Georgia Department of Community Affairs

Collection Point:	Entry
Projects/grants:	HOPWA
Clients who are:	Children (under 18)

"*" Required Fields

1 Client Demographics

First Name:*		**Last Name:***			
Middle Name:		**Suffix:**		**HoH: ***	

Name Data Quality:*
- ☐ Full Name Reported
- ☐ Partial, or Street Name
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:*
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*
- ☐ Male ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* (Select all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*
- ☐ Yes Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*
- ☐ Self
- ☐ Spouse
- ☐ Daughter
- ☐ Son
- ☐ Dependent Child
- ☐ Other Family Member
- ☐ Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

2 Project Enrollment

Project Start Date:*		**Case Manager:**	

3 Entry Assessment

Disabling Condition:*
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

4 Health Insurance:*

Covered by Health Insurance: *	☐ Yes	☐ No	
☐ Client Doesn't Know	☐ Client Refused	☐ Data Not Collected	

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4 **Health Insurance:***

If client has insurance, Select all sources below:		If client has no insurance, record a reason why, for each source below:			
☐	Private	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Private - Employer	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Private - Individual	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Medicare	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Medicaid	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	State Children's Health Insurance Program S-CHIP	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Military Insurance	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	State Funded	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Combined Children's Health Insurance or Medicaid Program	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Indian Health Service (IHS)	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		

CONTINUE NEXT PAGE

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CONTINUE FROM PREVIOUS PAGE					
☐	Health Insurance Obtained Through COBRA	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		
☐	Other Public: _____	☐	Applied; Decision Pending	☐	Insurance Type N/A for this Client
		☐	Applied; Client Not Eligible	☐	Client Doesn't Know
		☐	Client Did Not Apply	☐	Client Refused
		☐	Data Not Collected		

5 Barriers/Special Needs:*

Identify whether a client has each individual barrier or not.
Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

Alcohol Abuse*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Chronic Health Condition*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Drug Abuse*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Mental Health*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Physical Disability*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes", answer this:

Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently?:
☐ No ☐ Yes ☐ Client Refused
☐ Client Doesn't Know ☐ Data Not Collected

Developmental Disability*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

These two elements don't need to collect "Substantially impedes the individual's ability to live independently."

HIV/AIDS*
☐ Client Doesn't Know
☐ Client Refused ☐ No ☐ Yes
☐ Data Not Collected

If "Yes" for HIV/AIDS, Continue to next page.
Otherwise, end intake.

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[ONLY required for those with HIV/AIDS]

6 Medical Assistance:*

Receiving Public HIV/AIDS Medical Assistance?:	☐ YES ☐ NO ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	IF "NO", SELECT REASON WHY:	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected
Receiving AIDS Drug Assistance Program (ADAP)?:	☐ YES ☐ NO ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	IF "NO", SELECT REASON WHY:	☐ Applied; Decision Pending ☐ Applied; Client Not Eligible ☐ Client Did Not Apply ☐ Insurance Type N/A for this Client ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

[ONLY required for those with HIV/AIDS]

7 T-cell/Viral Measurements:*

T-cell Count Available:*
- ☐ No
- ☐ Yes
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

T-cell Count:* _____

How was the data obtained?
- ☐ Client Report
- ☐ Medical Report
- ☐ Other

Viral Load Available:*
- ☐ Not Available
- ☐ Available
- ☐ Undetectable
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Viral Load:* _____

How was the data obtained?
- ☐ Client Report
- ☐ Medical Report
- ☐ Other