The purpose of this information collection is to allow SPNS grantees to collect standardized project data that can be used to compare outcomes with other projects. HUD will use the information collected to share lessons learned and promising practices with the public. The information collected on this form is required to obtain a benefit. It will not be held confidential. The public reporting burden for this collection of information is estimated to average 20 hours. This includes the time for collecting, reviewing, and reporting the data. HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a currently valid OMB control number. **OMB Approval No. 2506-0133** (Expiration Date: XX/XX/XXXX)

HUD Grant Number:	
Grantee Name:	
Operating Year:	
(From: MM/DD/YYYY -	
To: MM/DD/YYYY)	

Instructions: The HIV Housing Care Continuum Model requires grantees to collect client-level data elements for each person with diagnosed HIV receiving HOPWA assistance by type of assistance received with HOPWA funding under the awarded grant. Grantees should only report aggregate data collected for HOPWA eligible program beneficiaries with an HIV diagnosis assisted with HOPWA funding through the grant and in the operating year identified in the chart above. Client-level data is required to report on data elements on this form, but no personally identifying information (PII) should be reported to HUD. This reporting form must be submitted to HOPWA@hud.gov within 90 days of the completion of the operating year.

Data Elements Defined

The client-level data elements should be collected at minimum annually and at the following times: Client Intake, HOPWA Assistance Ends, Type of HOPWA Assistance Changes, or Recertification for HOPWA Assistance.

Receipt of Care. Receipt of care is measured as a person with diagnosed HIV receiving HOPWA assistance under this NOFA who had at least one CD4 or viral load test during the operating year.

Retained in Care. Retained in care is measured as a person with diagnosed HIV receiving HOPWA assistance under this NOFA who had two or more CD4 or viral load tests, performed at least three months apart during the operating year.

Viral Suppression. Viral suppression is measured as a person with diagnosed HIV receiving HOPWA assistance under this NOFA who had a viral load test result of <200 copies/mL at the most recent viral load test during the operating year.

Type of HOPWA assistance received. The type of HOPWA assistance received by the person with diagnosed HIV includes any HOPWA assistance for housing or supportive services funded through the grant reported. This data element will provide the denominator for the variety of HIV Housing Care Continuums created through each question of the HIV Housing Care Continuum Model Report. Grantees are required to separately report receipt of care, retained in care, and viral suppression for persons with diagnosed HIV receiving the following categories of type of HOPWA assistance under this NOFA: Any eligible HOPWA assistance; Housing assistance only; Supportive Services only; Both Housing assistance and Supportive Services; Tenant-based Rental Assistance (TBRA) and Master Leasing only; TBRA, Master Leasing, and Supportive Services; Facility-based Housing only; Facility-based Housing and Supportive Services; Other Housing Activities only; and Other Housing Activities and Supportive Services.

Project Data

1. Any Eligible HOPWA Assistance. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received <u>any type of HOPWA assistance</u> through the grant and in the operating year identified on this form.

1A. Total Number of HOPWA eligible
program beneficiaries with an HIV diagnosis
who received any type of HOPWA assistance.

Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received any type of HOPWA assistance, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 1A serves as the total number of beneficiaries for which additional details are requested in 1B, 1C, and 1D, and therefore no amount listed in 1B, 1C, or 1D should exceed the amount listed in 1A.

	1B. Receipt of Care	1C. Retained in Care	1D. Viral Suppression
Of the			
beneficiaries			
identified in 1A,			
identify the			
number to achieve			
the following:			

1E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression

for HOPWA eligible program beneficiaries with an HIV diagnosis who received any type of
HOPWA housing assistance through the grant and in the operating year identified on this form

2.	HOPWA Housing Assistance Only. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received HOPWA housing assistance only through the grant and in the operating year identified on this form. HOPWA housing assistance includes Operating Costs, Leasing, Tenant-based Rental Assistance (TBRA), Short-term rent, mortgage, and utilities (STRMU), Permanent Housing Placement Assistance, and Other HUD-Approved Housing Activities. Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition HOPWA housing assistance.				
p w	•	HOPWA eligible es with an HIV diagnosis 'A housing assistance			
ho in ide	Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received HOPWA housing assistance only reported in 2A, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 2A serves as the total number of beneficiaries for which additional details are requested in 2B, 2C, and 2D, and therefore no amount listed in 2B, 2C, or 2D should exceed the amount listed in 2A.				
b id id n	f the eneficiaries entified in 2A, entify the umber to achieve se following:	2B. Receipt of Care	2C. Retained in Care	2D. Viral Suppression	
wi for	th collecting this da HOPWA eligible pi	on Narrative. Provide a de ta and the challenges pro rogram beneficiaries with gh the grant and in the o	eventing clients from acl n an HIV diagnosis who r	nieving viral suppression eceived HOPWA housing	

beneficiaries with a and in the operatin	g year identified on this type of HOPWA assistand	eived <u>Supportive Service</u> form. Do <u>NOT</u> include pr	es only through the grant ogram beneficiaries who
3A. Total Number of F program beneficiaries who received Support	with an HIV diagnosis		
Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received Supportive Services only, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 3A serves as the total number of beneficiaries for which additional details are requested in 3B, 3C, and 3D, and therefore no amount listed in 3B, 3C, or 3D should exceed the amount listed in 3A.			
Of the beneficiaries identified in 3A, identify the number to achieve the following:	3B. Receipt of Care	3C. Retained in Care	3D. Viral Suppression
3E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received HOPWA Supportive Services only through the grant and in the operating year identified on this form.			

	H. Both HOPWA Housing Assistance and Supportive Services. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both HOPWA Housing Assistance and Supportive Services through the grant and in the operating year identified on this form. Program beneficiaries receiving only HOPWA Housing Assistance or only HOPWA Supportive Services should NOT be included here and should be reported in Project Data 1 or 2, as appropriate.			
4A	. Total Number of HC	PWA eligible		
1	ogram beneficiaries w	<u> </u>		
1 -	no received both HOP	•		
As	sistance and HOPWA	Supportive Services.		
ben ope ben	Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received both HOPWA Housing Assistance and Supportive Services, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 4A serves as the total number of beneficiaries for which additional details are requested in 4B, 4C, and 4D, and therefore no amount listed in 4B, 4C, or 4D should exceed the amount listed in 4A.			
		4B. Receipt of Care	4C. Retained in Care	4D. Viral Suppression
ide ide to	the beneficiaries entified in 4A, entify the number achieve the lowing:	·		
with for	n collecting this data a HOPWA eligible progi	and the challenges prev ram beneficiaries with a	<u> </u>	ieving viral suppression ceived HOPWA housing

5.	of HOPWA eligible Master Leasing only NOT include progra	program beneficiaries w	ith an HIV diagnosis wh in the operating year id eived any other type of	lentified on this form. Do HOPWA assistance
5,	A. Total Number of F	IOPWA eligible		
1 -	-	with an HIV diagnosis		
W	ho received TBRA or	Master Leasing Only.		
Οf	the total HOPWA eli	gible program beneficia	ries with an HIV diagno	sis who received TRRA or
ma ret The	Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received TBRA or Master Leasing only, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 5A serves as the total number of beneficiaries for which additional details are requested in 5B, 5C, and 5D, and therefore no amount listed in 5B, 5C, or 5D should exceed the amount listed in 5A.			
		5B. Receipt of Care	5C. Retained in Care	5D. Viral Suppression
id id to	f the beneficiaries lentified in 5A, lentify the number a achieve the ollowing:	·		••
wi for	5E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received TBRA or Master Leasing only through the grant and in the operating year identified on this form.			

6.	HOPWA eligible prog Master Leasing AND identified on this for	•	an HIV diagnosis who r rough the grant and in t es receiving only TBRA (eceived <u>both TBRA or</u>
pr W	A. Total Number of Ho ogram beneficiaries ho received both TBF ND Supportive Servic	with an HIV diagnosis RA or Master Leasing		
TBI wh yea for	RA or Master Leasing o were in receipt of our or identified on this for which additional det	care, retained in care, a orm. The amount listed	es, report the number on the achieved viral suppro- in 6A serves as the tota , 6C, and 6D, and there	of program beneficiaries
id id to	f the beneficiaries entified in 6A, entify the number achieve the llowing:	6B. Receipt of Care	6C. Retained in Care	6D. Viral Suppression
6E. wit for Ma	Data Interpretation h collecting this data HOPWA eligible prog	gram beneficiaries with	venting clients from acl an HIV diagnosis who r	hieving viral suppression

beneficiaries with a grant and in the op	nn HIV diagnosis who re erating year identified eceived any other type	total number of HOPWA eceived <u>Facility-based Ho</u> on this form. Do <u>NOT</u> inc of HOPWA assistance thi	using only through the
7A. Total Number of F program beneficiaries who received Facility-	with an HIV diagnosis		
based Housing only, reretained in care, and ac The amount listed in 74	port the number of prochieved viral suppression is serves as the total number, and 7D, and therefore	aries with an HIV diagnor ogram beneficiaries who on in the operating year i mber of beneficiaries for e no amount listed in 7B,	identified on this form. which additional details
Of the beneficiaries identified in 7A, identify the number to achieve the following:	7B. Receipt of Care	7C. Retained in Care	7D. Viral Suppression
with collecting this data for HOPWA eligible pro	a and the challenges pr ogram beneficiaries wit	escription of both the che exerciption of both the che exercised and HIV diagnosis who recating year identified on	hieving viral suppression eceived Facility-based
<u> </u>		· ·	

Both Facility-based Housing and Supportive Services. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both Facility-based Housing and Supportive Services through the grant and in the operating year identified on this form. Program beneficiaries receiving only Facility-based Housing or only Supportive Services should NOT be included here and should be reported in Project Data 2 or 7, as appropriate.			
8A. Total Number of F program beneficiaries who received both Fa- and Supportive Service	with an HIV diagnosis cility-based Housing		
of HOPWA assistance, retained in care, and ac	report the number of p chieved viral suppressic A serves as the total nur	rogram beneficiaries who on in the operating year i mber of beneficiaries for	
Of the beneficiaries identified in 8A, identify the number to achieve the following:	8B. Receipt of Care	8C. Retained in Care	8D. Viral Suppression
8E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received both Facility-based Housing and Supportive Services through the grant and in the operating year identified on this form.			

P. Short-term Rent, Mortgage, and Utilities (STRMU) Only. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received <u>STRMU only</u> through the grant and in the operating year identified on this form. Do <u>NOT</u> include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to STRMU.			
9A. Total Number of HO program beneficiaries w who received STRMU or	vith an HIV diagnosis		
Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received any type of HOPWA assistance, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 9A serves as the total number of beneficiaries for which additional details are requested in 9B, 9C, and 9D, and therefore no amount listed in 9B, 9C, or 9D should exceed the amount listed in 9A.			
Of the beneficiaries identified in 9A, identify the number to achieve the following:	9B. Receipt of Care	9C. Retained in Care	9D. Viral Suppression
9E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received STRMU only through the grant and in the operating year identified on this form.			

10. Both STRMU and Supportive Services. Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both STRMU and Supportive Services through the grant and in the operating year identified on this form. Program beneficiaries receiving only STRMU or only Supportive Services should NOT be included here and should be reported in Project Data 1 or 2, as appropriate.						
10A. Total Number of E program beneficiaries who received both STR Services.	with an HIV diagnosis					
Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received both STRMU and Supportive Services, report the number of program beneficiaries who were in receipt of care, retained in care, and achieved viral suppression in the operating year identified on this form. The amount listed in 10A serves as the total number of beneficiaries for which additional details are requested in 10B, 10C, and 10D, and therefore no amount listed in 10B, 10C, or 10D should exceed the amount listed in 10A.						
Any Eligible HOPWA Assistance Of the beneficiaries identified in 10A, identify the number to achieve the following:	10B. Receipt of Care	10C. Retained in Care	10D. Viral Suppression			
10E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received both STRMU and Supportive Services through the grant and in the operating year identified on this form.						

program beneficiar <u>Activities only</u> throu include program be	ies with an HIV diagnos ugh the grant and in the eneficiaries who receive	Only. Provide the total notes is who received Other Hower Homes of Hoples and other type of HOPLE of HOUSING ACT	ed on this form. Do <u>NOT</u> WA assistance through		
' -	HOPWA eligible with an HIV diagnosis UD-approved Housing				
HUD-approved Housing receipt of care, retaine on this form. <i>The amou</i>	g Activities only, report d in care, and achieved unt listed in 11A serves equested in 11B, 11C, a	l viral suppression in the as the total number of be and 11D, and therefore no	beneficiaries who were in operating year identified eneficiaries for which		
Of the beneficiaries identified in 11A, identify the number to achieve the following:	11B. Receipt of Care	11C. Retained in Care	11D. Viral Suppression		
11E. Data Interpretation Narrative. Provide a description of both the challenges encountered with collecting this data and the challenges preventing clients from achieving viral suppression for HOPWA eligible program beneficiaries with an HIV diagnosis who received Other HUD-approved Housing Activities only through the grant and in the operating year identified on this form.					
11F. Briefly describe the Other Housing Activities HUD approved under the grant identified.					

		ities and Supportive Ser	
		~	nosis who received <u>both</u>
		<u>nd Supportive Services</u> th	
		_	eceiving only Other HUD-
approved Housing	Activities or only Suppo	rtive Services should <u>NO</u> T	[be included here and
should be reported	d in Project Data 2 or 11,	, as appropriate.	
12A. Total Number o	f HOPWA eligible		
program beneficiarie	s with an HIV diagnosis		
who received both O	ther HUD-approved		
Housing Activities an	d Supportive Services.		
		_	sis who received any type
of HOPWA assistance,	report the number of p	rogram beneficiaries wh	o were in receipt of care
retained in care, and a	achieved viral suppression	on in the operating year i	dentified on this form.
The amount listed in 1	2A serves as the total n	umber of beneficiaries fo	r which additional details
are requested in 12B,	12C, and 12D, and there	fore no amount listed in	12B, 12C, or 12D should
exceed the amount lis	ted in 12A.		
	12B. Receipt of Care	12C. Retained in Care	12D. Viral Suppression
Of the beneficiaries			
identified in 12A,			
identify the			
number to achieve			
the following:			
_			
12E. Data Interpretati	on Narrative.Provide a	description of both the c	hallenges encountered
with collecting this da	ta and the challenges pr	eventing clients from acl	hieving viral suppression
for HOPWA eligible pr	ogram beneficiaries wit	h an HIV diagnosis who r	eceived both Other HUD
		ervices through the grant	
year identified on this		0 0	1 0