one year ago
- One year ago or more
- Client doesn't know
- Client refuses
- Date not collected

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**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

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**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

If **no**, specify a reason:

Applied, decision pending    Client did not apply    Client doesn't know    Data Not Collected  
 Applied; not eligible    Insurance type N/A for this client    Client refused

**Receiving AIDS Drug Assistance Program (ADAP)?**

*Record **new** medical assistance not recorded previously, or information that has changed the last update.*

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

If **no**, specify a reason:

Applied, decision pending    Client did not apply    Client doesn't know    Data Not Collected  
 Applied, client not eligible    Insurance type N/A for this client    Client refused

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**Exit 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

**Services Provided**

*Record services that have been provided during the project stay or information that has changed the last update.  
Check all services that apply and the date that service started. If weekly service, must update each time service received.*

Service Type	Date	Service Type	Date
<input type="checkbox"/> Adult day care and personal assistance	__-__-____	<input type="checkbox"/> Life skills training	__-__-____
<input type="checkbox"/> Case Management	__-__-____	<input type="checkbox"/> Mental health care/counseling	__-__-____
<input type="checkbox"/> Child Care	__-__-____	<input type="checkbox"/> Outreach and/or engagement	__-__-____
<input type="checkbox"/> Criminal Justice/Legal Services	__-__-____	<input type="checkbox"/> Substance abuse services/treatment	__-__-____
<input type="checkbox"/> Education	__-__-____	<input type="checkbox"/> Transportation	__-__-____
<input type="checkbox"/> Employment and training services	__-__-____	<input type="checkbox"/> Other HOPWA funded service	__-__-____
<input type="checkbox"/> Food/meals/nutritional services	__-__-____	If 'Other', please specify: _____	
<input type="checkbox"/> Health/medical care	__-__-____		

**Financial Assistance Provided**

*In ServicePoint, use the Services tab.*

*Use this table to record financial assistance that has been provided during project stay, or if an answer has changed since the last update. Record for the **Head of Household** who receives Financial Assistance from HOPWA through Short-Term Rent, Mortgage, Utility Assistance (STRMU).*

Service Type	Date	Amount
<input type="checkbox"/> Rental Assistance- STRMU and PHP	__-__-____	\$
<input type="checkbox"/> Security deposits – PHP only	__-__-____	\$
<input type="checkbox"/> Utility deposits – PHP only	__-__-____	\$
<input type="checkbox"/> Utility payments – STRMU and PHP	__-__-____	\$
<input type="checkbox"/> Mortgage assistance --STRMU	__-__-____	\$
<b>Total Financial Assistance:</b>		\$