

# Interim Review Form for HMIS: HOPWA SINGLE Clients

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

Name: \_\_\_\_\_

First

Middle

Last

Suffix

Date of Update

**Data Collection Instructions:**

- Complete updates annually, within 30 days of the client's Entry anniversary.
- 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) 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.

### 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/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. Client Location**

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

**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. <a href="#">Mental Health Problem</a>    | 5. Alcohol abuse               |
| 2. <a href="#">Physical Disability</a>      | 6. Drug abuse                  |
| 3. <a href="#">Developmental Disability</a> | 7. Both Alcohol and Drug Abuse |
| 4. <a href="#">Chronic Health Condition</a> | 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 |
|--|---|----------|-----------------------|---|----------|
|  |   | / /      |                       |   | / /      |
|  |   | / /      |                       |   | / /      |
|  |   | / /      |                       |   | / /      |

**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>b. New Source(s) of Monthly Income</b>    | 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>b. New Source(s) of Non-Cash Benefits</b>            | 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:**

| <b>Benefit Source 1</b><br>(enter name from list above) | End date | <b>Benefit Source 2</b><br>(enter name from list above) | End date | <b>Benefit Source 3</b><br>(enter name from list above) | End date |
|---|----------|---|----------|---|----------|
|   | / /      |   | / /      |   | / /      |

**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                                   | <input type="checkbox"/> Yes / / |

**c. Health insurance sources recorded previously that have since ended**

| <b>Source 1 (enter name from lists above)</b> | End date | <b>Source 2 (enter name from lists above)</b> | End date |
|---|----------|---|----------|
|   | / /      |   | / /      |

**a. Domestic violence victim/survivor (ever)**

- Yes
- No
- DK  R  NC

**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  NC

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

- Yes
- No
- DK  R  NC

**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](http://hmismn.org). Please print a copy to have available.