

## HIV Housing Care Continuum Model

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](mailto: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; Short-term Rent, Mortgage, and Utilities (STRMU) only; STRMU 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 any type of HOPWA assistance 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.	
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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

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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.

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**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.

2A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received HOPWA housing assistance only.	
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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.*

	2B. Receipt of Care	2C. Retained in Care	2D. Viral Suppression
Of the beneficiaries identified in 2A, identify the number to achieve the following:			

**2E. 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 housing assistance only through the grant and in the operating year identified on this form.

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**3. HOPWA Supportive Services Only.** Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received Supportive Services only through the grant and in the operating year identified on this form. *Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to Supportive Services.*

3A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received Supportive Services only.	
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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.*

	3B. Receipt of Care	3C. Retained in Care	3D. Viral Suppression
Of the beneficiaries identified in 3A, identify the number to achieve the following:			

**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.

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**4. 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 HOPWA eligible program beneficiaries with an HIV diagnosis who received both HOPWA Housing Assistance and HOPWA Supportive Services.	
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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
Of the beneficiaries identified in 4A, identify the number to achieve the following:			

**4E. 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 housing assistance only through the grant and in the operating year identified on this form.

**5. Tenant-Based Rental Assistance (TBRA) or Master Leasing Only.** Provide the total number of 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. *Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to TBRA or Master Leasing.*

5A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received TBRA or Master Leasing Only.	
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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
Of the beneficiaries identified in 5A, identify the number to achieve the following:			

**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. Both TBRA or Master Leasing AND Supportive Services.** Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both TBRA or Master Leasing AND Supportive Services through the grant and in the operating year identified on this form. *Program beneficiaries receiving only TBRA or Master Leasing or only Supportive Services should NOT be included here and should be reported in Project Data 2 or 5, as appropriate.*

6A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both TBRA or Master Leasing AND Supportive Services.	
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Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received both TBRA or Master Leasing 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 6A serves as the total number of beneficiaries for which additional details are requested in 6B, 6C, and 6D, and therefore no amount listed in 6B, 6C, or 6D should exceed the amount listed in 6A.*

	6B. Receipt of Care	6C. Retained in Care	6D. Viral Suppression
Of the beneficiaries identified in 6A, identify the number to achieve the following:			

**6E. 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 TBRA or Master Leasing AND Supportive Services through the grant and in the operating year identified on this form.

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**7. Facility-based Housing Only.** Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received Facility-based Housing only through the grant and in the operating year identified on this form. *Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to Facility-base Housing.*

7A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received Facility-based Housing only.	
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Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received Facility-based Housing 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 7A serves as the total number of beneficiaries for which additional details are requested in 7B, 7C, and 7D, and therefore no amount listed in 7B, 7C, or 7D should exceed the amount listed in 7A.*

	7B. Receipt of Care	7C. Retained in Care	7D. Viral Suppression
Of the beneficiaries identified in 7A, identify the number to achieve the following:			

**7E. 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 Facility-based Housing only through the grant and in the operating year identified on this form.

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**8. 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 HOPWA eligible program beneficiaries with an HIV diagnosis who received both Facility-based Housing and Supportive Services.	
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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 8A serves as the total number of beneficiaries for which additional details are requested in 8B, 8C, or 8D should exceed the amount listed in 8A.*

	8B. Receipt of Care	8C. Retained in Care	8D. Viral Suppression
Of the beneficiaries identified in 8A, identify the number to achieve the following:			

**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.

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**9. Short-term Rent, Mortgage, and Utilities (STRMU) Only.** Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received STRMU only through the grant and in the operating year identified on this form. Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to STRMU.

9A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received STRMU only.	
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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.*

	9B. Receipt of Care	9C. Retained in Care	9D. Viral Suppression
Of the beneficiaries identified in 9A, identify the number to achieve the following:			

**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 HOPWA eligible program beneficiaries with an HIV diagnosis who received both STRMU and Supportive Services.	
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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.*

<i>Any Eligible HOPWA Assistance</i>	10B. Receipt of Care	10C. Retained in Care	10D. Viral Suppression
Of the beneficiaries identified in 10A, identify the number to achieve the following:			

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.

**11. Other HUD-Approved Housing Activities Only.** Provide the total number of 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. *Do NOT include program beneficiaries who received any other type of HOPWA assistance through the grant identified in addition to Other HUD-approved Housing Activities.*

11A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received Other HUD-approved Housing Activities only.	
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Of the total HOPWA eligible program beneficiaries with an HIV diagnosis who received Other HUD-approved Housing Activities 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 11A serves as the total number of beneficiaries for which additional details are requested in 11B, 11C, and 11D, and therefore no amount listed in 11B, 11C, or 11D should exceed the amount listed in 11A.*

	11B. Receipt of Care	11C. Retained in Care	11D. Viral Suppression
Of the beneficiaries identified in 11A, identify the number to achieve the following:			

**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.**

**12. Both Other HUD-Approved Housing Activities and Supportive Services.** Provide the total number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both Other HUD-approved Housing Activities and Supportive Services through the grant and in the operating year identified on this form. *Program beneficiaries receiving only Other HUD-approved Housing Activities or only Supportive Services should NOT be included here and should be reported in Project Data 2 or 11, as appropriate.*

12A. Total Number of HOPWA eligible program beneficiaries with an HIV diagnosis who received both Other HUD-approved Housing Activities and Supportive Services.	
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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 12A serves as the total number of beneficiaries for which additional details are requested in 12B, 12C, and 12D, and therefore no amount listed in 12B, 12C, or 12D should exceed the amount listed 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 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 Other HUD-approved Housing Activities and Supportive Services through the grant and in the operating year identified on this form.