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

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