**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