

Interim Review Form for HMIS: HOPWA Households

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

Name: _____
First Middle Last Suffix Date of Update

<p>Data Collection Instructions:</p> <ul style="list-style-type: none"> Complete updates annually, within 30 days of the client's Entry anniversary. <u>Underlined terms</u> have definitions provided at hmismn.org. Please print a copy to have available. 	<p>HMIS Tips:</p> <ul style="list-style-type: none"> Use the General HMIS Instructions & your program's (funder) Supplemental User Guide for complete data entry instruction. EDA to Entry provider. No need to backdate. Click on the "Interims" icon next to the correct entry in the Entry/Exit tab Select Annual Assessment for Review Type and enter the date of the review. Check all household members to be updated. Update individual assessments as needed
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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 R 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 recorded 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 R NC

h. If Yes for HIV/AIDS and a Viral Load Information is available, what is the Viral Load? (integer 0-999999) _____

i. If Yes for HIV/AIDS and a Viral Load recorded above, how was the information obtained?
 Medical Report Client Report Other

a. Receiving Public HIV/AIDS Medical Assistance
 Yes No DK R NC

If not receiving Public HIV/AIDS Medical Assistance, Specify Reason

Applied; Decision Pending Applied; Client not eligible Client did not apply Insurance type N/A for this client DK R NC

b. Receiving AIDS Drug Assistance Program (ADAP)

Yes No DK R NC

If not receiving AIDS Drug Assistance Program (ADAP), Specify Reason

Applied; Decision Pending Applied; Client not eligible Client did not apply Insurance type N/A for this client DK R NC

CoC of Service (Head of Household)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> MN-500 Hennepin | <input type="checkbox"/> MN-503 SMAC | <input type="checkbox"/> MN-506 Northwest | <input type="checkbox"/> MN-511 Southwest |
| <input type="checkbox"/> MN-501 Ramsey | <input type="checkbox"/> MN-504 Northeast | <input type="checkbox"/> MN-508 West Central | |
| <input type="checkbox"/> MN-502 Southeast | <input type="checkbox"/> MN-505 Central | <input type="checkbox"/> MN-509 St. Louis | |

Disability Updates (All Clients)

a. Does the client have a disability of long duration?

HMIS Tips: If answer to question (a) is different than recorded at project start, you must update the answer at project start, NOT exit! (Click on the pencil next to project start date)

Household Member Name	Disability of Long Duration?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

b. Newly Identified Disabilities

HMIS Tips: Record a Yes/No/Data not collected response value for each disability type between project start and exit. If there is a change, select the edit pencil next to a disability type to add an end date. (Disability Determination should be “Yes” if the client has the disability and should remain “Yes” even if the disability ends.) Enter a new response value 1 day after end date for that disability type using the Add button. Ensure that the HUD Verification step is complete.

Household Member Name (repeat client name if multiple disabilities are present)	Disability (record # from list below)	Disability determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and impairs ability to live independently?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Use Collection Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC

- | | |
|------------------------------------|--------------------------------|
| 1. <u>Mental Health Problem</u> | 5. Alcohol abuse |
| 2. <u>Physical Disability</u> | 6. Drug abuse |
| 3. <u>Developmental Disability</u> | 7. Both Alcohol and Drug Abuse |
| 4. <u>Chronic Health Condition</u> | 8. HIV/AIDS |

c. Disabilities recorded previously that have since ENDED (not common):

Household Member Name (repeat client name if multiple disabilities have ended)	Disability (enter name from list above)	End date	Household Member Name	Disability (enter name from list above)	End date
		/ /			/ /
		/ /			/ /
		/ /			/ /

Income Sources/Amounts Updates (All Adults and Heads of Household)

a. New Income Sources/Amounts:

Data Collection Instructions: Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.

HMIS Tips: Record a Yes/No/Data not collected response value for each monthly income type between project start and exit. If there is a change, select the edit pencil next to an income type to add an end date. ("Receiving income source" should remain "Yes" even after the income ends.) Enter a new response value 1 day after end date for that income type using the Add button. Ensure that the HUD Verification step is complete

HoH/Adult Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$
2.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$
3.	<input type="checkbox"/> Yes	/ /		\$		/ /	\$	\$

- 1. Earned Income
- 2. Unemployment insurance
- 3. SSI
- 4. SSDI
- 5. VA Service Connected Disability Compensation
- 6. Private disability insurance
- 7. Worker's compensation

- 8. TANF (MFIP)
- 9. General Assistance
- 10. Retirement income from Social Security
- 11. VA Non-Service Connected Disability Pension
- 12. Pension or retirement income from a former job
- 13. Child support
- 14. Alimony or other spousal support
- 15. Other (specify) _____

b. Income sources recorded previously that have since ENDED: List below with end dates:

Household Member Name	Income Source 1 (enter name from list above)	End date	Income Source 2 (enter name from list above)	End date
1.		/ /		/ /
2.		/ /		/ /
3.		/ /		/ /

Non-Cash Benefits Updates (All Adults and Heads of Household)

a. New Non-Cash Benefit Sources:

Data Collection Instructions: Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.

HMIS Tips: Record a Yes/No/Data not collected response value for each non-cash benefit type between project start and exit. If there is a change, select the edit pencil next to a non-cash benefit type to add an end date. ("Receiving benefit?" should remain "Yes" even if the benefit ends.) Enter a new response value 1 day after end date for that non-cash benefit type using the Add button. Ensure that the HUD Verification step is complete.

HoH/Adult Household Member Name	Non-cash benefit from any source	Source 1 (enter # from List Below)	Start Date	Source 2 (enter # from List Below)	Start Date
1.	<input type="checkbox"/> Yes		/ /		/ /
2.	<input type="checkbox"/> Yes		/ /		/ /
3.	<input type="checkbox"/> Yes		/ /		/ /

1. Supplemental Nutrition Assistance Program (Food Stamps)
2. Special supplemental nutrition program (WIC)
3. TANF Child Care Services

4. TANF transportation services
5. Other TANF-Funded Services
6. Other Source (specify)

b. Non-cash benefits recorded previously that have since ENDED: List below with end dates:

Household Member Name	Benefit Source 1 (enter name from list above)	End date	Benefit Source 2 (enter name from list above)	End date
1.		/ /		/ /
2.		/ /		/ /
3.		/ /		/ /

Health Insurance Updates (All Clients)

a. New Health Insurance:

HMIS Tips: Enter new health insurance source using the “Add” button. Ensure that the HUD Verification step is complete. Select the edit pencil next to each health insurance source to add an end date. “Covered?” should remain “Yes” even after the health insurance ends.

Household Member Name	Covered by health insurance	Medicaid (MA)	Medicare	State Children’s Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other	Start Date
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	/ /

b. Health Insurance recorded previously that has since ENDED (not common):

Household Member Name	Health Insurance Source (enter name from list above)	End date	Household Member Name	Health Insurance Source (enter name from list above)	End date
		/ /			/ /
		/ /			/ /
		/ /			/ /

a. Domestic violence victim/survivor? (ever)

(All Adults and Heads of Household)

HoH/Adult Household Member Name

	Yes	No	DK	R	DNC
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If yes for Domestic violence victim/survivor, when experience occurred?

	3-6 months ago	6-12 months ago	More than 1 year ago	DK	R	DNC
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. If yes for domestic violence victim/survivor, currently fleeing?

	Yes	No	DK	R	DNC
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing Move-in Date: ____ / ____ / ____ (Month/Day/Year)

(Permanent Housing Projects only)(Heads of Household (Including Singles and Youth Heads of Household)) (For clients with a Project Start Date in a permanent housing project, enter the date a client or household moves into a permanent housing unit)

***Underlined terms** have definitions provided at hmismn.org. Please print a copy to have available.*