

HOPWA Addendum

This form can be used by all HOPWA projects. This form will be used as a supplement to every data entry stage in order to ensure full data collection for HOPWA projects.

Section I: Data Collection Point Information

CLIENT NAME

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CLIENT ID

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DATA COLLECTION POINT (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Project Start
<input type="checkbox"/>	Project Update
<input type="checkbox"/>	Annual Assessment
<input type="checkbox"/>	Project Exit

ASSESSMENT DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

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Section II: HOPWA Data Collection Elements

RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

Complete this element EVERY time there is an update, including Project Start/Update/Annual Assessment/Exit

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF NO FOR "RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE", REASON

<input type="checkbox"/>	Applied; decision pending	<input type="checkbox"/>	Applied; client not eligible
<input type="checkbox"/>	Client did not apply	<input type="checkbox"/>	Insurance type N/A for this client
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

Complete this element EVERY time there is an update, including Project Start/Update/Annual Assessment/Exit.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF NO FOR "RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP)", REASON

<input type="checkbox"/>	Applied; decision pending	<input type="checkbox"/>	Applied; client not eligible
<input type="checkbox"/>	Client did not apply	<input type="checkbox"/>	Insurance type N/A for this client
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

RECEIVING RYAN WHITE FUNDED MEDICAL OR DENTAL ASSISTANCE - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

Complete this element EVERY time there is an update, including Project Start/Update/Annual Assessment/Exit.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF NO FOR "RECEIVING RYAN WHITE FUNDED MEDICAL OR DENTAL ASSISTANCE", REASON

<input type="checkbox"/>	Applied; decision pending	<input type="checkbox"/>	Applied; client not eligible
<input type="checkbox"/>	Client did not apply	<input type="checkbox"/>	Insurance type N/A for this client
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

HAS THE PARTICIPANT BEEN PRESCRIBED ANTI-RETROVIRAL DRUGS? - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

Complete this element EVERY time there is an update, including Project Start/Update/Annual Assessment/Exit.

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

HIV SUB-ASSESSMENT - START

Complete at 6-month intervals, or as frequently as the client's medical plan allows, beginning at project start through project exit. At a minimum for clients staying one year or more, the data must be collected at annual assessment.

- Note: This data, as is all HIV/AIDS data, is confidential, covered under special law, and may not be shared without the expressed consent of the client. Providing the information is completely voluntary on the client's part and failure to report (i.e. client doesn't know, or client refused) will not be considered in data quality for either the CoC or the HOPWA program.

DOES THE CLIENT HAVE A T-CELL (CD4) COUNT AVAILABLE? - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF YES, WHAT IS THE T-CELL (CD4) COUNT? [INTEGER 0 - 1500]

IF A T-CELL (CD4) COUNT IS RECORDED, HOW WAS THIS INFORMATION OBTAINED?

<input type="checkbox"/>	Medical Report
<input type="checkbox"/>	Client Report
<input type="checkbox"/>	Other

DOES THE CLIENT HAVE VIRAL LOAD INFORMATION AVAILABLE? - [ALL HOUSEHOLD MEMBERS WITH HIV/AIDS] - [ALL PROJECTS]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data Not Collected		

IF YES, WHAT IS THE VIRAL LOAD? [INTEGER 21 - 999999]

IF A VIRAL LOAD IS RECORDED, HOW WAS THIS INFORMATION OBTAINED?

<input type="checkbox"/>	Medical Report
<input type="checkbox"/>	Client Report
<input type="checkbox"/>	Other

HIV SUB-ASSESSMENT - END

HOUSING ASSESSMENT AT EXIT? - [ALL CLIENTS] - [ALL PROJECTS]

Select the client's housing status as of the project exit. This should reflect where the client is staying on the exit from the project.

- “Moved into a transitional or temporary housing facility or program” includes transitional housing for homeless and non-homeless persons, treatment facilities, or institutions.

<input type="checkbox"/>	Able to maintain the housing they had at project entry	<input type="checkbox"/>	Moved to new housing unit
<input type="checkbox"/>	Moved in with family/friends on a temporary basis	<input type="checkbox"/>	Moved in with family/friends on a permanent basis
<input type="checkbox"/>	Moved to a transitional or temporary housing facility/program	<input type="checkbox"/>	Client became homeless – moving to a shelter or other place not fit for human habitation
<input type="checkbox"/>	Client went to jail/prison	<input type="checkbox"/>	Client died
<input type="checkbox"/>	Client Doesn't Know	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	Data Not Collected		

IF ABLE TO MAINTAIN HOUSING AT ENTRY, SUBSIDY INFORMATION

<input type="checkbox"/>	Without a subsidy	<input type="checkbox"/>	With the subsidy they had at project entry
<input type="checkbox"/>	With an on-going subsidy acquired since project entry	<input type="checkbox"/>	Only with financial assistance other than a subsidy
<input type="checkbox"/>	Data not collected		

IF MOVED TO NEW HOUSING UNIT, SUBSIDY INFORMATION

<input type="checkbox"/>	Without on-going subsidy	<input type="checkbox"/>	Without on-going subsidy
<input type="checkbox"/>	Data not collected		