Agency:			Project En	ntry Date:	
Project:			Case Wor	ker:	
Hawaii HMIS	Add New Clien	t. Identifying			
	Add New Chen	it. Identifying			□ Client prefers not to answer
Name Quality*:	□ Full name	□ Partial, street/code	name $\Box$ Client does	n't know	□ Data Not collected
First Name*:			Last Name*:		
Middle Name:			Suffix		
Birth Date*:		□ Full DOB □ □ Partial (MM/YY) □			prefers not to answer lot collected Age:
Social Security#	*:	□ Full	l □ Partial ent Doesn't know		prefers not to answer lot collected
Gender*	<ul> <li>☐ Man (Boy, if c</li> <li>☐ Woman (Girl,</li> <li>☐ Transgender</li> <li>☐ Questioning</li> </ul>	if child) Two-spin □ Non-Bina		□ Clier □ Data	nt Doesn't know nt prefers not to answer Not collected
Primary Language*	<ul> <li>□ Chinese</li> <li>□ Chuukese</li> <li>□ English</li> <li>□ Ilocano</li> <li>□ Japanese</li> <li>Other:</li> </ul>	<ul> <li>☐ Korean</li> <li>☐ Marshallese</li> <li>☐ Spanish</li> <li>☐ Tagalog</li> <li>☐ Vietnamese</li> </ul>	If Non-US Citizen Chuuk-Mic Kosrae-Mic Marshall Is Palau	ronesia cronesia	<ul> <li>Pohnpei-Micronesia</li> <li>Yap-Micronesia</li> <li>Client Doesn't know</li> <li>Client prefers not to answer</li> <li>Data Not collected</li> </ul>
Relationship to Head of Household*	<ul> <li>Self (H of H)</li> <li>Spouse</li> <li>Child</li> <li>Step Child</li> <li>Foster Child</li> <li>Grandparent</li> </ul>	<ul> <li>☐ Guardian</li> <li>☐ Grandchild</li> <li>☐ Other Relative</li> <li>☐ Other Non-Relativ</li> <li>☐ Unknown</li> </ul>	Veteran St No Ve	0	<ul> <li>Client doesn't know</li> <li>Client prefers not to answer</li> <li>Data not collected</li> </ul>
□ An Ir □ As □ Bla □ His	et all that apply) nerican Indian, Ala ndigenous sian or Asian Amer ack, African Amer spanic/Latina/e/o iddle Eastern/North	ican* □ Cli ican, African □ Cli □ Da	ative Hawaiian or Pacif hite ient doesn't know ient prefers not to answ ata not collected		
Additional F	Race and Ethnicity	y detail:		·····	
If Asian Choser	n 🗆 Ja	lipino □ Vietname panese □ Other Asi orean			

Bridging the Gap – PATH Street Outreach & Services Only Adult Entry Assessment Form					
Hawaii HMIS Add New Client: Identifying (Continued)					
If Native Hawaiian/Other Pacific Islander chosen above*         Native Hawaiian       Marshallese         Guamanian/Chamorro       Micronesian         Other Pacific	□ Tongan Islander				
What race do you identify with most?*         American India/Alaskan Native       Guamanian/Chamorro         Asian Indian       Native Hawaiian         Black/African American       Japanese         Chinese/Taiwanese       Korean         Filipino       Marshallese	□ Tongan□ Micronesian□ Vietnamese□ Other Asian□ White□ Other Pacific Islander□ Client doesn't know□ Portuguese□ Client refused□ Samoan□ Data not collected				
Address*:					
Zip Code*:   City:   Country*:   Country*:   Cell Phone:   Primary   Secondary   Tertiary   Email Address:    Other Information - CONSENT   Was Consent given to share data? :   Yes   No   Date of Consent:   ***All consent forms must be uploaded into the HMIS	Apt. Number:				
If more than one adult in household, complete additional adult	entry form; if child, complete child form				
Hawaii Enrollment Add/Edit Enrollment Entry Date*: Program*:	Enrollment Exit Date: <u>DO NOT CHANGE</u> Provider*: <u>MATCH PROGRAM NAME</u>				
Case Manager:					
Question: Type of Encounter	eferrals provided during outreach aship results in a deliberate client assessment or beginning case assessment				

(Date a client became engaged by a street outreach project in the development of a plan to address their situation. Only one date of engagement is allowed between project entry and exit.)

# Bridging the Gap – PATH Street Outreach & Services OnlyAdult Entry Assessment FormVETERAN Assessment

Military	□ Army	□ Ma	arines		□ Client doesn't know		
Branch*	□ Air Force	$\Box$ Co	oast Guar	d	$\Box$ Client prefers not to answer		
	□ Navy	🗆 Sp	ace Force	e	□ Data not collected		
	-	-					
Discharge	□ Honorable				□ Bad conduct	🗆 Clie	ent doesn't know
Status*	General under hono	rable c	conditions	5	□ Dishonorable	🗆 Clie	ent prefers not to answer
	$\Box$ Under other than ho	onorabl	le conditi	ons	□ Uncharacterized	🗆 Dat	a not collected
Date Entere	d Service*				Date Separated from Service	e*:	
Theatre of One	erations* (options will	nonu	lato hasi	eh no he	tes of service above).		
Theatre of Ope	World W				$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
						Teruseu	
	Korean	War	🗆 No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
	Vietnam	War	□ No	□ Yes	□ Client doesn't know □ Client	refused	$\Box$ Data not collected
Persian Gulf W	ar (Operation Desert Sto	orm)	🗆 No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
Afghanistan (O	peration Enduring Freed	lom)	🗆 No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
_							
Ira	q (Operation Iraqi Freed	lom)	🗆 No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
	Iraq (Operation New Da	iwn)	□ No	□ Ves	□ Client doesn't know □ Client	refused	Data not collected
	inaq (operation i ten Ba					Teruseu	
	eping Operations or Mili		🗆 No	□ Yes	$\Box$ Client doesn't know $\Box$ Client	refused	□ Data not collected
Intervent	tions (i.e. Lebanon, Pana	-					
	Somalia, Bosnia, Koso	ovo)					

## Bridging the Gap – PATH Street Outreach & Services Only Adult Entry Assessment Form HUD Universal Data

Client location* (provider) <u>M</u>	ATCH PROC	GRAM NAME	C	ontinuur	n of Care Co	<b>de:</b> ( <u>Self</u> ]	Populates in HMIS)
<b>Disabling Condition*</b> D N	o 🗆 Yes	□ Client doesn't	know	□ Clie	nt prefers not	to answer	□ Data not collected
LIVING SITUATION – Type	e of Residenc	e Prior to Project	Entry	(Select o	nly one answ	er)	
A. HOMELESS SITUATION □ Emergency shelter, includ emergency shelter voucher, H □ Safe Haven			ab		building, bus/		.g., a vehicle, an ay station/airport or
<ul> <li>B. INSTITUTIONAL SITUAT</li> <li>□ Foster care home or foster</li> <li>□ Hospital or other residentia</li> <li>□ Jail, prison, or juvenile det</li> </ul>	care group hor al non-psychia			Psychiat		other psyc	g home hiatric facility y or detox center
<ul> <li>C. TEMPORARY HOUSING S</li> <li>□ Hotel or motel paid for wit</li> <li>□ Host home (non-crisis)</li> <li>□ Staying or living in a family house</li> </ul>	hout emergend			Transition	onal housing fo s youth)	or homeles	m, apartment, or house s persons (including use with no homeless
<ul> <li>D. PERMANENT HOUSING S</li> <li>□ Rental by client, no ongoin</li> <li>□ Rental by client, with ongo below):</li> </ul>	ng housing sub				by client, with by client, no or		ousing subsidy sing subsidy
<ul> <li>★ Subsidy type □ Housing Stability Voucher</li> <li>□ Family Unification Program voucher (FU</li> <li>□ Foster Youth to Independence Initiative (</li> <li>□ HCV voucher (tenant or project based)</li> <li>□ GIP TPD housing subsidy</li> <li>□ Other permanent housing dedicated for for</li> </ul>		gram voucher (FUP ndence Initiative (F r project based) dy	YI)	<ul> <li>□ Rental by client, with other ongoing housing subsidy</li> <li>□ RRH or equivalent</li> <li>□ VASH housing subsidy</li> </ul>			
E. OTHER							
□ Client doesn't know □ Client prefers not to answe	er			Data not	collected		
Approximate date this epi homelessness started:	sode of	ength of Stay in the second se	, but les re, but le	s than on ss than 9	e month 0 days		Dne year or longer Client doesn't know Client prefers not to answer Data not collected
(Regardless of where they state <b>Number of times</b> the client h ES, or SH in the past three ye	as been on the	e streets, in	in the j	past three			the streets, in ES, or SH
	∃ Four or more	-			□ 10		Nore than 12 months
□ Three times □	□ Client doesn □ Client prefer □ Data not coll	s not to answer	□ 3 □ 4 □ 5	□ 7 □ 8 □ 9	□ 11 □ 12		Client doesn't know Client prefers not to answer Data not collected

## Bridging the Gap – PATH Street Outreach & Services Only Adult Entry Assessment Form

If yes, when experience occurred*       Client doesn't know         Within the past three months       Client prefers not to answer         Prom six months to one year (excluding one year exactly)       Data not collected         One year ago or more       Are your currently flecing?*         No       Ves       Client doesn't know         One year ago or more       Client doesn't know       Client prefers not to answer         Data not collected       One-Cash Benefits from Any Sources*(Received non-cash benefits in the past 30 days; expect to receive them again next month?)         No       Ves       Client doesn't know       Client prefers not to answer       Data not collected         If yes, please mark all that are applicable:       SNAP (Food Stamps)       TANF Transportation Services       Mic-Nutrition for Women, Infinat, Children       Other TANF-Funder Services         Mic-Nutrition for Women, Infinat, Children       Other source:       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Substance Use Disorder*       Offer doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No         No       Yes       Client doesn't know       Client prefers n	Domestic v □ No	violence – Survivor □ Yes*	• of Domestic Violence* □ Client doesn't know	□ Client prefers not to answer	□ Data not collected
□       Three to six months (excluding six months exactly)       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □       □					
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Non-Cash Benefits from Any Sources*(Received non-cash benefits in the past 30 days; expect to receive them again next month?)       No       Yes*       Client doesn't know       Client prefers not to answer       Data not collected         If yes, please mark all that are applicable:       SNAP (Food Stamps)       TANF Transportation Services       Data not collected         MUC-Nutrition for Women, Infants, Children       Other TANF-Funder Services       Other source:       Data not collected         Itsustrance*       Are you covered by health insurance?       Other source:       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Disabling Condition*       Substance Use Disorder* (If "NO" selected, skip to Mental Health)       No       Pres         No       Orge       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? <t< td=""><td>□ 1 □ F</td><td>Three to six months ( From six months to or</td><td>excluding six months exactly ne year (excluding one year e</td><td>) <math>\Box</math> Client prefers not to an</td><td>swer</td></t<>	□ 1 □ F	Three to six months ( From six months to or	excluding six months exactly ne year (excluding one year e	) $\Box$ Client prefers not to an	swer
No       Yes*       Client doesn't know       Client prefers not to answer       Data not collected         If yes, please mark all that are applicable:       TANF Transportation Services       TANF Transportation Services         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         TANF Child Care Services       Other Source:	-	-	-	□ Client prefers not to answer	□ Data not collected
If yes, please mark all that are applicable:					
SNAP (Food Stamps)       TANF Transportation Services         WIC-Nutrition for Women, Infants, Children       Other TANF-Funder Services         TANF Child Care Services       Other source:         Health Insurance* Are you covered by health insurance?       Other source:         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Connection with SOAR*       No       Yes       Substance Use Disorder* (If "NO" selected, skip to Mental Health)         No       Drug Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         Alcohol Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability       Data not collected       Mental Health Disorder* (If "NO" selected, skip to Chronic Health Condition)         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Chronic Health Condition)       Data not collected       Developmental Disability* (If "NO" selected, skip to Physical Disability       Data not collected         No       Yes       Client doesn't know </td <td></td> <td></td> <td></td> <td></td> <td></td>					
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Connection with SOAR*       No       Yes         Disabling Condition*         Substance Use Disorder* (If "NO" selected, skip to Mental Health)         No       Drug Use Disorder       Both Alcohol and Drug Use Disorder         Alcohol Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability       Data not collected       Mental Health Disorder* (If "NO" selected, skip to Client prefers not to answer       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Data not collected       Developmental Disability* (If "NO" selected, skip to HIV / AIDS)         No       Yes       Client doesn't know       Client pr	□ SNA □ WIC	LP (Food Stamps) C-Nutrition for Wome	en, Infants, Children	□ Other TANF-Funder Services	
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Connection with SOAR*       No       Yes         Disabling Condition*         Substance Use Disorder* (If "NO" selected, skip to Mental Health)         No       Drug Use Disorder       Both Alcohol and Drug Use Disorder         Alcohol Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability       Data not collected       Mental Health Disorder* (If "NO" selected, skip to Client prefers not to answer       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Data not collected       Developmental Disability* (If "NO" selected, skip to HIV / AIDS)         No       Yes       Client doesn't know       Client pr	Health Ins	urance* Are you co	vered by health insurance?		
Disabling Condition*         Substance Use Disorder* (If "NO" selected, skip to Mental Health)         No       Drug Use Disorder         Alcohol Use Disorder       Client doesn't know         Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?         No       Yes         Client doesn't know       Client prefers not to answer         Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)         No       Yes         No       Yes         Client doesn't know       Client prefers not to answer         Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)         No       Yes         Client doesn't know       Client prefers not to answer         Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?         No       Yes         Client doesn't know       Client prefers not to answer         Data not collected         Appeted to be of long-continued and indefinite duration and substantially impairs ability to live independently?         No       Yes			-	$\Box$ Client prefers not to answer	□ Data not collected
No       Drug Use Disorder       Both Alcohol and Drug Use Disorder         Alcohol Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       Data not collected         No       Pres       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       Data not collected       Data not collected         No       Pres       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Data not collected         Developmental Disability* (If "NO" selected, skip to HIV / AIDS)       Data not collected         Mon       Pres       Client doesn't know       Client prefers not to answer       Data not collected         Abcohol       Pres       Client doesn't know       Client prefers not			]No □Yes		
Alcohol Use Disorder       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       DNO         DNO       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       Data not collected       Developmental Disability         DNO       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       DNO       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Data not collected       Data not collected         Developmental Disability* (If "NO" selected, skip to HIV / AIDS)       Data not collected       Data not collected         DNO       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Alcohoit Health Condition* (If "NO" selected, skip to HIV / AIDS)       Data not collected       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs abilit	Substa	nce Use Disorder*	(If "NO" selected, skip to	Mental Health)	
a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?         \[No       \[Yes       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       \[Doe of long-continued and indefinite duration and substantially impairs ability to live independently?         \[No       \[Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       \[Doe of Org-continued and indefinite duration and substantially impairs ability to live independently?         \[No       \[Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       \[Doe of Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Condition* (If "NO" selected, skip to HIV / AIDS)       \[Doe of Yes       Client doesn't know       Client prefers not to answer       Data not collected         Appeted to be of long-continued and indefinite duration and substantially impairs ability to live independently?       \[Doe of Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as		)	Drug Use Disorder	□ Both Alcohol and Drug Use Disc	order
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Data not collected       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to HIV / AIDS)       Data not collected       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Alpha Client doesn't know       Client prefers not to answer       Data not collected       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HiV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)       No       Yes       Client doesn't know <td></td> <td></td> <td></td> <td>-</td> <td></td>				-	
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)       No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         At presented to be of long-continued and indefinite duration and substantially impairs ability to live independently?       No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)       Data not collected       Data not collected         Mo       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Health Insurance Assessment)		-	-		
a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?         \[] No       \] Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability*       (If "NO" selected, skip to Chronic Health Condition)       \]       Data not collected         Developmental Disability*       Client doesn't know       Client prefers not to answer       Data not collected         Mo       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Chronic Health Condition*       (If "NO" selected, skip to HIV / AIDS)       \]       \]       Data not collected         Mo       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       \]         Mo       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS*       (If "NO" selected, skip to Physical Disability) (as applicable)	Menta	l Health Disorder*	(If "NO" selected, skip to I	Developmental Disability)	
No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)       Image: Client doesn't know       Client prefers not to answer       Data not collected         Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)       Image: Client doesn't know       Client prefers not to answer       Data not collected         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?       Image: No       Image: No         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)       Image: No       Image: No       Image: No         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)       Image: No       Image: No       Image: No         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)       Image: No       Image: No       Image		No 🗆 Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)         No       Yes       Client doesn't know       Client prefers not to answer       Data not collected         Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)	· · · ·	-		• •	
Image:		No □Yes	$\Box$ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)         \[Dots] No       \[Yes]       Client doesn't know       Client prefers not to answer       Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?         \[Dots] No       \[Yes]       Client doesn't know       Client prefers not to answer       Data not collected         HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)	Develo	pmental Disability	* (If "NO" selected, skip to	Chronic Health Condition)	
Image: Image: No image: Second Sec	נם	No □Yes	$\Box$ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Image:	Chron	ic Health Conditio	<b>n</b> * (If "NO" selected, skip t	to HIV / AIDS)	
Image:					□ Data not collected
HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)         Image: I	a) Ez	xpected to be of long	g-continued and indefinite d	duration and substantially impairs	
□No       □Yes       □ Client doesn't know       □ Client prefers not to answer       □ Data not collected         Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)       □       □       □         □No       □Yes       □ Client doesn't know       □ Client prefers not to answer       □ Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		No □Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)         □No       □Yes       □ Client doesn't know       □ Client prefers not to answer       □ Data not collected         a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?				· · · · · ·	
<ul> <li>□No □Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected</li> <li>a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</li> </ul>	נם	No 🗆 Yes	□ Client doesn't know	$\Box$ Client prefers not to answer	□ Data not collected
a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	Physic	al Disability* (If ''I	NO" selected, skip to Health	n Insurance Assessment)	
			-		□ Data not collected
			-		

# Bridging the Gap – PATH Street Outreach & Services OnlyAdult Entry Assessment FormHUD Program Data

Translation Assistance: Translation Assis         □ No       □ Client doesn't know       □         □ Yes* If "Yes", Preferred langua	Client prefers not to	answer 🗆 Data not collect	ed 🗆 Different	preferred language
Health Insurance Assessment (if yes	to health insura	nce)		
<ul> <li>Medicaid</li> <li>Medicare</li> <li>State Children's Health Insurance</li> <li>Veteran's Health Administration (</li> <li>Employer-Provided Health Insurance</li> </ul>	U VHA)	Health Insurance obtained to State Health Insurance for A Private Pay Health Insurance Indian Health Services Prog Other: Specify	Adults ce gram	4
HUD Financial Assessment				
Area Median Income*	l 🗆 Kau	ai 🛛 Maui		
Income from Any Source*	] Yes 🛛 Client do	oesn't know □ Client prefe	rs not to answer	□ Data not collected
Please check all resources and enter the a		-		
Income Type	Amount	Income Type		Amount
☐ Unemployment	\$	□ Retirement from Socia	l Security:	\$
Earned Income (employment):	\$	□ VA Non-Service Disat		\$
$\Box$ SSI:	\$	$\Box$ Pension or Retirement	-	\$
	\$	$\Box$ Child Support:	income (job).	\$
□ VA Service Disability Compensation:		□ Alimony or Other Spor	\$	
Private Disability Insurance:	\$	U Worker's Compensation	on:	\$
□ TANF	\$	□ Other:		\$
General Assistance:	\$	TOTAL INCOME:		\$
Hawaii Specific Assessment         Hawaii Residence Information         Did you arrive in Hawaii during the p         Did you arrive in Hawaii during the p         DNO       DYes         If yes, how long have you been in Hawaii have been have been have been in Hawaii have been ha	doesn't know	□ Client Prefers not to ans If in Hawaii le:		nth # of days:
•••••••••••••••••••••••••••••••••••••••				nun, # 01 days
How long have you lived in Hawaii ov Before your 18 <sup>th</sup> birthday, were you p Check all that apply.	laced in an out of	f home placement and/or		
	venile Home	$\Box$ No	$\Box$ Client does	
$\Box$ Group Home $\Box$ H	omeless		□ Client prefé	ers not to answer
<u>Personal Information</u> Marital Status*:				
8	larried eparated/divorced	□ Widowed □ Other	-	ers not to answer
What is your current criminal justice	status*			
□ Probation □ D □ Supervised release □ N	rug court one	& completed requirements	□ Data not co	ers not to answer Ilected

## Bridging the Gap – PATH Street Outreach

Hawaii Specific Assessme	nt (continued)		
If the client's residence just p	prior to project entry was a	n ES, TH, or PSH p	project, please specify which one?
Zip code of last permanent	address*	Zip Code Data Q □ Client doesn't	Quality*:  Full or Partial Know Client prefers not to answer
If currently working, # hour	rs worked in past week?		
<b>Referral Information*</b> (How	were you referred to this age	ency?)	
□ Aloha United Way	□ Homeless services ag	gency 🗆 Self	□ Client doesn't know
□ Criminal justice	□ Hospital	$\Box$ VA	□ Other
If homeless service agen	cy, which one?*		
Medical Information			
Name of Medical Insure	r:		
Emergency Services			
How many times in the p	ast 12 months have you us	ed the following emo	ergency or medical services?
Hospital emergency ro	oom services#	of times used:	_
Other hospital services	s (medical or psychiatric) # o	of times used:	_
911/ambulance emerg	ency services#	of times used:	_
Access (Crisis) hotline	e# (	of times used:	_
Other emergency serv	ice:# o	of times used:	Name of Service:
HUD PATH Data			
Date of Status Determination	*	_	
Client became enrolled in PA	TH* □No* □Yes		

\*If no, reason not enrolled

□ Client found ineligible for PATH

 $\Box$  Client not enrolled for other reason(s)  $\Box$  Unable to locate

### **ENCOUNTER**

#### Encounter Date\*:

#### **Encounter Location Type\***

- □ Place Not Meant for Habitation
- □ Service Setting: Non-Residential
- □ Service Setting: Residential

#### PIT Region Where Slept Last Night\*

#### **Maui County**

- Maui R1: Central Maui
  Maui R2: Lower Waiehu
  Maui R3: Up Country
  Maui R4: Lahaina
  Maui R5: Kihei
- 🗆 Maui R6: Hana

### Kauai County

Kauai R1: West
Kauai R2: South
Kauai R3: South Central
Kauai R4: East
Kauai R5: North

## Hawaii County

Hawaii R1: North Kohala
Hawaii R2: Hamakua
Hawaii R3: North Hilo
Hawaii R4: South Hilo
Hawaii R5: Puna
Hawaii R6: Kau
Hawaii R7: South Kona
Hawaii R8: North Kona
Hawaii R9: South Kohala

Where did you sleep last night? (Actual location. Please do not enter generic locations, e.g., park, beach, tent, car, street, etc.)\*

Actual Location of Encounter\*\_\_\_\_\_

#### PATH Services (select all that apply):

□ Case Management	□ Housing minor renovation	□ Residential supportive services
□ Clinical assessment	□ Housing moving assistance	□ Screening
□ Community mental health service	$\Box$ One time rent for eviction prevention	□ Security deposits
□ Habilitation/Rehabilitation	□ Re-engagement	□ Substance use treatment service
□ Housing eligibility determination		
PATH Referrals (select all that apply	):	
□ Community mental health	□ Housing services	□ Permanent housing
□ Dental health referral	□ Income training	□ Primary health services
□ Educational services	□ Job training	□ Substance use treatment
Employment assistance	□ Medical insurance	□ Temporary housing

**Please provide the exact GPS coordinates of where this encounter interview took place in decimal format to six decimal places:** (e.g., Latitude: 21.993230, Longitude: -159.342046)

Latitude*	

Longitude\*\_\_\_\_\_

After manually entering the Latitude/Longitude data into the HMIS, DO NOT CLICK ON THE GEO TRACKING BUTTON. Please verify that this location accurately represents where the encounter interview took place and not the location of data entry.