

BASIC INFORMATION

1. **Name:** _____ **DOB:** _____ **SSN:** XXX - XX - _____

Other names used: _____

2. **Address:** _____

Number	Street	Apt#
City	State	Zip Code

3. **Telephone Number:** _____ **Okay to leave a detailed message?** Yes No (Be discreet)
Telephone Number: _____ **Okay to leave a detailed message?** Yes No (Be discreet)

4. **Relationship:** Single Married Partner Divorced Separated Widowed

5. **How many people live in your household?** _____ **Names and relationships:** _____

6. **Ethnicity:** Hispanic/Latino Not Hispanic/Latino
Race: Black/African American White/Caucasian Asian American Indian or Alaska Native
 Native Hawaiian or Pacific Islander Other _____

7. **Gender:** Male Female Transgender: M to F Transgender: F to M

8. **Do you need an interpreter:** Spanish ASL Other _____

9. **Citizenship/ Immigration Status:** U.S. Citizen Other: _____

10. **Do you have a Case Manager?** No Yes: Name: _____

Name of Case Manager's organization: _____

11. **Who referred you to ALP/ALAS?** Case Manager Other: _____

12. **Have you already met or spoken with an ALP/ALAS attorney or representative?** No Yes

13. **Are you a veteran?** No Yes: Service dates and discharge status: _____

FINANCIAL INFORMATION

14. **What is your total monthly income (before taxes) from all sources?** (check all that apply)

Social Security (SSD/Retirement/Survivors) \$ _____ Supplemental Security Income (SSI) \$ _____

Private Disability \$ _____ VA \$ _____

Employment (before taxes) \$ _____ Unemployment \$ _____

Support from Spouse/Partner/Family/Friends \$ _____ General Assistance \$ _____

Child Support: _____ \$ _____ Other : _____ \$ _____

15. **Are you having any problems with benefits (suspension/termination/reduction/overpayment)?**

No Yes: _____

16. Have you been denied benefits (SSA, STD, LTD, Unemployment, Food Stamps, TANF, etc.)? No Yes

If "Yes," what benefits were denied? _____ Denial date: _____

Did you appeal the denial? No Yes: Date: _____

17. Do you owe taxes to the IRS or state? No Yes: _____ \$ _____

18. Are you having problems paying your debts? No Yes Sometimes

If "Yes" or "Sometimes," how much do you owe? Credit Cards \$ _____
 Car loan \$ _____
 Medical Bills \$ _____
 Utilities \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

Are you unable to repay your student loans? No Yes

19. Are creditors or debt collectors contacting you? No Yes

Have creditors or debt collectors sued you? No Yes: _____

MEDICAL INFORMATION

20. When were you diagnosed with HIV/AIDS? _____ Current diagnosis: HIV AIDS

21. How do you pay for your medical care, including prescriptions? (check all that apply)

Medicare Medicaid ADAP PCIP VA Insurance
 Private Insurance COBRA: HIPP? No Yes Other: _____

22. Are you getting health care (medical, dental, mental)? No Yes: Where: _____

Date you were last treated or date of most recent lab work: _____

23. Were you denied medical or dental care? No Yes: Who: _____ Date: _____

Did you file a complaint or speak with an attorney? No Yes

CONFIDENTIALITY AND DISCLOSURE

24. Are you open about your HIV status? No Yes: ___Family ___Friends ___Employer ___Community

25. In the past 12 months has anyone disclosed your HIV status without your permission?

No Yes: Name of person(s) who disclosed _____

26. Do you know about the law that requires you to disclose your HIV status? No Yes

PLANNING

27. Do you have: Last Will and Testament Financial Power of Attorney Advance Directive for Health Care Guardianship for dependent
Do you want: Last Will and Testament Financial Power of Attorney Advance Directive for Health Care Guardianship for dependent

EMPLOYMENT

28. Are you working? No On and off Yes: Where: _____
Length of employment: _____ Number of hours: _____ Number of employees: _____
If you get SSA benefits, does SSA know about your work? No Yes: How? _____
29. Do you have health insurance through work? No Yes
30. Do you have STD/LTD through work? No Yes: Who pays the premiums? Employer Employee
31. Are you looking for work or do you plan to work in the next year? No Yes
32. Does your employer know your HIV+ status? No Yes: How? _____
33. Are you having, or have you had, any problems at work? No Yes: What kind of problems?
- Fired/terminated/laid off**
Reason you believe you were fired/terminated/laid off? (for example: disclosed HIV/AIDS status, budget, etc.): _____
Reason employer gave for firing/termination/lay off? _____
Did you apply for Unemployment Benefits? No Yes
Did your employer give you COBRA information? No Yes: Applied? No Yes
Did you have life insurance? No Yes: Did you convert or continue coverage? No Yes
 - Harassed or discriminated against based on HIV/AIDS** (name calling, isolated, demoted, etc.): _____
 - Denied accommodation** (different work schedule, reassignment, etc.): _____
 - Denied FMLA**
 - Other** _____
34. Most recent date of adverse action: _____ If continuing violation, earliest date of adverse action: _____
35. Did you file a complaint with the EEOC, speak with an attorney, or file a civil lawsuit regarding your employment claim? No Yes: With whom? _____ Date: _____

HOUSING AND LANDLORD/TENANT

36. Living Arrangements: Rental: PHA/Subsidized Rental: Private Own home Relatives /Friends
 Homeless Transitional/Treatment Program Other: _____
37. Have you been denied housing due to a criminal history or bad credit? No Yes, when? _____
38. Total amount you pay for rent or mortgage \$ _____ Can you afford to pay this amount? No Yes
Is the amount you pay different than the lease amount or mortgage? No Yes: Explain (roommate, Section 8, LTRA, etc.): _____
If you live in Section 8 housing, does your landlord charge you extra money? No Yes

