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| **Enrollment Date** | | | | | | | **Social Security Number** | | | | | | | | | | **Date of Birth** | | | | | | | | | | **Unique Client ID** | | | | | | | | | | | | | | | | |
| 01/01/2000 | | | | | | | 000-00-0000 | | | | | | | | | | 01/01/2000 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Legal Last Name** | | | | | | | | | | **Legal First Name** | | | | | | | | | | | | | | | | **Middle Initial and/or Maiden Name** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Preferred Pronoun** | | | | | | | | | | **Preferred Name** | | | | | | | | | | | | | | | | **OK to receive mail?** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | Y Yes | | |  | | | No | | | | |  | | | | | | |
| **Street Address** | | | | | | | | | | **City/State** | | | | | | | | | | | | | | | | **ZIP** | | | | | **County** | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| Homeless? | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address (if different than above)** | | | | | | | | | | **City/State** | | | | | | | | | | | | | | | | **ZIP** | | | | | **County** | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |
| **Phone Number** | | | | | | **Type** | | | | | | | | | | | | | | | **Text OK?** | | | | | | | **VM Message OK?** | | | | | | | | | | | | | | | |
|  | | | | | | Home | |  | | | Work | | |  | | Cell | | |  | | Yes | |  | | | No |  | | Yes | | | |  | | No | | | | | |  | | |
| **Emergency Contact: Name/Address** | | | | | | | | | | | | | **Relationship** | | | | | | | | **Phone Number** | | | | | | | | **Aware of Status?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | Yes | | |  | | | No | | | | |  | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | Yes | | |  | | | No | | |  | | | | | |
| **Household Members: Name/Address** | | | | | | | | | | | | | **Relationship** | | | | | | | | **Phone Number** | | | | | | | | **Aware of Status?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | Yes | | |  | | | No | | | | |  | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | Yes | | |  | | | No | | | |  | | | | |
|  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | Yes | | |  | | | No | | | |  | | | | |
| **Employer Name** | | | | | | | | | | | | | **Phone Number** | | | | | | | | **OK to Contact at Work?** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | Yes | | |  | | | No | |  | | | N/A | | | |  | | | | | | | |
| N/A | | | | |  | | | | | | | |
| **Gender** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male |  | | Female  If female, pregnant? | | | | | |  | | | | Transgender M to F | | | | |  | | | Transgender F to M | | | | |  | | | Transgender Other | | | | | | | | | | | | |  | |
| Sex at Birth | | | Male | | | | | |  | | | | Female | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Hispanic | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hispanic | | | |  | | If Hispanic, subgroup: | | | | | | | | | Mexican, Mexican American, Chicano/a | | |  | | Puerto Rican | | | | |  | Cuban | | | |  | | | | Other | | | | | | | | |  |
| **Race** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Indian or Alaska Native | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asian | | | |  | | If Asian, subgroup: | | | | | | Asian Indian | | | |  | | Chinese | | | |  | | | | Filipino | | | |  | | | | Korean | | | | | | | | |  |
| Black | | | |  | |  | | | | | | Japanese | | | |  | | Korean | | | |  | | | | Vietnamese | | | |  | | | | Other | | | | | | | | |  |
| Native Hawaiian or Pacific Islander | | | |  | | If NH or PI, subgroup: | | | | | | Native Hawaiian | | | |  | | Guamanian or Chamorro | | | | | | |  | Samoan | | | |  | | | | Other | | | | | | | | |  |
| White | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Literacy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Language: | English | | | |  | | | | Need an interpreter? | | | |  | | | | | Difficulty speaking primary language? | | | | | | |  | | Difficulty writing primary language? | | | | | | | |  | |
| Spanish | | | |  | | | |
| Other | | | |  | | | |
| Have you been told you have a Developmental/Disability/ Cognitive Impairment? | | | | |  | | | | If yes, specify: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| If Services are in place, specify: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **HIV Status** | | | | | | | | | | | | **HIV Risk Factors** | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV Positive (not AIDS) | | | |  | Dx date: | | | |  | | | MSM | | | |  | | | | | Heterosexual | | | |  | | IDU | |  | | | Perinatal | | |  | |
| HIV Positive (AIDS unknown) | | | |  | Dx date: | | | |  | | | Receipt of blood or tissue | | | | | | | | | | | | |  | |  | | | | | | | | | |
| CDC-defined AIDS | | | |  | Dx date: | | | |  | | | Hemophilic coagulation disorder | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Unknown or not reported/identified | | | |  |  | | | |  | | | Other (specify:) | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Eligibility Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Eligibility: | | | | Yes | | |  | | | | | **Expiration Date:** | | | | | | | | | |  | | | | | | | | | | | | | | |
| Referred to Eligibility, if yes what agency: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Physician: | |  | | | | | | | | | Address | | | | | |  | | | | | | | | | | Phone | | | |  | | | | | |
| Primary Physician: | |  | | | | | | | | | Address | | | | | |  | | | | | | | | | | Phone | | | |  | | | | | |
| **Current Medications including Over-the-Counter (OTC)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Viral Load Count | | |  | | | | | Viral Load Date | | | | | |  | | | | | | CD4 Count | | |  | | | | | CD4 Date | | | | | |  | | |
| **Insurance and Other Coverage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have any type of insurance: | | | | | | No | | | |  | | | | | | | | | Yes | | | | |  | | | Don’t Know | | |  | | | | | | |
| If yes, check all types that you currently have | | | | | | | | | | Medicaid | | | | |  | | | | Medicare A/B | | | | |  | | Medicare D | | | |  | | | Private Ins. | | |  |
| Other coverage: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issues with understanding, navigating and using insurance benefits | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needs help with health insurance enrollment | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Presenting Problem/Immediate Case Management Needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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