

HOPWA Supplemental Intake Form

Medical Assistance

Receiving Public HIV/AIDS Medical Assistance?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

Receiving AIDS Drug Assistance Program (ADAP)

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

Receiving Ryan White-Funded Medical or Dental Assistance?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

T-Cell (CD4) Count Available

- Yes Count: _____
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

Has the Participant Been Prescribed Anti-Retroviral Drugs?

- Yes
- No
- Client Refused
- Client Doesn't Know
- Data Not Collected

If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused Doesn't Know Not Collected

If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused Doesn't Know Not Collected

If No, Reason:

- Applied; Decision Pending
- Applied; Client Not Eligible
- Client Did Not Apply
- Insurance Type N/A For This Client
- Refused Doesn't Know Not Collected

Viral Load Information

- Available Count: _____
- Not Available
- Undetectable
- Client Refused
- Client Doesn't Know
- Data Not Collected

If linked to a mental health agency please list:

OR:

- Not currently linked, but **NEEDS** linkage
- Not currently linked, does **NOT** need linkage

Pregnant No Yes

Due Date: _____

Employment

Employed

- Yes
- No
- Data not collected

If Currently Employed, Select Tenure

- Full-time
- Part-time
- Seasonal
- Data not collected

If Employed Average Number of Hours Worked Per Week

If No, Why Not Employed

- Looking for Work
- Unable to Work
- Not Looking for Work
- Client refused
- Client doesn't know
- Data not collected

Last Grade Completed

Highest Level of Education Attained

- | | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Vocational Certification |
| <input type="checkbox"/> 12th grade/High School Diploma | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> GED | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Some College | |

Received Vocational Training

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Zip Code of Last Permanent Address

General Area of Previous Residence

- | | |
|--|--|
| <input type="checkbox"/> Within Franklin County (Outside City-Columbus) | <input type="checkbox"/> Within Franklin County (Within City-Columbus) |
| <input type="checkbox"/> Outside Franklin County (Outside City-Columbus) | <input type="checkbox"/> Outside of Ohio |
| <input type="checkbox"/> Outside Franklin County (Inside City-Columbus) | <input type="checkbox"/> Client Doesn't Know |

Homeless Primary Reason

- | | |
|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Physical/mental disability |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Relationship Problems |
| <input type="checkbox"/> Evicted | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Family/Personal Illness | <input type="checkbox"/> Unable to pay rent/mortgage |
| <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Moved to seek work | |

Homeless Secondary Reason

- | | |
|---|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Physical/mental disability |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Relationship Problems |
| <input type="checkbox"/> Evicted | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Family/Personal Illness | <input type="checkbox"/> Unable to pay rent/mortgage |
| <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Moved to seek work | <input type="checkbox"/> No secondary reason for source of crisis |

COVID Vaccine Information

COVID Vaccine Received

- | | |
|---|---|
| <input type="checkbox"/> Fully vaccinated | <input type="checkbox"/> Partially vaccinated |
| <input type="checkbox"/> Not vaccinated | <input type="checkbox"/> Client doesn't know |

Vaccine Brand Options

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Pfizer | <input type="checkbox"/> Moderna |
| <input type="checkbox"/> Johnson & Johnson | |

Date of 1st dose: _____

Expected date of 2nd dose: _____

Date of 2nd dose: _____

Client Signature: _____

Date: _____