

# 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:

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#### 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: \_\_\_\_\_





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