Georgia Department of Community Affairs

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

Step 1: Client Demographics - all fields with an "*" are required.

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

Ethnicity:*
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ 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

Gender:*
- ☐ Male
- ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Client Doesn't Identify Male, Female, or Transgender
- ☐ 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:*
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Client Contact Information:

Address: _____ City/State/Zip:_____

Email:_____ Home Phone: _____

Step 2: Project Enrollment

Project Start Date:*_____ Case Manager:_____

Step 3: Entry Assessments

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

Georgia Department of Community Affairs

Step 4: Health Insurance:*

If client has insurance, please select all sources below:		If client has no insurance, record a reason why, for each source below:	
☐	Private	☐	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
☐	Private - Employer	☐	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
☐	Private - Individual	☐	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
☐	Medicare	☐	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
☐	Medicaid	☐	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
☐	State Children's Health Insurance Program S-CHIP	☐	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

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☐	Military Insurance	☐	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
☐	State Funded	☐	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
☐	Combined Children's Health Insurance or Medicaid Program	☐	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
☐	Indian Health Service (IHS)	☐	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
☐	Health Insurance Obtained Through COBRA	☐	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
☐	Other Public: _____	☐	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
☐	**Client Doesn't Know**		
☐	**Client Refused**		
☐	**Data Not Collected**		

Georgia Department of Community Affairs

Step 5: Barriers/Special Needs:* Identify whether a client has each individual barrier or not

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
Developmental Disability* ☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ Yes ☐ Data Not Collected	**If "Yes", answer this:**	**Expected to substantially impair 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
HIV/AIDS* ☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ Yes ☐ Data Not Collected	**If "Yes", answer this:**	**Expected to substantially impair 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

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

Georgia Department of Community Affairs

Step 6: Medical Assistance:* (ONLY required for those with HIV/AIDS)

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

Step 9: T-cell/Viral Measurements:* (ONLY required for those with HIV/AIDS)

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