HMIS # _____

Staff Name _____

Date Form Completed ____/____/____

Santa Cruz County HMIS – HOPWA Child Enrollment

The service provider should complete this form while interviewing a child household member *as long as they are not the Head of Household*. ***A separate HOPWA Adult Enrollment Form must be completed for each adult member of the household. A separate HOPWA Enrollment Form must be completed for each child member of the household (non-Head of Household). A separate Enrollment Form must be completed for adult household members as well, but please be sure to use the HOPWA Adult Enrollment Form.***

1) Client Name	**First**	**Last**
Relationship to Head of Household (HoH) (HUD) *Single individuals are considered the head of their household. In households with more than one person, a single person must be designated head of household.*	❑ Self (HoH) ❑ Child of HoH ❑ Spouse/partner of HoH ❑ Relative member of household ❑ Non-relative member of household	
Relationship to HoH – Additional Detail	❑ Self ❑ Husband/Wife ❑ Son/Daughter ❑ Father/Mother ❑ Sister/Brother ❑ Roommate ❑ Grandchild	❑ Aunt/Uncle ❑ Niece/Nephew ❑ Grandparent ❑ Significant Other ❑ Domestic Partner ❑ Other ❑ Stepdaughter/Stepson
1) Project Start Date *The date the client enrolled in the program; also considered when the client started being helped by the project (program).*	| | | / | | / | | | | | Month Day Year	

Client Name _____

Head of Household Name (if not Self) _____

Disabling Conditions (All Responses required)

A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing. This question is used with other information to determine if the client meets the criteria for chronic homelessness.

1) Does the client currently have a disabling condition? *This question is used with other information to determine if the client meets criteria for chronic homelessness.* ***All questions in this section MUST be answered even if the client answers "no" to the Disabling Condition. If the client answers "Yes" to any of the questions below, the answer to the Disabling Condition question must also be "Yes" if the condition is disabling.***	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
2) Does the client have a Physical Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
3) Does the client have a Developmental Disability?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
4) Does the client have a Chronic Health Condition?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

5) Does the client have HIV – AIDS? *If **Yes**, please be sure to answer the required HIV/AIDS questions below.*	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
6) Does the client have a Mental Health Disorder?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer
7) Does the client have a Substance Use Disorder?	❑ No ❑ Alcohol use disorder ❑ Drug use disorder ❑ Both Alcohol & Drug Abuse Use Disorders	❑ Client doesn't know ❑ Client prefers not to answer
If Yes, is it expected to be of long, continued and indefinite duration and substantially impair the client's ability to live independently?	❑ Yes ❑ No	❑ Client doesn't know ❑ Client prefers not to answer

Health Insurance

Covered by health insurance? *Is the client currently covered by health insurance?*	❑ Yes ❑ No ❑ Client doesn't know ❑ Client prefers not to answer
IIf Yes, select they client's type(s) of health insurance(s) coverage: *If the client is currently covered by multiple health insurances, select all that apply.*	❑ Medicaid (Medi-Cal) ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

	❑ Medicare ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ State Children's Health Insurance (CHIP) Program ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ Veteran's Health Administration (VHA) ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ Employer-Provided Health Insurance ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer

Client Name _____

Head of Household Name (if not Self) _____

	❑ 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 prefers not to answer
	❑ Private Pay Health Insurance ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ State Health Insurance for Adults ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ Indian Health Services Program ❑ Applied; Decision Pending ❑ Applied; Client Not Eligible ❑ Client Did Not Apply ❑ Insurance Type N/A for this Client ❑ Client doesn't know ❑ Client prefers not to answer
	❑ Other Health Insurance If Other Specify: _____

Client Name _____

Head of Household Name (if not Self) _____

Medical Assistance [All Household Members with HIV/AIDS]

Is the client receiving AIDS Drug Assistance Program (ADAP)?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer
If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:	❑ Applied; decision pending ❑ Applied; client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client prefers not to answer
Is the client receiving AIDS Drug Assistance Program (ADAP)?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer
If No for "Receiving AIDS Drug Assistance Program (ADAP)," please select the appropriate reason:	❑ Applied; decision pending ❑ Applied; client not eligible ❑ Client did not apply ❑ Insurance type N/A for this client ❑ Client doesn't know ❑ Client prefers not to answer

T-cell (CD4) and Viral Load [All Household Members with HIV/AIDS]

T-Cell (CD4) Count Available?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer
If Yes to "T-Cell (CD4) Count Available," then please collect the T-cell Count number: *Integer between 0-1500*	
If a number is entered in the T-Cell (CD4) count, then how was the information obtained?	❑ Medical Report ❑ Client Report ❑ Other

Client Name _____

Head of Household Name (if not Self) _____

Viral Load Information Available?	❑ Not Available ❑ Available ❑ Undetectable ❑ Client doesn't know ❑ Client prefers not to answer
If "Viral Load Information Available," then please collect the Viral Load Count: *Integer between 0-999999*	
If a number is entered in the Viral Load count, then how was the information obtained?	❑ Medical Report ❑ Client Report ❑ Other

Prescribed Anti-Retroviral [All Household Members with HIV/AIDS]

Has the participant been prescribed anti-retroviral drugs?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client prefers not to answer

Additional Information

What is the client's sex?	❑ Female ❑ Male	❑ Client doesn't know ❑ Client prefers not to answer ❑ Data not collected

Client Name _____

Head of Household Name (if not Self) _____