

# PHP Form E: Demographic and Statistical Data

*This form may be used in lieu of Form E for PHP clients to assist in CAPER reporting. If utilized, this form must be completed before program entry. This form is supplemental to the Client Intake Profile required for all PHP clients.*

## Eligible Individual

Client Name: \_\_\_\_\_  
*First, Middle, Last*

Address: \_\_\_\_\_  
*Street and Unit, City, State, Zip, Parish*

Phone and/or Email: \_\_\_\_\_  
*Phone, Email*

Emergency Contact: \_\_\_\_\_  
*Name, Relationship, Contact Information **MUST HAVE CURRENT ROI TO CONTACT***  
 ROI for Emergency Contact on file:  YES  NO

## Required Fields

### Pre-Enrollment Housing Situation

Select the prior living situation of the new or continuing eligible individual

- 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 formerly 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

### PHP Exit

Select applicable exit outcome.

- Continued receiving this activity into assistance into the next year
- Exited to other HOPWA housing programs
- Exited to other housing subsidy programs
- Exited to private housing

### Percentage of Area Median Income

Select the AMI range of the eligible individual's household per their parish of residence.

- 0-30% (extremely low)
- 31-50% (very low)
- 51-80% (low)

**Homeless Individuals**

If the pre-enrollment housing situation above was homelessness (place not meant for human habitation, emergency shelter, transitional housing), select all of the following that apply.

- Also meets [HUD definition of experiencing Chronically Homelessness](#)
- Also a veteran
- N/A

**Has Consistent Case Management Contact**

Select if client has contact with case manager/benefits counselor consistent with the schedule specified in the client's Individualized Service Plan (ISP).

- Yes
- No

**Has Housing Plan**

Select if client has a housing plan.

- Yes
- No

**Had Contact with Primary Healthcare Provider**

Select if client has contact with a primary health care provider consistent with the schedule specified in the client's ISP.

- Yes
- No

**Obtained Income Producing Job from HOPWA Effort**

Select if client obtained/maintained an income producing job during the program year (with or without any HOPWA-related assistance).

- Yes
- No

**Maintained Income**

Type of income client accessed or maintained during the last year. Select all that apply.

- Earned income from employment
- Retirement
- SSI
- SSDI
- Other Welfare Assistance (SNAP, WIC, TANF, etc.)
- Private Disability Insurance
- Veteran's Disability Payment (service or non-service connected payment)
- Regular contributions or gifts from someone not residing in the residence
- Worker's Compensation
- General Assistance(GA) or local program
- Unemployment Insurance
- Other Sources of Income
- Did Not Maintain Source of Income

**Medical Insurance**

Medical insurance client accessed in the past year. Select all that apply.

- MEDICAID Health Program or local program equivalent (Fee-for-Service or MCO coverage)
- MEDICARE Health Insurance or local program equivalent
- Veterans Affairs Medical Services
- AIDS Drug Assistance Program (LA HAP)
- State Children's Health Insurance Program (SCHIP) or local program equivalent
- Ryan White-funded Medical or Dental Assistance (RW Parts A or C or Guardian dental coverage)
- Did not access health insurance in the past year

## 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	<hr/>	<hr/>	<hr/>
2	<hr/>	<hr/>	<hr/>
3	<hr/>	<hr/>	<hr/>
4	<hr/>	<hr/>	<hr/>
5	<hr/>	<hr/>	<hr/>
6	<hr/>	<hr/>	<hr/>
7	<hr/>	<hr/>	<hr/>

**HIV Status**

Enter the number of additional beneficiaries who are living with HIV, or not living with HIV.

People living with HIV

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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	Gender Nonbinary	Transgender Female	Transgender Male	Gender not Disclosed
Under 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 to 30 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 to 50 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 years and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Race and Ethnicity**

Enter the number of additional beneficiaries by race and ethnicity.

**Race**

- Asian
- Asian & White
- Black/African American
- Black/African American & White
- American Indian/Alaskan Native
- American Indian/Alaskan Native & Black/African American
- American Indian/Alaskan Native & White
- Native Hawaiian/Other Pacific Islander
- Other Multi-Racial
- White

**Ethnicity**

- Hispanic/Latinx
- Non Hispanic/Latinx