

# TBRA Form E: Demographic and Statistical Data

*This form may be used in lieu of Form E for TBRA clients to assist in CAPER reporting. Update if there has been a change in household composition. This form is supplemental to the Client Intake Profile required for all TBRA 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

## Enrollment

### 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

### 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

## Enrollment and Update

### 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)

### Has Housing Plan

Select if client has a housing plan.

☐ Yes

☐ No

**These fields must be completed prior to CAPER. The fields are available at Enrollment and Update.**

## Prior to CAPER

### Anti-Retroviral Therapy

Select if client has ever been prescribed Anti-Retroviral Therapy. This information can be gathered from biopsychosocial assessment forms; documentation is not required.

☐ Yes

☐ No

### 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

### 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

**Housing Outcomes for Households Served by this Activity**

Select applicable housing 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 an emergency shelter
- ☐ Exited to private housing
- ☐ Exited to transitional housing (time limited- up to 24 months)
- ☐ Exited to an institutional arrangement expected to last less than six months
- ☐ Exited to institutional arrangement expected to last more than six months
- ☐ Exited to a jail/prison term expected to last less than six months
- ☐ Exited to a jail/prison term expected to last more than six months
- ☐ Exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain
- ☐ Exited to a place not meant for human habitation
- ☐ Were disconnected from care
- ☐ Died

**Longevity of Households Served by This Activity**

Select how long the client has been served by this HOPWA activity.

- ☐ Household served by HOPWA for less than one year
- ☐ Household served by HOPWA for more than one year, less than five years
- ☐ Household served by HOPWA for more than five years, less than 10 years
- ☐ Household served by HOPWA for more than 10 years, less than 15 years
- ☐ Household served by HOPWA for more than 15 years

## 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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

### 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