### Medical Assistance

**Receiving Public HIV/AIDS Medical Assistance?**
- 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

### Receiving AIDS Drug Assistance Program (ADAP)

- 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

### Receiving Ryan White-Funded Medical or Dental Assistance?

- 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

### T-Cell (CD4) Count Available

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

**If No, Reason:**
- Available
- Not Available
- Undetectable
- Client Refused
- Client Doesn’t Know
- Data Not Collected

### Viral Load Information

**If linked to a mental health agency please list:**

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

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

### Pregnant

- No
- Yes

**Due Date:**

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**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**

- ☐ 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**

- ☐ Less than Grade 5
- ☐ Grades 5-6
- ☐ Grades 7-8
- ☐ Grades 9-11
- ☐ 12th grade/High School Diploma
- ☐ School program does not have grade levels
- ☐ GED
- ☐ Some College
- ☐ Associate’s Degree
- ☐ Bachelor’s Degree
- ☐ Graduate Degree
- ☐ Vocational Certification
- ☐ Client doesn’t know
- ☐ Client refused
- ☐ Data not collected

**Received Vocational Training**

- ☐ Yes
- ☐ No
- ☐ Client doesn’t know
- ☐ Client refused

**Zip Code of Last Permanent Address**

- ____________

**General Area of Previous Residence**

- ☐ Within Franklin County (Outside City-Columbus)
- ☐ Outside Franklin County (Outside City-Columbus)
- ☐ Outside Franklin County (Inside City-Columbus)
- ☐ Within Franklin County (Within City-Columbus)
- ☐ Outside of Ohio
- ☐ Client Doesn’t Know

**Homeless Primary Reason**

- ☐ Addiction
- ☐ Divorce
- ☐ Domestic Violence
- ☐ Evicted
- ☐ Family/Personal Illness
- ☐ Jail/Prison
- ☐ Lack of affordable housing
- ☐ Moved to seek work
- ☐ Natural Disaster
- ☐ Physical/mental disability
- ☐ Relationship Problems
- ☐ Substandard Housing
- ☐ Unable to pay rent/mortgage
- ☐ Unemployment
- ☐ Other
### Homeless Secondary Reason

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

### COVID Vaccine Information

#### COVID Vaccine Received

- □ Fully vaccinated
- □ Partially vaccinated
- □ Not vaccinated
- □ Client doesn’t know

#### Vaccine Brand Options

- □ Pfizer
- □ Moderna
- □ Johnson & Johnson

Date of 1st dose: __________

Expected date of 2nd dose: __________

Date of 2nd dose: __________

Client Signature: ___________________________  Date: ___________________________