HMIS Supplemental Form **v. 1** Effective 10/01/2015

APPLICANT CONTACT INFORMATION

First: ______________________ **Middle:** ______________ **Last:** ____________________

Suffix: ________________ **Alias:** ________________ **Telephone:** ________________

Social Security Number: | | | | | | | | | |

HOUSEHOLD MEMBERS

Member Name	Gender	Age	HIV Positive?	Race	Hispanic (Y/N)	Relation-ship to HoH	Em-ployed
	☐ Male ☐ Female ☐ Transg		☐ **No** ☐ **Yes**	☐ American Indian or Alaska Native ¨ Asian ☐ Black or African American ¨ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ¨ Don't Know ¨ Refused	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Male ☐ Female ☐ Transg		☐ **No** ☐ **Yes**	☐ American Indian or Alaska Native ¨ Asian ☐ Black or African American ¨ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ¨ Don't Know ¨ Refused	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Male ☐ Female ☐ Transg		☐ **No** ☐ **Yes**	☐ American Indian or Alaska Native ¨ Asian ☐ Black or African American ¨ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ¨ Don't Know ¨ Refused	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Male ☐ Female ☐ Transg		☐ **No** ☐ **Yes**	☐ American Indian or Alaska Native ¨ Asian ☐ Black or African American ¨ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ¨ Don't Know ¨ Refused	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Male ☐ Female ☐ Transg		☐ **No** ☐ **Yes**	☐ American Indian or Alaska Native ¨ Asian ☐ Black or African American ¨ White ☐ Native Hawaiian or Other Pacific Islander ☐ Other ¨ Don't Know ¨ Refused	☐ Yes ☐ No		☐ Yes ☐ No

Name: _____

Document Application Checklist:

ALL items below must be turned in with the application. Use below as your checklist.

- ☐ HMIS Intake Form
- ☐ STRMU Application Form
- ☐ Copy of Letter of Diagnosis or non-anonymous test results
- ☐ Copy of evidence of tenancy, whether rental or homeowner
- ☐ W9's from Landlord or Mortgage Company
- ☐ Copies of Utility bills (including all late fees applying for)
- ☐ Proof of Income (Include ALL Income in Household)
- ☐ Letter documenting need.
- ☐ Housing Stability Plan—completed with the assistance of Medical Case Manager, if available
- ☐ Signed Consent to Release of Information form
- ☐ Signed Participation Agreement Form
- ☐ HMIS Intake Forms for other members of Household

Medical Assistance

Receiving Public HIV/AIDS Medical Assistance?

☐ **No** ☐ Yes ☐ Client doesn't know ☐ Client refused

→ **If NO, reason (for not receiving HIV/AIDS medical assistance)?**

☐ 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 AIDS Drug Assistance Program (ADAP)?

☐ **No** ☐ Yes ☐ Client doesn't know ☐ Client refused

→ **If NO, reason (for not receiving ADAP)?**

☐ Applied; decision pending ☐ Applied; client not eligible
☐ Client did not apply ☐ Insurance type N/A for this client
☐ Client doesn't know ☐ Client refused

Housing Status

If there are other members of your family that are HIV+, do those persons also receive HIV/AIDS Benefits?

☐ **NO** ☐ Yes

STRMU Assistance

Have you ever received STRMU assistance?

☐ **No** ☐ Yes

→ **If yes, when** Year:_____

For how many months did you receive STRMU assistance? _____ mos.

This data, as is all HIV/AIDS data, is confidential, covered under special law, and may not be shared without the express 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.

T-Cell (CD4) and Viral Load

T-Cell (CD4) Count Available

☐ **No** ☐ Yes
☐ Client doesn't know ☐ Client refused

→ **If yes: T-cell**

Count 0 – 1500 _____

How was data obtained

☐ Medical Report ☐ Client Report
☐ Other _____

Viral Load Available

☐ **No** ☐ Yes
☐ Client doesn't know ☐ Client refused
☐ Data not collected

If yes: Viral Load

Count 0—999999 _____

How was data obtained

☐ Medical Report ☐ Client Report
☐ Other _____

STRMU Application

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Health Insurance

☐ **No** ☐ **Yes** (Identify source below) ☐ Client doesn't know ☐ Client refused

Source	No	Yes	Did not apply	Insurance N/A for this client	Client doesn't know	Client refused	Applied; Decision Pending	Applied; Client not eligible
MEDICAID	☐	☐	☐	☐	☐	☐	☐	☐
MEDICARE	☐	☐	☐	☐	☐	☐	☐	☐
State Children's Health Insurance Program **(SCHIP)**	☐	☐	☐	☐	☐	☐	☐	☐
Veteran's Administration (VA) Medical Services	☐	☐	☐	☐	☐	☐	☐	☐
Employer-Provided Health Insurance	☐	☐	☐	☐	☐	☐	☐	☐
Health Insurance obtained through COBRA	☐	☐	☐	☐	☐	☐	☐	☐
Private Pay Health Insurance	☐	☐	☐	☐	☐	☐	☐	☐
State Health Insurance for Adults	☐	☐	☐	☐	☐	☐	☐	☐

Income Information

For all applications, submit:

Proof of your household's current monthly income (examples: 1 month of paystubs - must be most recent month); Social Security award letter, child support documents; Unemployment statement). If you are legally married, you must submit proof of your spouse's income. If your children are living with you and are receiving income, (employment, SSI, etc.), you must submit proof of that income as well.

If you need help completing this application, contact your Medical Case Manager.

Mortgage / Rent / Utilities

***PLEASE NOTE THAT ALL PAYMENTS ARE MADE DIRECTLY TO landlord/mortgage company/utility company. THEREFORE, WE MUST RECEIVE COMPLETE, CORRECT ACCOUNT NUMBERS TO ENSURE PROPER PAYMENT*.**

Property address you need assistance with: _____

If requesting help with **Rent or Rent in arrears** submit:

Your lease or a default/late payment notice that identifies you as the named tenant under the lease. You must also submit a completed W-9 form, if management company; or social security number if private landlord (or, no W-9 is available).

Landlords Name	Landlords Address	Tax ID or SS#	Telephone No

Landlords Email Address	Account No.	Monthly Rent Amt.	Total Amount Past Due
		$	$

If requesting help with **Mortgage payments** or **Mortgage payments** in arrears submit:

Your deed accompanied by a deed of trust; and b) a default/late payment notice which identifies you as the property owner/debtor; and **Default/Late notice must show past due amount and client name and address on the account must match legal document like an identification card or Drivers license.** You must also submit a completed W-9 form from your Lien Holder.

Mortgage/Lien Holder Name	Mortgage/Lien Holder Address	Telephone No

Mortgage/Lien Holder Email	Account No.	Monthly Mortgage Amt.	Total Amount Past Due
		$	$

If requesting help with **Utility Payments or Late utility payments** submit:

Past due or disconnection notice (may be part of your most recent bill) **AND,** a **complete** copy of most recent bill showing amount due and due date. **Utility bill/Disconnection notice must show past due amount and client name and address on the account must match legal document like an identification card or Drivers license.**

Gas & Electric Co. Name	Utility Co. Billing Address	Utility Co. Telephone No
Account No	**Total Amount Past Due**	
	$	
Water Co. Name	**Water Co. Billing Address**	**Water Co. Telephone No**
Account No:	**Total Amount Past Due:**	
	$	
Garbage Co. Name	**Garbage Co. Billing Address**	**Garbage Co. Telephone No**
Account No	**Total Amount Past Due**	
	$	
Other Co. Name	**Other Co. Billing Address**	**Other Co. Telephone No**
Account No	**Total Amount Past Due**	
	$	

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MONTHLY EXPENSES

Please provide us with your monthly costs:

Rent/Mortgage	**$ _____**	**Daycare**	**$ _____**
Gas	**$ _____**	**Medical Bills**	**$ _____**
Electric	**$ _____**	**Health Insurance**	**$ _____**
Water	**$ _____**	**Medications**	**$ _____**
Trash	**$ _____**	**Fuel (Gas)**	**$ _____**
Home Phone	**$ _____**	**Car Note**	**$ _____**
Cell Phone	**$ _____**	**Car Insurance**	**$ _____**
Cable/Internet	**$ _____**	**Food**	**$ _____**
Credit Card Payments	**$ _____**	**Other:_____**	**$ _____**
Child Support	**$ _____**	**Other:_____**	**$ _____**
		TOTAL EXPENSES	**$ _____**

STATEMENT OF NEED

STATEMENT OF NEED *(Describe the circumstances which have led you to seek emergency assistance from the Alameda County STRMU Program). Please be sure to provide any/all information necessary for us to make a decision. Tell us why you are need of emergency assistance, how you will use that emergency assistance, and how this emergency assistance will PREVENT you from becoming homeless. (I.e. how will this assistance allow your household to reach stability?)* ***Please submit this on a separate document. IT MUST BE TYPEWRITTEN.***

Person Completing form: _____	**Date: _____**

Applicant Consent

I hereby affirm the enclosed information is true and complete to the best of my knowledge. I understand that if I have provided any false information, this may disqualify me for participation in the program. This application has been completed, and read by or to me, prior to signature.

I understand that Alameda County HCD may need to contact individuals or organizations to verify the above information. I further understand that my signature below serves as a time-limited consent to contact any individuals or agencies necessary to assess my eligibility for the program and coordinate related services. I may revoke my consent at any time in writing and, if not earlier revoked, it shall terminate upon my exit from the program.

I understand that the program is sponsored by Alameda County HCD and is funded with Federal Housing Opportunities for People with AIDS (HOPWA) funds and that my participation in the program is based, in part, on my HIV status. I further understand that while all participating agencies will adhere to all legal requirements to protect my confidentiality, my participation in the program may cause my HIV status to be inferred by others who become aware of my participation.

I understand that Alameda County HCD reserves the right to deny any application for STRMU assistance. If I disagree with the agency's decision I understand I may file a formal grievance.

Warning: Section 001 of Title 18 of the U.S. Civil Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. government as to any matter within its jurisdiction.

Funding for these programs comes from the City of Oakland thorough a contractual agreement. The contract, in alignment with federal regulations, assures that no person will be denied or excluded from programs funded by the City on the basis of race, color, creed, religion, gender, age, handicap, disability, sexual orientation, gender identity, marital status, ancestry, national origin – or any other basis prohibited by applicable law.

Note: All information must be complete and accurate for consideration. This is not an entitlement program. This application does NOT guarantee housing assistance of any kind.

Applicant:_____ Date:_____

Witness:_____ Date:_____