|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Form E: Demographic and Statistical Data** | | | | | | |
|  | | | | | | |
| ***Must be completed before program entry, and if there has been a change in household composition. This form is supplemental to the Client Intake Profile required for all clients.*** | | | | | | |
|  | | | | | | |
| Eligible Individual | | | | | | |
|  | |  | | | | |
| Client Name: | |  | | | | |
|  | | *First, Middle, Last* | | | | |
| Address: | |  | | | | |
|  | | *Street and Unit, City, State, Zip, County* | | | | |
| Phone and/or Email: | |  | | | | |
|  | | *Phone, Email* | | | | |
| Emergency Contact: | |  | | | | |
|  | | *Name, Relationship, Contact Information* | | | | |
|  | |  |  |  |  |  |
|  | | | | | | |
| **Prior Living Situation** | | | | | | |
| Select the prior living arrangement of the new or continuing eligible individual. | | | | | | |
|  | | | | | | |
| ***Continuing*** | | | | | | |
|  | Continued to receive housing assistance from the prior operating year | | | | | |
| ***New*** | | | | | | |
| |  |  | | --- | --- | |  | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway/airport, or outside) | |  | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | |  | Transitional housing for homeless persons | |  | Permanent housing for formerly homeless persons | |  | Psychiatric hospital or other psychiatric facility | |  | Substance use treatment facility or detox center | |  | Hospital (non-psychiatric facility) | |  | Foster care home or foster care group home | |  | Jail, prison or juvenile detention facility | |  | Rented room, apartment, or house | |  | House you own | |  | Staying or living in someone else’s (family and friends) room, apartment, or house | |  | Hotel or motel paid for by individual | |  | Other | |  | Don’t know or Refused | | | | | | | |

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| **Homeless Individuals** | | | | | | |
| If the eligible individual is [homeless](https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/) at entry, select if they are [chronically homeless](https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/) and/or a [homeless veteran](https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-veterans/)\*. | | | | | | |
|  | | | | | | |
|  | Chronically Homeless Person | |  | Homeless Veteran |  | Not applicable |
|  |  | |  |  |  |  |
| **Percentage of Area Median Income** | | | | | | |
| Select the Area Median Income range of the eligible individual’s household per their parish of residence. | | | | | | |
|  | | | | | | |
|  | 0-30% (extremely low) |  | 31-50% (very low) | |  | 51-80% (low) |

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| Additional Beneficiaries | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Additional beneficiaries are other household members enrolled in the HOPWA Program. Additional beneficiaries may be living with or without HIV. Enter aggregate demographic and statistical information for other household members in this section. Demographic and statistical data for the eligible individual must be entered in the previous section. The eligible individual is the household member who qualified the household for the program because they are living with HIV. While more than one person in the household may be living with HIV, only one person per household can be designated as the eligible individual. Do not include data on the eligible individual in this section. | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Name |  | DOB |  | Relationship to eligible individual | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **HIV Status** | | | | | | | | | | | | | | | | | | | | | | |
| Enter the number of additional beneficiaries who are living with HIV, or not living with HIV. | | | | | | | | | | | | | | | | | | | | | | |
| People living with HIV | | | | | | | | | |  | | | | | |
| People not living with HIV | | | | | | | | | |  | | | | | |
|  | |  |  |  |  |  |  |  |  | | |  | |  | |  |
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| **Age and Gender** | | | | | | | | | | | | | | | | | | | | | | |
| Enter the number of additional beneficiaries by age range and gender. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Male | | | Female | | | | | Transgender MTF | | | | | Transgender FTM | | | | | |
| Under 18 | | | |  |  |  |  |  |  | | |  | | |  |  |  |  | |  | |
| 18 to 30 years | | | |  |  |  |  |  |  | | |  | | |  |  |  |  | |  | |
| 31 to 50 years | | | |  |  |  |  |  |  | | |  | | |  |  |  |  | |  | |
| 51 years and older | | | |  |  |  |  |  |  | | |  | | |  |  |  |  | |  | |
|  | |  |  |  |  |  |  |  |  | | |  | | |  |  |  |  | |  | |
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| **Race and Ethnicity** | | | | | | | | | | | | | | | | | | | | | | |
| Enter the number of additional beneficiaries by race and ethnicity. | | | | | | | | | | | | | | | | | | | | | | |
| ***Race*** | | | | | | | | |  | | |  | | ***Ethnicity*** | | | | | | | | |
|  | | | | |  |  |  |  |  | | |  | |  | | | | | | | |
|  | American Indian/Alaskan Native | | | | | | | |  | |  | | Hispanic/Latino | | | | | |  | |
|  | Asian | | | | | | | |  | |  | | Non Hispanic/Latino | | | | | |  | |
|  | Black/African American | | | | | | | |  | |  | |  | | | | | |  | |
|  | Native Hawaiian/Other Pacific Islander | | | | | | | |  | |  | |  | | | | | |  | |
|  | White | | | | | | | |  | |  | |  | | | | | |  | |
|  | American Indian/Alaskan Native & White | | | | | | | |  | |  | |  | | | | | |  | |
|  | Other Multi-Racial | | | | | | | |  | |  | |  | | | | | |  | |