HMIS Iowa BOS HOPWA Basic Entry – for Adults HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_

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| **Client’s Name:**(write in name and check 1 data quality option):  Full name Partial, street or code name Client doesn’t know Client prefers not to answer |
| **Social Security Number (SSN)**(write in SSN and check 1 data quality option):  Full SSN Approx. or partial SSN Client doesn’t know Client prefers not to answer |
| **U.S. Military Veteran** Yes No Client doesn’t know Client prefers not to answer |
| **Project Start Date: /** / **Project Name: Project type:** Hotel Motel Housing Info Permanent housing Permanent housing placement Short term housing STRMU Transitional housing |
| **Number of people in household:** 1 (single client) More than 1 (family or household)**If more than 1: Client’s relationship in the household (e.g. “son”): Total number of clients in the household**: Fill out a separate form for each adult and child. |
| **HUD Relationship to Head of Household** (check 1): Self (head of household) Head of Household’s spouse or partner Head of Household’s other relation member Other: Non-relation member Head of Household’s Child Client doesn’t know Client prefers not to answer |
| **Date of Birth (DOB)**(write in DOB and check 1 data quality option): **/ /**  Full DOB Approx. or partial DOB Client doesn’t know Client prefers not to answer |
| **Race and Ethnicity:** (check as many as applicable): American Indian, Alaska Native, or Indigenous Asian or Asian American Black, African American, or African Hispanic/Latina/o Middle Eastern or North African Native Hawaiian or Pacific Islander WhiteAdditional Detail (if desired):  Client doesn’t know Client prefers not to answer |
| **Sex:**\_\_\_\_\_\_ Male                            \_\_\_\_\_\_ Client Doesn’t Know                                 \_\_\_\_\_\_ Female                        \_\_\_\_\_\_ Client Prefers Not to Answer     |

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| **Does client have a disability of long duration** (check 1 and complete grid below): Yes No Client doesn’t know Client prefers not to answer |
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| **DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn’t Know PNA=Prefers Not to Answer** |
| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite durationAND substantially impairs ability to live independently |
| **Alcohol use disorder** | Y N DK PNA | Y N DK PNA |
| **Drug use disorder** | Y N DK PNA | Y N DK PNA |
| **Both alcohol and drug use disorders** | Y N DK PNA | Y N DK PNA |
| **Chronic health condition** | Y N DK PNA | Y N DK PNA |
| **Developmental disability** | Y N DK PNA | Y N DK PNA |
| **HIV/AIDS** | Y N DK PNA | Y N DK PNA |
| **Mental health disorder** | Y N DK PNA | Y N DK PNA |
| **Physical disability** | Y N DK PNA | Y N DK PNA |
| **HIV/AIDS** (answer T-Cell Count and Viral Load for all household members with HIV/AIDS)**: T-Cell Count Available:**Yes No Client doesn’t know Client prefers not to answer**If, Yes enter amount: If, Yes how was information obtained:** Medical Report Client Report Other |
| **Viral Load Information Available:**Not Available Available Undetectable Client doesn’t know Client prefers not to answer**If, Yes enter amount**: **If, Yes how was information obtained:** Medical Report Client Report Other |
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| **Covered by health insurance** (check 1 and complete grid below): Yes No Client doesn’t know Client prefers not to answer |
| **MEDICAID****Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer | **Employer-provided insurance****Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |
| **MEDICARE****Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer | **Health insurance through COBRA Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |
| **State children’s health insurance Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer | **Private pay health insurance****Specify type: Yes No - If no:**Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |

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| **Veteran's Health Administration (VHA) Yes No - If no:** Applied; decision pending Applied; client not eligibleClient did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer | **State health insurance for adults Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |
| **Indian Health Services Program Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer | **OTHER:** **Yes No - If no:** Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |

**Medical Assistance: (**answer for all household members with HIV/AIDS)

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| **Receiving AIDS Drug Assistance Program (ADAP)?**Yes No Client doesn’t know Client prefers not to answer**If no, reason:**Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |
| **Receiving Ryan White-funded Medical or Dental Assistance?**Yes No Client doesn’t know Client prefers not to answer**If no, reason:**Applied; decision pending Applied; client not eligible Client did not applyInsurance type N/A for this client Client doesn’t knowClient prefers not to answer |

**Prescribed Anti-Retroviral:** (answer for all household members with HIV/AIDS)

**Has the participant been prescribed anti-retroviral drugs?**

Yes No Client doesn’t know

 Client prefers not to answer

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| **Enrollment CoC:** IA-501 (Iowa Balance of State) IA-502 (Des Moines/Polk County) |
| **County Served at Enrollment:**  |
| **Zip Code of Last Permanent Address:** (Apartment, Room, or House where the client last lived for 90 days or more) |
| **Type of Living Situation on Night Before Entry (CHOOSE *ONE* OF THE FOLLOWING THREE CATEGORIES):** |

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| ***Category 1: Homeless Situation***Client doesn’t knowClient prefers not to answer Place not meant for habitationEmergency shelter, including hotel or motel paid for with emergency shelter voucher Safe Haven**Length of Stay at Prior Night Living Situation:**One night or less One month or more, but less than 90 daysTwo to six nights 90 days or more, but less than one year One week or more, but less than one month One year or longerClient doesn’t know Client prefers not to answer**Approximate Date this Episode of Homelessness started: / /** **How to determine Approximate Date Homelessness Started**: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on thestreets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. |
| ***Category 2: Institutional Situation***Foster care home or foster care group homeHospital or other residential non-psychiatric medical facility Jail, prison or juvenile detention facilityLong-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance use treatment facility or detox center**Length of Stay at Prior Night Living Situation:**One night or less One month or more, but less than 90 days Two to six nights 90 days or more, but less than one year One week or more, but less than one month One year or longerClient doesn’t know Client prefers not to answer**If you selected one of the shaded options above, were they on the streets or in ES prior to that? Y N If Yes, Approximate Date this Episode of Homelessness started: / /** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |

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| ***Category 3: Temporary and Permanent Housing Situation***Hotel or motel paid for without emergency shelter voucher Host Home (non-crisis)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 houseTransitional housing for homeless persons (including homeless youth) Owned by client, no ongoing housing subsidyOwned by client, with ongoing housing subsidy Rental by client, with no ongoing housing subsidy Rental by client, with ongoing housing subsidy  **Subsidy Types (Please Complete if “yes” to Rental by client, with ongoing housing subsidy)**GPD TIP housing subsidy Housing Stability Voucher Public housing unitRRH or equivalent subsidy VASH housing subsidy Permanent Supportive Housing Family Unification Program Voucher (FUP) Foster Youth to Independence Initiative (FYI) Rental by client, with other ongoing housing subsidyHCV voucher (tenant or project based) (not dedicated)Other permanent housing dedicated for formerly homeless personsOther (specify): **Length of Stay at Prior Night Living Situation:** |
|  | One night or less |  One month or more, but less than 90 days 90 days or more, but less than one year |
|  | Two to six nights |
| One week or more, but less than one month One year or longerClient doesn’t know Client prefers not to answer**If you selected one of the shaded options above, were they on the streets or in ES prior to that? Y N If Yes, Approximate Date this Episode of Homelessness started: / /** **If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)** |
| ***Regardless of where they stayed last night*—Number of times the client has been on the streets or in Emergency Shelter in the past three years** (counting current stay):Never in 3 years One Time Two Times Three Times Four or more times Client doesn’t know Client prefers not to answer |
| **Total number of months homeless on the street or in an Emergency shelter in the past 3 years:**1 month (this time is the first month) 2 months 3 months 4 months 5 months 6 months 7 months 8 months 9 months10 months 11 months 12 months More than 12 months Client doesn’t know Client prefers not to answer |
| **Domestic Violence Victim/Survivor** Yes No Client doesn’t know Client prefers not to answer |
| **If yes, when DV experience occurred:**Within the past three months Three to six months ago From six to twelve months agoMore than a year ago Client doesn’t know Client prefers not to answer |

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| **If yes, are you currently fleeing:**No Yes Client doesn’t know Client prefers not to answer |
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| **Last Grade Completed:**  GEDLess than Grade 5 Some CollegeGrades 5-6 Associate’s DegreeGrades 7-8 Bachelor’s DegreeGrades 9-11 Vocational CertificationGrade 12 / High School Diploma Client doesn’t knowSchool does not have grade levels Client prefers not to answer |
| **Employed?** Yes No Client doesn’t know Client prefers not to answer |
| **Income from any source?** Yes No Client doesn’t know Client prefers not to answer |
| **Total Monthly CASH income**(write in total $ amount here and complete grid below): $  |
| **Receives Income Sources:** | **Yes** | **Monthly $ Amount** | **No** | **Not Collected** |
| Alimony or other spousal support |
| Child support |  |  |  |  |
| Earned income |  |  |  |  |
| General assistance |  |  |  |  |
| Pension or retirement income from a job |  |  |  |  |
| Private disability insurance |  |  |  |  |
| Retirement income from social security |  |  |  |  |
| Social Security Disability Insurance (SSDI) |  |  |  |  |
| Supplemental Security Income (SSI) |  |  |  |  |
| TANF (FIP) |  |  |  |  |
| Unemployment Insurance |  |  |  |  |
| VA Non-service connected disability pension |  |  |  |  |
| VA service-connected disability compensation |  |  |  |  |
| Worker’s Compensation |  |  |  |  |
| Other (specify): |  |  |  |  |
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| **Non-cash benefits from any source** (check one and complete grid below): Yes No Client doesn’t know Client prefers not to answer |
| **Receives the following Non-cash Benefit Types:** | **Yes** | **No** | **Not Collected** |
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) |  |  |  |
| Special Supplemental Nutrition for Women, infants, children (WIC) |  |  |  |
| TANF Child Care services |  |  |  |
| TANF transportation services |  |  |  |
| Other TANF-funded services |  |  |  |
| Other (specify): |  |  |  |

For PHP and STRMU Only:

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| Financial Service Type: | Date: | Amount: |
| Rental Assistance |  |  |
| Security Deposit |  |  |
| Utility Deposit |  |  |
| Utility Payments |  |  |
| Mortgage assistance |  |  |

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