

**Office of AIDS Housing Opportunities for Persons with AIDS Program (HOPWA)  
Minimum Dataset**

<b>DATA ELEMENT</b>	<b>TAB</b>	<b>SUBTAB</b>
<b>CLIENT INFORMATION</b>		
Street Address (residence)	Demographics	Contact Info
City (residence)	Demographics	Contact Info
State (residence)	Demographics	Contact Info
Zip Code (residence)	Demographics	Contact Info
County (residence)	Demographics	Contact Info
Last Name	Demographics	Demographic Detail
First Name	Demographics	Demographic Detail
Middle Initial	Demographics	Demographic Detail
Date of Birth	Demographics	Demographic Detail
Mother's Maiden Name	Demographics	Demographic Detail
Gender	Demographics	Demographic Detail
Hispanic	Demographics	Demographic Detail
Race(1)	Demographics	Demographic Detail
Race (2) if applicable	Demographics	Demographic Detail
Date of Death (if applicable)	Demographics	Demographic Detail
Veteran	Demographics	Demographic Detail
Agrees to Share Data	Demographics	Agency Specifics
Agency Status	Demographics	Agency Specifics
Status as of Date	Demographics	Agency Specifics
Agency Enrollment Date	Demographics	Agency Specifics
Reason for Status Change (if applicable)	Demographics	Agency Specifics
(Document) Type	Eligibility	Eligibility Documents
• ARIES Consent Form	Eligibility	Eligibility Documents
• Proof of Diagnosis	Eligibility	Eligibility Documents
• Proof of Income	Eligibility	Eligibility Documents
Client Income • Employed • Public Assistance • All applicable Client Income sources	Eligibility	Financial
Assets	Eligibility	Financial
CDC Disease Stage	Medical	Basic Medical
Chronically Homeless as identified by HUD	Programs	HOPWA: Housing and Income Assessment Part 1
Living Situation at Time of Enrollment to HOPWA Program	Programs	HOPWA: Housing and Income Assessment Part 1
Application Type – Family or Individual	Programs	HOPWA: Housing and Income Assessment Part 1
Complete all fields on HOPWA Housing and Income Assessment Part 3	Programs	HOPWA: Housing and Income Assessment Part 3
Rent Worksheet. The Rent Worksheet is not applicable to clients applying for STRMU, hotel/motel vouchers, housing placement, housing information or	Programs	HOPWA: Housing and Income Assessment Part 3

DATA ELEMENT	TAB	SUBTAB
supportive services.		
<b>HOUSEHOLD MEMBER INFORMATION</b> <b>(Complete the following fields for each household member living with the client)</b>		
<ol style="list-style-type: none"> <li>1. For Household Member data, select the New or Edit button under Household Members.</li> <li>2. If a household member is already in ARIES as an Affected/Related client, the individual's name, relationship to applicant, race, ethnicity, date of birth, gender and CDC Disease stage may have already been populated to the HOPWA Household screen.</li> <li>3. For Affected/Related household members, complete or update the income section. Click the Save button when you are finished.</li> <li>4. If the household member is not in ARIES as an Affected/Related client, DO NOT ENTER THE PERSON'S NAME. Use a generic placeholder such as partner, child #1, mother, uncle, friend, etc.</li> <li>5. For non-Affected/Related household members, complete all components of this section. Click the Save button when you are finished.</li> </ol>	Programs	HOPWA: Housing and Income Assessment Part 3 – Household Members
Enroll Eligible clients	Programs	HOPWA: Program Enrollment
<b>SERVICES</b> <b>(Required of all Providers)</b>		
Staff	Services	N/A
Date of Service	Services	N/A
Contract ID, i.e., HOPWA	Services	N/A
Program, i.e., HOPWA Program	Services	N/A
Primary Service	Services	N/A
Secondary Service (if applicable)	Services	N/A
Agency Subservice (if applicable)	Services	N/A
Unit of Service	Services	N/A