**Client Interview for HOPWA Projects (Housing Opportunities for People with AIDS)**

**W1** Services provided-HOPWA (Should be updated each time a service is provided to Client).

Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Service provided:  Adult Day Care and personal assistance  Child Care  Case Management

Criminal Justice/Legal Services  Education

Employment and training services  Food/meals/nutritional services

Health/medical care  Life skills training

Mental health care/counseling  Outreach and/or engagement

Substance abuse services/treatment  Transportation

Other HOPWA service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

W2 Financial Assistance - HOPWA (Applies to Head of Household that receive the financial assistance) Should be updated each time a service is provided to Client

Date of Financial Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Assistance Type:

Rental assistance (PHP and STRMU) Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Deposits (PHP) Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility deposits (PHP) Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Payments (PHP and STRMU) Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage assistance (STRMU) Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

W3 Medical Assistance (Applies to all clients with HIV/AIDS)

Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Public HIV/AIDS Medical Assistance  Yes  No  Client doesn’t know  Client Refused

If “No” for “Receiving Public HIV/AIDS Medical Assistance”, Reason

Applied, decision pending  Applied, client not eligible

Client did not apply  Insurance Type N/A for this client

Client doesn’t know  Client Refused

Receiving ADAP (AIDS Drug Assistance Program)?

Yes  No  Client doesn’t know  Client Refused

If “No” for Receiving ADAP (AIDS Drug Assistance Program), reason:

Applied, decision pending  Applied, client not eligible

Client did not apply  Insurance Type N/A for this client

Client doesn’t know  Client Refused

W4 T-cell (CD4) and Viral Load

Information Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Cell (CD4) Count Available?  Yes  No  Client doesn’t know  Client Refused

*If a yes to “T-Cell (CD4) Count Available” then*

Number count (0-1500) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was the information obtained?  Medical Report  Client Report  Other

Viral Load information available?  Not Available  Available  Undetectable  Client doesn’t know  Client Refused

If “Viral Load Information available” then

Number Count (0-999999) \_\_\_\_\_\_\_\_\_\_\_\_

How was the information obtained?  Medical Report  Client Report  Other