

**New Hampshire Continua of Care
APR Housing Opportunities for People with AIDS (HOPWA)
HMIS Supplement for Entry/Update/Annual Assessment/Exit**

HOPWA HMIS REQUIRED HOUSEHOLD MEMBER DATA – Please fill out for EACH household member. ALL members 18 years of age and over must also sign the consent form for HMIS. Please refer to **HMIS Data Standards Manual of July, 2017** (at nh-hmis.org) for further instructions.

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|--|-------------------------------------|--------------------------------------|------------------------------------|
| <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 | |

Record Identifiers	
Client Name:	
Client ID #:	
Head of Household Name:	
Date:	
Case Manager Name:	
Program Entry Date:	

W1 Services Provided -- HOPWA	
<ul style="list-style-type: none"> ✓ <i>Collection is required as update upon client receiving services.</i> ✓ <i>HOPWA requires that all "stayers" at the end of their annual operating year and prior to the generation of their Annual Report (CAPER or APR) enter all services provided through the end of the operating year.</i> 	
Date of service:	
Type of service provided:	<input type="checkbox"/> Adult day care and personal assistance <input type="checkbox"/> Case management <input type="checkbox"/> Child care <input type="checkbox"/> Criminal justice/legal services <input type="checkbox"/> Education <input type="checkbox"/> Employment and training services <input type="checkbox"/> Food/meals/nutritional services <input type="checkbox"/> Health/medical care <input type="checkbox"/> Life skills training <input type="checkbox"/> Mental health care/counseling <input type="checkbox"/> Outreach and/or engagement <input type="checkbox"/> Substance abuse services/treatment <input type="checkbox"/> Transportation <input type="checkbox"/> Other HOPWA funded service

W2 Financial Assistance – HOPWA	
<ul style="list-style-type: none"> ✓ <i>Collection is required as update upon client receiving financial services.</i> 	
Date of financial assistance:	____/____/____
Financial assistance type:	<input type="checkbox"/> Rental assistance <input type="checkbox"/> Security deposits <input type="checkbox"/> Utility deposits <input type="checkbox"/> Utility payments <input type="checkbox"/> Mortgage assistance
Financial assistance amount:	\$ _____

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W3 Medical Assistance	
✓ <i>Collection is required at entry, update and exit.</i>	
Date of Information Collection:	____/____/____
Receiving Public HIV/AIDS Medical Assistance?	<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
(If No for "Receiving Public HIV/AIDS Medical Assistance"), what is the reason?	<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
Receiving AIDS Drug Assistance Program (ADAP)?	<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
(If No for "Receiving AIDS Drug Assistance Program [ADAP]"), what is the reason?	<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

W4 T-Cell (CD4) and Viral Load	
✓ <i>Collection is required at entry, update, annual assessment and exit.</i>	
Date of Information Collection:	____/____/____
Is T-Cell (CD4) count available?	<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
(If a Yes to "T-Cell (CD4) count available") please enter T-Cell count as an integer between 0 – 1,500:	
(If a number is entered for "T-Cell (CD4) count"), how was the information obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other
Is viral load information available?	<input type="checkbox"/> Not available <input type="checkbox"/> Available <input type="checkbox"/> Undetectable <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Date not collected
(If viral load information is available), please enter viral load as an integer between 0 - 999,999:	

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(If a number is entered in the viral load count), how was the information obtained?	<input type="checkbox"/> Medical report <input type="checkbox"/> Client report <input type="checkbox"/> Other
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W5 Housing Assessment at Exit	
<i>✓ Collection is required at exit.</i>	
Date of Information Collection:	
Housing Assessment at Exit:	<input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Client went to jail/prison <input type="checkbox"/> Client died <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>(If Able to maintain the housing they had at project entry for "Housing Assessment at Exit,")</i> please provide subsidy Information:	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
<i>(If Moved to a new housing unit for "Housing Assessment at Exit,")</i> with or without subsidy?	<input type="checkbox"/> With an on-going subsidy <input type="checkbox"/> Without an on-going subsidy

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