

New Hampshire Continua of Care Housing Opportunities for People with AIDS (HOPWA) Program Supportive Services Form for HMIS

This form is required for each client receiving services.

<input type="checkbox"/> BOS HI	<input type="checkbox"/> MCOC PHP	<input type="checkbox"/> BOS TBRA	<input type="checkbox"/> MCOC SSO	<input type="checkbox"/> MCOC TBRA
<input type="checkbox"/> MCOC HI	<input type="checkbox"/> BOS STRMU	<input type="checkbox"/> MCOC TBRA	<input type="checkbox"/> BOS SSO	
<input type="checkbox"/> BOS PHP	<input type="checkbox"/> MCOC STRMU	<input type="checkbox"/> GNCOC STRMU	<input type="checkbox"/> GNCOC PHP	

Use this form to determine the services provided to clients during project participation. Record the Start Date of the services provided for:

- A client (adult or child) with HIV/AIDS to whom they were provided.
- A service that benefits a whole household can be recorded for just the HOH.

The HOPWA Program requires that you update services for all clients (stayers) who are still in your program at the end of the grant operating year, prior to the generation of their Annual Report (APR). Collect and enter this information when supportive services are provided as a one-time transaction and at least once every three (3) months for programs that provide on-going services for consecutive months.

Case Manager's Name: _____

Date Form Completed: ____-____-____

Client's Name: _____

Client ID Number: _____

Client ID number is generated by the HMIS system.

Supportive Services	Date (MM/DD/YYYY)
Adult day care and personal assistance	__-__-__
Case management	__-__-__
Child care	__-__-__
Criminal justice/legal services	__-__-__
Education	__-__-__
Employment and training Services	__-__-__
Food/meals/nutritionals	__-__-__
Health/medical care	__-__-__
Life skills training	__-__-__
Mental health care/counseling	__-__-__
Outreach and/or engagement	__-__-__
Substance Abuse Services/Treatment	__-__-__
Transportation	__-__-__
Other HOPWA-Funded Services	__-__-__

If you need more copies to add services for a client after initial intake, you can find this form online at: www.nh-hmis.org.