Application

After review of the completed HOPWA-TBRA Acuity Screening, additional information is needed to determine eligibility for the HOPWA-TBRA program. Please complete all questions/sections of the referral form and submit it, via secure email, to columbushousing@equitashealth.com. Incomplete forms may be returned to the referral source.

Date: _____/_____/_____

Referral Source Information

Name of Professional: _____ **Agency Name:** _____

Phone Number: (_____) _____ **E-mail Address:** _____

Client Contact Information

First Name: _____ **Last Name:** _____

Preferred Name: _____ **Date of Birth:** _____/_____/_____

Housing History

1. How many evictions does the client have on record? Select One

2. Has the client been unsuccessful with independent housing for reasons other than eviction? Select One

If YES: **2a. Please explain.**

3. What is the client's current living situation? Select One

If OTHER: **3a. Indicate the client's living situation:** _____

4. How long has the client resided in their current living situation? _____

5. Provide any additional information related to the client's current living situation:

Credit History

6. What is the client's credit history? Select One

7. Does the client have any unpaid utility bills? Select One

If YES: **7a. How many unpaid utility bills does the client have?** Select One

8. Does the client owe any outstanding debts to utility companies? Select One

If YES: **8a. What is the amount of debt? $**_____

If YES: **8b. What is the name of the utility company to whom the debt is owed?**

Criminal History

9. Does the client have any misdemeanors? Select One

10. Does the client have a critical felony offense (sex crime, arson, drugs, violence)? Select One

If YES: **10a. What is the charge?** _____

If YES: **10b. What is the date on record?** _____/_____/_____

11. Is the client required to register as a sex offender? Select One

12. Does the client have other felonies on record? Select One

If YES: **12a. Please describe:** _____

13. Has the client been released from jail or prison within the past six months? Select One

14. Does the client have an outstanding warrant for their arrest? Select One

Physical Health History

15. Date of HIV Diagnosis: _____/_____/_____

16. Most Recent Lab Values: CD4 Count: _____ Viral Load: _____

17. Does the client have any of the following comorbidities *(check all that apply)***?**

☐ Cancer ☐ Kidney Disease (or receiving dialysis) ☐ Hepatitis C (HCV) ☐ Heart Disease ☐ Tuberculosis

☐ Other: _____

18. How often does the client require assistance with:

18a. Obtaining or Preparing Meals? Select One

18b. Laundry? Select One

18c. Housekeeping? Select One

18d. Personal Hygiene? Select One

18e. Walking/Steps/Mobility? Select One

Substance Use History

19. Does the client have a history of substance abuse? Select One

If YES: **19a. Has it affected the client's ability to maintain housing?** Select One

If YES: **19b. Has it affected the client's ability to maintain employment** (over the past 18 months)**?** Select One

20. Does substance use currently affect the client's ability to obtain/maintain housing and/or employment? Select One

If YES: **20a. Please explain.**

Mental Health History

21. Has the client's mental health resulted in housing loss? Select One

22. Does mental health currently affect the client's ability to obtain/maintain housing? Select One

If YES: **22a. Please explain.**

23. Over the past 18 months, has mental health affected the client's ability to maintain employment? No

If YES: **23a. Please explain.**

Education and Employment History

24. What is the highest level of education competed by the client? Select One

25. Is the client currently:

Enrolled in school? Select One

Enrolled in job training? Select One

Employed? Select One

Seeking employment? Select One

Retired? Select One

If EMPLOYED: ***25a.*** **Employment status:** Select One

If EMPLOYED: **25b. Average number of hours worked per week:** _____

If EMPLOYED: **25c. Length of time in current position:** _____

If EMPLOYED: **25d. Wage earned per hour: $**_____

26. Is the client interested in obtaining employment or in career advancement? Select One

If YES: **26a. Is the client interested in working with a career consultant to develop and implement an individualized employment plan?** Select One

27. Is the client interested in engaging in an education and/or a training program? Select One

Income and Housing Expenses

28. Client's household composition: Household size: _____ Number of children in household: _____

29. Number of individuals contributing to household income? _____

30. Household monthly income: $_____

31. What is the household's source of income *(check all that apply)***?**

☐ None ☐ SSI/SSDI ☐ Employment ☐ Other: _____

32. What is the client's total current monthly housing expenses? *(insert costs below that comprise the total)* **$_____**

Rent: $_____ + Gas: $_____ + Electric: $_____ + Water/Sewer: $_____ + Other: $_____

32a. Percentage of income *(monthly amount spent towards housing divided by monthly housing income)***: ___%**

33. Does the client have a payee to assist with financial matters? No

34. How much money would the client be able to spend on rent and utilities, if not currently housed? NA, client housed

Client Readiness

35. Describe what the client hopes to obtain or achieve if approved for long-term rent subsidy.

36. What is the client's plan for increasing or obtaining income to achieve housing independence?

37. Using professional judgement, identify the client's readiness stage for each of the following areas:

37a. Employment

Select One

37b. Housing

Select One

37c. Health

Select One

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Referral Received: _____/_____/_____ Name of Reviewer: _____

Was Information Missing? ☐ Yes ☐ No

Describe Missing Information/Interaction w/Referral Source: _____

Request for Missing Information: _____/_____/_____ Missing Information Received: _____/_____/_____

E-mail Confirmation of Receipt of Referral to Referral Source: _____/_____/_____

Determination: ☐ HOPWA-TBRA Employment ☐ HOPWA Medically Fragile ☐ Denied, Does Not Meet Criteria

Explanation for Denial: _____

_____