

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

Agency: _____ Project Entry Date: _____

Project: _____ Case Worker: _____

Hawaii HMIS Add New Client: Identifying

Name Quality*: Full name Partial, street/code name Client doesn't know Client prefers not to answer
 Data Not collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client prefers not to answer
 Partial (MM/YY) Client Doesn't know Data Not collected Age: _____

Social Security#*: _____ Full Partial Client prefers not to answer
 Client Doesn't know Data Not collected

Gender* Man (Boy, if child) Culturally specific identity (e.g. Two-spirit) Client Doesn't know
 Woman (Girl, if child) Non-Binary Client prefers not to answer
 Transgender Different identity * _____ Data Not collected
 Questioning

Primary Language* Chinese Korean
 Chuukese Marshallese
 English Spanish
 Ilocano Tagalog
 Japanese Vietnamese

If Non-US Citizen COFA* Pohnpei-Micronesia
 Chuuk-Micronesia Yap-Micronesia
 Kosrae-Micronesia Client Doesn't know
 Marshall Islands Client prefers not to answer
 Palau Data Not collected

Other: _____

Relationship to Head of Household* Self (H of H) Guardian
 Spouse Grandchild
 Child Other Relative
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandparent

Veteran Status* Client doesn't know
 No Client prefers not to answer
 Yes Data not collected

Race* (Select all that apply)
 American Indian, Alaskan Native or Indigenous Native Hawaiian or Pacific Islander*
 Asian or Asian American* White
 Black, African American, African Client doesn't know
 Hispanic/Latina/e/o Client prefers not to answer
 Middle Eastern/North African Data not collected

Additional Race and Ethnicity detail: _____

If Asian Chosen Above* Filipino Vietnamese
 Asian Indian Japanese Other Asian
 Chinese/Taiwanese Korean

VETERAN Assessment

- Military Branch***
- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marines | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> Data not collected |

- Discharge Status***
- | | | |
|--|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Under other than honorable conditions | <input type="checkbox"/> Uncharacterized | <input type="checkbox"/> Data not collected |

Date Entered Service* _____

Date Separated from Service*: _____

Theatre of Operations* (options will populate based on dates of service above):

- | | | | | | |
|--|-----------------------------|------------------------------|--|---|---|
| World War II | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Korean War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Vietnam War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Persian Gulf War (Operation Desert Storm) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Afghanistan (Operation Enduring Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation Iraqi Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation New Dawn) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Other Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |

Hawaii Specific Assessment (continued)

If the client’s residence just prior to project entry was an ES, TH, or PSH project, please specify which one?

Zip code of last permanent address* _____

Zip Code Data Quality*: Full or Partial
 Client doesn’t know Client prefers not to answer

If currently working, # hours worked in past week? _____

Referral Information* (How were you referred to this agency?)

- Aloha United Way Homeless services agency Self Client doesn’t know
- Criminal justice Hospital VA Other _____

If homeless service agency, which one?* _____

Medical Information

Name of Medical Insurer: _____

Emergency Services

How many times in the past 12 months have you used the following emergency or medical services?

- Hospital emergency room services# of times used: _____
- Other hospital services (medical or psychiatric) # of times used: _____
- 911/ambulance emergency services.....# of times used: _____
- Access (Crisis) hotline# of times used: _____
- Other emergency service:# of times used: _____ Name of Service: _____

HUD PATH Data

Date of Status Determination* _____

Client became enrolled in PATH* No* Yes

*If no, reason not enrolled

- Client found ineligible for PATH Client not enrolled for other reason(s) 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing minor renovation | <input type="checkbox"/> Residential supportive services |
| <input type="checkbox"/> Clinical assessment | <input type="checkbox"/> Housing moving assistance | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Community mental health service | <input type="checkbox"/> One time rent for eviction prevention | <input type="checkbox"/> Security deposits |
| <input type="checkbox"/> Habilitation/Rehabilitation | <input type="checkbox"/> Re-engagement | <input type="checkbox"/> Substance use treatment service |
| <input type="checkbox"/> Housing eligibility determination | | |

PATH Referrals (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Community mental health | <input type="checkbox"/> Housing services | <input type="checkbox"/> Permanent housing |
| <input type="checkbox"/> Dental health referral | <input type="checkbox"/> Income training | <input type="checkbox"/> Primary health services |
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Job training | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Medical insurance | <input type="checkbox"/> 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.