

HOPWA – Entry/Exit Form for HMIS: SINGLE Clients: Also use for additional household members who join later

Data Collection Instructions:

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

HMIS Tips:

- Use the General HMIS Instructions & your program’s (funder) HMIS User Guide for complete data entry instruction.
- EDA to Entry provider. Set backdate when prompted after searching for a client. Date should match project start date.
- If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “don’t know” or “refused” unless the Client doesn’t know or refused an answer.

Demographics (in HMIS: use ClientPoint Search and Client Profile Tab)

Client Information

Name: First: _____ Middle: _____ Last: _____ Suffix: _____

Name Data Quality (Use DQ answer choices): _____

Alias: _____ (add SHARED if client consents to statewide data sharing)

Social Security Number (SSN): _____ SSN Data Quality (Use DQ answer choices): _____

U.S. Military Veteran: Has the client ever served in the military? (18+ only) Yes No DK R DNC

Date of Birth (D.O.B.):*: ____/____/____ D.O.B. Type (Use DQ answer choices): _____

*(D.O.B. Required for ALL clients. If client doesn’t know or refuses to provide DOB, use 01/01/(estimated year of birth) as the birth date.

Data Quality (DQ) Answer Choices:

Full

Approx.- Approximate or Partial

DK- Client doesn’t know

R- Client refused

DNC- Data not collected

(DK, R, and DNC should rarely be used)

Gender:

- Female
- Male
- Trans Female (MTF or Male to Female)
- Trans Male (FTM or Female to Male)
- Gender Non-Conforming (i.e. not exclusively male or female)
- Client doesn’t know
- Client refused
- Data not collected

Race: (Select up to 5 races)

- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Client doesn’t know
 - Client refused
 - Data not collected
- If client does not identify with any race options above, select “Client refused.”*

Ethnicity:

- Non-Hispanic/Non-Latino
 - Hispanic Latino
 - Client doesn’t know
 - Client refused
 - Data not collected
- Hispanic/Latino clients must also choose a race (often white).*

If Native American, of which tribe are you an enrolled member?

- Lower Sioux Indian Community in the State of Minnesota
- Mdewakanton Sioux Indians
- Minnesota Chippewa Tribe - Bois Forte
- Minnesota Chippewa Tribe - Fond du Lac
- Minnesota Chippewa Tribe - Grand Portage
- Minnesota Chippewa Tribe - Leech Lake
- Minnesota Chippewa Tribe - Mille Lacs Band
- Minnesota Chippewa Tribe - White Earth
- Prairie Island Indian Community in the State of Minnesota
- Red Lake Band of Chippewa Indians
- Shakopee Mdewakanton Sioux Community of Minnesota
- Upper Sioux Community
- Other
- Not enrolled member of any tribe
- Client doesn’t know Client refused Data not collected

Agency’s Client ID # (if your agency assigns a unique client ID #) _____

Date of ROI Consent: ____/____/____ (only enter if client consents to statewide data sharing - never override a previously entered date)

If client is joining a household later, please note head of household here: _____

Program Entry (in HMIS: use Entry/Exit Tab)

1. **Provider:** _____ 2. **Type:** HUD 3. **Project Start Date:** ____ / ____ / ____ (Month/Day/Year)

Entry Assessment (IN HMIS: Entry/Exit Tab)

Data Collection Instructions

- All questions refer to the day before project start date.

HMIS Tips

- Add Entry/Exit. Confirm Provider, Type, and Project Start Date. Save & Continue.
- Entry Assessment will appear in a pop-up window.

Section 1. Client Information

Relationship to Head of Household

- Self (single/head of household)
 Head of household's spouse or partner
 Other: non-relation member
 Head of household's child
 Head of household's other relation member
 Data not collected

a. **Covered by health insurance** Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter health insurance using the HUD Verification tool. Start date is the project start date. A response is required for each health insurance type (select Yes/No/DNC).

b. Health Insurance

MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

a. **Does the client have a disability of long duration?** Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter disabilities using HUD Verification. Disability Determination is "Yes" if the client has the disability during the time period. Start date is the project start date.

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
<u>Mental Health Problem</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Project Start Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Physical</u>	<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
<u>Developmental</u>	<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
<u>Chronic Health Condition</u>	<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
Alcohol Abuse	<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
Drug Abuse	<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
Both Alcohol and Drug Abuse	<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
HIV/AIDS	<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

a. Did you serve in the United States Armed Forces? (which includes the Army, Navy, Air Force, Marine Corps, and Coast Guard)? (18+ only)

Yes No DK R DNC (Same as question on Client Profile tab; this question will not be on Entry Assessment, it will only be on profile tab.)

b. Did you serve on Active Duty, or in the National Guard or Reserves? (18+ only) No Yes, National Guard Both Guard and Reserves
 Yes, Active Duty (regardless of Guard and Reserve answers) Yes, Reserves DK R DNC

If yes to questions a or b, answer questions c-h. If no, skip to next question series.

c. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist? Yes No DK R DNC

d. Did you enter Active Duty before 9/7/1980? Yes No DK R DNC

e. For approximately how many months did you serve? _____ (# of months) *Approximate answers OK*

f. What kind of discharge did you have? Honorable or under honorable conditions Dishonorable
 Other than honorable, but not dishonorable DK R DNC

g. Are you receiving VA disability pay? Yes No DK R DNC

h. Has the client been referred to the Homeless Veteran Registry? Yes No DK R DNC

*The Homeless Veteran Registry can be found here: <https://mn.gov/mdva/resources/homelessnessandprevention/homelessveteranregistry.jsp> Anyone who served in the U.S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join, and choosing not to participate will not affect your eligibility for services.

HOPWA Specific Elements

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/AIDS 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

Are you or have you ever been in foster care? (Clients 24 or younger)

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

a. Domestic violence victim/survivor (ever)

Yes
 No
 DK R DNC

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

Within the past 3 months
 3-6 months ago
 6-12 months ago
 More than 1 year ago
 DK R DNC

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

Yes
 No
 DK R DNC

Section 2. Resources

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

HMIS Tips: Enter income using the HUD Verification tool. Start date is the project start date. "Receiving income source" will remain "yes," even if income ends.

b. Monthly Income:

	Monthly amount		Monthly amount
Earned Income	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	General Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Unemployment Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	Retirement Income From Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
SSI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	VA Non-Service Connected Disability Pension	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
SSDI	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	Pension or retirement income from another job	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
VA Service Connected Disability Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Private Disability Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	Alimony or Other Spousal Support	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$	Other (specify) _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$
TANF	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DNC \$		

c. Total monthly income: \$_____.

a. **Non-cash benefit from any source** Yes No Client doesn't know Client refused Data not collected

HMIS Tips: Enter non-cash benefits using the HUD Verification tool. Start date is the project start date. "Receiving benefit" will remain "Yes" even if benefit ends. Do not record an amount for non-cash benefits in HMIS.

b. Non-Cash Benefits

Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	TANF Transportation services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
Special Supplemental Nutrition Program for WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other TANF-Funded services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC	Other Source (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNC

Section 3. Housing Situation

Extent of homelessness by Minnesota's definition on the day before project start date:

- Not currently homeless
- First time homeless AND less than one year without home
- Multiple times homeless, but not meeting long-term homeless definition
- Long term: homeless at least 1 year OR at least 4 times in the past 3 years

Leave any of these? (0-3 months ago) Did the client leave any of the places listed below in the last 3 months before project start date? (If client has left more than one place in the last 3 months, please select the place the client left most recently.)

- Yes (If yes, select the answers below)
- No (if no, continue to the next question)
 - Adoptive Home (from foster care system)
 - Mental Health Treatment Facility or Hospital
 - Residence for People with Physical Disabilities
 - Foster Home (youth only)
 - Drug or Alcohol Treatment Facility
 - Client doesn't know
 - Juvenile Detention Center
 - Combined MI/CD Treatment Facility
 - Client refused
 - County Jail or Workhouse
 - Group Home
 - Data not collected
 - State or Federal Prison
 - Half-way House

A. Type of Residence on Night Before Project Start Date (Pick ONLY ONE under Literally Homeless, Institutional, OR Transitional and Permanent Housing)

Literally Homeless Situation

- Place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing



Institutional Situation

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center



Transitional and Permanent Housing Situation

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent Housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Client doesn't know
- Client refused
- Data not collected



B. Length of Stay at Prior Living Situation (*Literally homeless situation*)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

B. Length of Stay at Prior Living Situation (*Institutional situation*)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

B. Length of Stay at Prior Living Situation (*Transitional and permanent situation*)

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

Skip C. Move to D.

C. If selected an unshaded response, you are done with this series of questions and should move to the next question "How long since client [...]?" on the next page.

If selected one of the shaded response (indicating less than 90 days in institutional setting, or less than 7 days in transitional or permanent housing), on the night before did you stay on the streets, in emergency shelter, or Safe Haven?

- Yes (Move to D)
- No (Done. Move to the next question "How long since client [...]?" on the next page.)

D. Approximate date homelessness started ____/____/____

E. Number of times the client has been on the streets, in emergency shelter, or Safe Haven in the past three years (including today)

- 1 time 2 times 3 times 4 or more times Client doesn't know Client refused

F. Total number of months homeless on the street, in emergency shelter, or Safe Haven in the past 3 years

- 1 month (this time is the first) 2 months 3 months 4 months 5 months 6 months 7 months 8 months
 9 months 10 months 11 months 12 months More than 12 months Client doesn't know Client refused

a. How long since client had permanent place to live (permanent address)? *Place last lived 90 or more days; not shelter or time-limited housing*

- | | | |
|---|--|--|
| <input type="checkbox"/> 0 (Prevention/Current Residence) | <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 1 – 3 months |
| <input type="checkbox"/> 3 – 6 months | <input type="checkbox"/> 6 – 12 months | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 3 – 5 years | <input type="checkbox"/> 6 – 8 years | <input type="checkbox"/> 9 years or more |

b. Location of the client's last permanent address

State of Prior Residence: _____ DK R DNC

County of Prior Residence (MN only): _____ DK R DNC

City of Prior Residence (MN only): _____ DK R DNC

CoC of Service

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

(If HIPAA) Include client in database research? Yes No

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)

Program Exit (in HMIS: use Entry/Exit Tab)

Name: _____ HMIS ID: _____
First Middle Last Suffix

HMIS Tips: (From the head of household's record, if additional members were added to single entry)
• Complete Exit from the head of household's record, if additional members were added to single entry.
• 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.
• Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.

1. Exit Date: ____ / ____ / ____

2. Destination

- | | | |
|---|---|--|
| <input type="checkbox"/> Deceased
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher
<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Jail, prison or juvenile detention facility
<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless persons
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH)
<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Safe Haven | <input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> No exit interview completed
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected |
|---|---|--|

HOPWA Specific

a. Housing Assessment at Exit

- | | |
|--|--|
| <input type="checkbox"/> Able to maintain housing they had at project Entry | <input type="checkbox"/> Client died |
| <input type="checkbox"/> Moved to new housing unit | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Moved in with family/friends on a temporary basis | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Moved in with family/friends on a permanent basis | <input type="checkbox"/> Data not collected |
| <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 | |

b. If Able to Maintain Housing at entry, Subsidy information

- Without a subsidy
- With the subsidy they had at project entry
- With an ongoing subsidy acquired since project entry
- Voucher was administratively absorbed by new PHA
- Only with financial assistance other than a subsidy
- Data not collected

c. If moved to a new housing unit Subsidy Information

- With on-going subsidy Without an on-going subsidy Data not collected

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/AIDS 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

a. Covered by health insurance Yes No Client doesn't know Client refused Data not collected

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.

b. New Source(s) of Health Insurance	Covered?	Start Date		Covered?	Start Date
MEDICAID	<input type="checkbox"/> Yes	/ /		Health Insurance obtained through COBRA	<input type="checkbox"/> Yes / /
MEDICARE	<input type="checkbox"/> Yes	/ /		Private Pay Health Insurance	<input type="checkbox"/> Yes / /
State Children's Health Insurance Program	<input type="checkbox"/> Yes	/ /		State Health Insurance for Adults	<input type="checkbox"/> Yes / /
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes	/ /		Indian Health Services Program	<input type="checkbox"/> Yes / /
Employer-Provided Health Insurance	<input type="checkbox"/> Yes	/ /		Other (specify)	<input type="checkbox"/> Yes / /

c. Health insurance sources recorded previously that have since ended

Source 1 (enter name from lists above)	End date	Source 2 (enter name from lists above)	End date
	/ /		/ /

a. Does the client have a disability of long duration? Yes No Client doesn't know Client refused Data not collected

If the 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)

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.

b. Newly Identified Disabilities

Disability Type	Disability Determination	Start Date	If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
<u>Mental Health Problem</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	Use Project Exit Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
<u>Physical</u>	<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
<u>Developmental</u>	<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
<u>Chronic Health Condition</u>	<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
Alcohol Abuse	<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
Drug Abuse	<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
Both Alcohol and Drug Abuse	<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
HIV/AIDS	<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

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

Disability 1 (enter name from list above)	End date	Disability 2 (enter name from list above)	End date
	/ /		/ /

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

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.

b. New Source(s) of Monthly Income	Receiving income?	Start date	Monthly amount		Receiving income?	Start date	Monthly amount
Earned Income	<input type="checkbox"/> Yes	/ /	\$		General Assistance	<input type="checkbox"/> Yes	/ / \$
Unemployment Insurance	<input type="checkbox"/> Yes	/ /	\$		Retirement Income From Social Security	<input type="checkbox"/> Yes	/ / \$
SSI	<input type="checkbox"/> Yes	/ /	\$		VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes	/ / \$
SSDI	<input type="checkbox"/> Yes	/ /	\$		Pension or retirement income from another job	<input type="checkbox"/> Yes	/ / \$
VA Service Connected Disability Compensation	<input type="checkbox"/> Yes	/ /	\$		Child Support	<input type="checkbox"/> Yes	/ / \$
Private Disability Insurance	<input type="checkbox"/> Yes	/ /	\$		Alimony or Other Spousal Support	<input type="checkbox"/> Yes	/ / \$
Worker's Compensation	<input type="checkbox"/> Yes	/ /	\$		Other (specify) _____	<input type="checkbox"/> Yes	/ / \$
TANF	<input type="checkbox"/> Yes	/ /	\$				

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

Income Source 1 (enter name from list above)	End date	Income Source 2 (enter name from list above)	End date	Income Source 3 (enter name from list above)	End date
	/ /		/ /		/ /

a. Non-cash benefit from any source Yes No Client doesn't know Client refused Data not collected

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.

b. New Source(s) of Non-Cash Benefits	Receiving benefit?	Start date		Receiving benefit?	Start date
Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> Yes	/ /		TANF Transportation services	<input type="checkbox"/> Yes / /
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Yes	/ /		Other TANF-Funded Services	<input type="checkbox"/> Yes / /
TANF Child Care Services	<input type="checkbox"/> Yes	/ /		Other Source (specify) _____	<input type="checkbox"/> Yes / /

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

Benefit Source 1 (enter name from list above)	End date	Benefit Source 2 (enter name from list above)	End date	Benefit Source 3 (enter name from list above)	End date
	/ /		/ /		/ /

Heads of Household

a. Client Location (CoC of Service)

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

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