**HMIS Iowa PC HOPWA Entry Additional Questions - Adult HMIS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Client’s Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date Client Started Project:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project type:  \_\_\_\_\_Hotel/Motel \_\_\_\_\_ Housing Info \_\_\_\_\_ Permanent housing \_\_\_\_\_ Permanent housing placement \_\_\_\_\_ Short term housing \_\_\_\_\_ STRMU \_\_\_\_\_Transitional housing | |
| **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 apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | **Employer-provided insurance**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer |
| **MEDICARE**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | **Health insurance through COBRA**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer |
| **State children’s health insurance**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | **Private pay health insurance**  **Specify type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer |
| **Veteran's Health Administration (VHA)**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | **State health insurance for adults**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer |
| **Indian Health Services Program \_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer | **OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_Yes \_\_\_\_\_No - If no:**  \_\_\_\_\_ Applied; decision pending  \_\_\_\_\_ Applied; client not eligible  \_\_\_\_\_Client did not apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client prefers not to answer |

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| **Medical Assistance:** (answer for all household members with HIV/AIDS) |
| **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 apply  \_\_\_\_\_Insurance type N/A for this client  \_\_\_\_\_Client doesn’t know  \_\_\_\_\_Client 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 apply  \_\_\_\_\_ Insurance type N/A for this client  \_\_\_\_\_ Client doesn’t know  \_\_\_\_\_ Client prefers not to answer |
| **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:**  \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_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  **Prescribed Anti-Retroviral:**  **Has the participant been prescribed anti-retroviral drugs?**  \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_Client doesn’t know \_\_\_\_\_ Client prefers not to answer  **For PHP and STRMU Only:** |
| |  |  |  | | --- | --- | --- | | Financial Service Type: | Date: | Amount: | | Rental Assistance |  |  | | Security Deposit |  |  | | Utility Deposit |  |  | | Utility Payments |  |  | |