HOPWA Entry Assessment

Please complete for each household member Date:

First Name	Middle Name	Last Name

SS#	Telephone number and/or email

Date of Birth		
	☐ Full DOB	☐ Appproximate/Partial

Relationship to Head of Houshold

☐ Self (Head of Household) ☐ Head of household's child ☐ Head of household's spouse or partner
☐ Head of Household's other relation member ☐ Other: Non-relation member

Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous ☐ Hispanic/Latina/e/o
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander
☐ Middle Eastern or North African ☐ White ☐ Asian or Asian American
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Sex

☐ Male ☐ Client prefers not to answer ☐ Client doesn't know ☐ Client prefers not to answer

Veteran Status

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Survivor of Domestic Violence?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes

☐ Within the past three months ☐ One year ago or more
☐ Three to six months ago (excluding six months exactly) ☐ Client doesn't know
☐ Six months to one year ago (excluding one year exactly) ☐ Client prefers not to answer

Currently Fleeing?
☐ No
☐ Yes

Enrollment CoC

☐ VA-500 Richmond ☐ VA-513 Western CoC ☐ VA-521 Balance of State ☐ VA-514 Fredericksburg

Locality of Last Residence (City)	Zip Code

Emergency Contact Name	Telephone Number	Relationship to Client

Emergency Contact Address	City, State, Zip

Prior Living Situation

On the night before did you stay on the streets, ES or SH?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes, did you stay less than 90 Days?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

if yes, Did you stay less than 7 nights?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Pick only 1 option that applies appropriately to client's residence prior to entry

Prior Living Situation **OPTION 1** - Entering Program from Homeless Situation

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation ☐ Safe Haven

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Approximate date this episode homelessness started

Total number of month's client has been on street, ES, or SH 3 years: Check only one

☐ 1 month, this is the first month ☐ 5 ☐ 9 ☐ more than 12 months

☐ 2 ☐ 6 ☐ 10 ☐ Client doesn't know

☐ 3 ☐ 7 ☐ 11 ☐ Client prefers not to answer

☐ 4 ☐ 8 ☐ 12 ☐ Data not collected

Prior Living Situation **OPTION 2** - Entering Program from Institutional Situation

☐ Foster Care/group home ☐ Hospital or non-psychiatric facility

☐ Jail/Prison or Juvenile Facility ☐ Long term care facility/nursing home

☐ Psychiatric hospital ☐ Substance abuse treatment facility/detox

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 3** - Residence prior to Entry: Temporary

☐ Transitional housing for homeless persons(including homeless youth)

☐ Residential project or halfway house with no homeless criteria

☐ Hotel or motel paid for without emergency shelter voucher

☐ Host Home (non-crisis)

☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

☐ Staying orliving with friends,temporary tenure (e.g.,room, apartment, or house)

☐ Moved from one HOPWA funded project to HOPWA TH

☐ Staying or living in a friend's room, apartment, or house

☐ Staying or living in a family member's room, apartment, or house

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 4** - Residence prior to Entry: Permanent

- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy *****
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*** If Rental by client, with ongoing housing subsidy**

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based) (not dedicated)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

Complete for all household members with HIV/AIDS

T-Cell (CD4) Count Available

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes, what is the T-Cell Count (integer between 0 - 1500)

If Yes, How was the information obtained:

☐ Medical Report ☐ Client Report ☐ Other _____

Viral Load Information Available

☐ Not Available ☐ Available ☐ Client doesn't know ☐ Client prefers not to answer

If Yes, what is the count (integer between 0 - 999999)

If Yes, How was the information obtained:

☐ Medical Report ☐ Client Report ☐ Other _____

Has the participant been prescribed anti-retroviral drugs?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Receiving AIDS Drug Assistance Program (ADAP)

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If No, 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
- ☐ Data not collected

Receiving Ryan White-funded Medical or Dental Assistance

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If No, 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
☐ Data not collected

HUD Verification

Receiving Income from any source?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) and amount of income or select No for each source

Alimony or other spousal support	☐ No	☐ Yes	$
Earned Income	☐ No	☐ Yes	$
Unemployment Insurance	☐ No	☐ Yes	$
Private Disability Insurance	☐ No	☐ Yes	$
Retirement Income Social Security	☐ No	☐ Yes	$
TANF	☐ No	☐ Yes	$
Child support	☐ No	☐ Yes	$
General Assistance	☐ No	☐ Yes	$
SSI	☐ No	☐ Yes	$
SSDI	☐ No	☐ Yes	$
Other	☐ No	☐ Yes	$
Pension/retirement from a former job	☐ No	☐ Yes	$
VA Non-service connected disability pension	☐ No	☐ Yes	$
VA Service connected disability compensation	☐ No	☐ Yes	$
Veteran's Health Administration (VHA)	☐ No	☐ Yes	$

Receiving Non-cash benefits from any source?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) of non-cash benefits or select No for each source

TANF transportation services	☐ No	☐ Yes	SNAP – Food stamps	☐ No	☐ Yes
Other TANF-funded service	☐ No	☐ Yes	WIC	☐ No	☐ Yes
TANF child care services	☐ No	☐ Yes	Other Source	☐ No	☐ Yes

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) of health insurance or select No for each source

Medicaid	☐ No	☐ Yes	Medicare	☐ No	☐ Yes
Veteran's Health Administration	☐ No	☐ Yes	Employer provided Health Insur.	☐ No	☐ Yes
State Children's Health Insurance	☐ No	☐ Yes	COBRA	☐ No	☐ Yes
Private Pay Health Insurance	☐ No	☐ Yes	State Health Insurance for Adults	☐ No	☐ Yes
Indian Health Insurance	☐ No	☐ Yes	Other	☐ No	☐ Yes

Disabling Condition?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate disabling condition or select No for each type

Physical Disability	☐ No	☐ Yes	Alcohol Use Disorder	☐ No	☐ Yes
Both alcohol and drug use disorders	☐ No	☐ Yes	Drug Use Disorder	☐ No	☐ Yes
Developmental Disability	☐ No	☐ Yes	Mental Health Disorder	☐ No	☐ Yes
Chronic Health Condition	☐ No	☐ Yes	HIV/AIDS	☐ No	☐ Yes

Pregnant?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes, projected birth date

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

Signature:	Date:

10/01/2025