Bridging the Gap – Street Outreach			Adult Entry / Assessment Form				
Agency:		Project Entry Date:					
Project:				Case Worker:			
Hawaii HMIS	Add New Clie	nt: Identifying					
Name Quality*:	□ Full name	□ Partial, stree	t/code nar	ne 🛛 Client doesn	ı't know	□ Client prefers □ Data not collec	
First Name*:				Last Name*:			
Middle Name:				Suffix			
Birth Date*:		□ Full DOB □ Partial (MM/Y)				prefers not to answ not collected	ver Age:
Social Security#	*•			□ Partial loesn't know		prefers not to answ not collected	/er
Gender*	 Man (Boy, if Woman (Girl Transgender Questioning 	, if child) Tv □ No	vo-spirit) on-Binary	ecific identity (e.g.	□ Clie	ent doesn't know ent prefers not to an a not collected	swer
Primary Language*	 Chinese Chuukese English Ilocano Japanese Other: 	 □ Korean □ Marshallese □ Spanish □ Tagalog □ Vietnamese 		If Non-US Citizen □ Chuuk-Micr □ Kosrae-Micr □ Marshall Isla □ Palau	onesia ronesia	 Pohnpei-Mic Yap-Micron Client Doesi Client prefer Data Not co 	esia n't know rs not to answer
Relationship to Head of Household*	 Self (H of H) Spouse Child Step Child Foster Child Grandparent 	□ Guardian □ Grandchild □ Other Relati □ Other Non-I □ Unknown		Veteran Sta □ No □ Yes		☐ Client doesn ☐ Client prefer ☐ Data not col	rs not to answer
□ An Ir □ As □ Bla □ His	et all that apply) nerican Indian, Al ndigenous ian or Asian Ame ack, African Ame spanic/Latina/e/o ddle Eastern/Nort	rican* rican, African	WhiteClientClient	Hawaiian or Pacific doesn't know prefers not to answe ot collected			
Additional F	Race and Ethnici	ty detail:					
If Asian Choser □ Asian Indian □ Chinese/Taiv	$\Box J$	1	tnamese er Asian				

Hawaii HMIS Add New Client	: Identifying (Continue	d)	
If Native Hawaiian/Other Pacific□ Native Hawaiian□ Ma□ Guamanian/Chamorro□ Mic	rshallese 🛛 Samoan	□ Tongan Islander	
What race do you identify with mo American India/Alaskan Native Asian Indian Black/African American Chinese/Taiwanese Filipino	st?* Guamanian/Chamorro Native Hawaiian Japanese Korean Marshallese	 ☐ Micronesian ☐ Other Asian ☐ Other Pacific Islander ☐ Portuguese ☐ Samoan 	—
Contact Information			
Address*: Zip Code*: City: Country*: Cell Phone: □ Primary □ Secondary Email Address:	r □ Tertiary	Apt. Number: County: State: Home Phone: Primary □ Work Phone:] Secondary □ Tertiary] Secondary □ Tertiary
Other Information - CONSEN	Т		
Was Consent given to share data? : Date of Consent:		(Use HMIS Consent Form))
If more than one adult in househo	old, complete additional adu	lt entry form: if child, complete	child form
Hawaii Enrollment Add/Edit			
Enrollment Entry Date*: Program*: Case Manager:			Pate: <u>DO NOT CHANGE</u> <u>CH PROGRAM NAME</u>
Question: Type of Encounter			
□ <u>Contact</u> (an interaction betwee	Form to record services and r nitial interactive client relatio lows you to complete an entr y	referrals provided during outrea <i>nship results in a deliberate clien</i> <i>y assessment</i>	ch nt assessment or beginning case

(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 – Street Outreach

Adult Entry / Assessment Form

Bridging the Gap – Street Outreach
VETERAN Assessment

Military Branch*	□ Army □ Air Force □ Navy	\Box Co	arines bast Guarc ace Force	-	 Client doesn't know Client prefers not to answer Data not collected 		
Discharge Status*	 Honorable General under honorable conditions Under other than honorable conditions 			 □ Bad conduct □ Dishonorable □ Uncharacterized □ Data not collected 			
Date Entere	d Service*				Date Separated from Service	*:	
<u>Theatre of Ope</u>	e rations* (options will World W		late base □ No		tes of service above): □ Client doesn't know □ Client t	refused	□ Data not collected
	Korean	War	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
	Vietnam	War	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
Persian Gulf W	ar (Operation Desert Sto	orm)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
Afghanistan (Oj	peration Enduring Freed	lom)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
Ira	q (Operation Iraqi Freed	lom)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
	Iraq (Operation New Da	awn)	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected
	eping Operations or Mil ions (i.e. Lebanon, Pana Somalia, Bosnia, Kos	ama,	□ No	□ Yes	□ Client doesn't know □ Client	refused	□ Data not collected

Bridging the Gap – Street Outreach HUD Universal Data

Client location*(provider) <u>MATCH PROGRAM NAME</u>			Continuum of Care Code: (<u>S</u>	Self Populates in HMIS)		
Disabling Condition [*] □ No	□ Yes [□ Client doesn't know	\Box Client prefers not to answ	wer Data not collected		
LIVING SITUATION – Type (of Residence P	rior to Project Entr	<u>y (</u> Select only one answer)			
 A. HOMELESS SITUATION □ Emergency shelter, including emergency shelter voucher, Ho □ Safe Haven 	st Home Shelter	r	□ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)			
 B. INSTITUTIONAL SITUATIO □ Foster care home or foster ca □ Hospital or other residential □ Jail, prison, or juvenile deter 	are group home non-psychiatric	medical facility	 Long-term care facility or nursing home Psychiatric hospital or other psychiatric facility Substance abuse treatment facility or detox center 			
 C. TEMPORARY HOUSING SI □ Hotel or motel paid for witho □ Host home (non-crisis) □ Staying or living in a family house 	out emergency s		 □ Staying or living in a friend's □ Transitional housing for hom homeless youth) □ Residential project or halfwa criteria 	eless persons (including		
 D. PERMANENT HOUSING SITUATION Rental by client, no ongoing housing subsidy Rental by client, with ongoing housing subsidy* (select below): * Subsidy type Housing stability voucher Family Unification Program voucher (FUP) Foster Youth to Independence Initiative (FY HCV voucher (tenant or project based) GIP TPD housing subsidy 		y bsidy* (select n voucher (FUP) nce Initiative (FYI)	 □ RRH or equivalent □ VASH housing subsidy 			
E. OTHER Client doesn't know Client prefers not to answer			□ Data not collected			
Approximate date this episo homelessness started:	de of □ On □ T \ □ On □ On	gth of Stay in the Pr ne night or less wo to six nights ne week or more, but l ne month or more, but days or more, but les	less than 90 days	 One year or longer Client doesn't know Client prefers not to answer Data not collected 		
(Regardless of where they staye Number of times the client has ES, or SH in the past three year	been on the str	reets, in in th	l number of months homeles e past three years: One month (this time is the 1st n			
□ Two times □ 0 □ Three times □ 0	Four or more tir Client doesn't k Client prefers no Data not collect	now $\Box 3$ of to answer $\Box 4$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	 More than 12 months Client doesn't know Client prefers not to answer Data not collected 		

Bridging the Gap – Street Outreach

HUD Program Data

	xe – Survivor □ Yes*	of Domestic Violence* □ Client doesn't know	□ Client prefers not to answer	□ Data not collected
If yes, when e			□ Client doesn't know	
	the past three r	excluding six months exactly		swar
		ne year (excluding one year e	-	Swei
	ar ago or more	le year (excluding one year e		
Are your cu	rrently fleein	g?*		
-	⊐ Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Non-Cash Benef	its from Any	Sources*(Received non-cas	sh benefits in the past 30 days; expec	t to receive them again next month?)
	□ Yes*	Client doesn't know	\Box Client prefers not to answer	□ Data not collected
If yes, please	e mark all tha	t are applicable:		
□ SNAP (Food Stamps)		□ TANF Transportation Servic	es
□ WIC-N	utrition for Wo	omen, Infants, Children	□ Other TANF-Funded Service	es
\Box TANF (Child Care Ser	vices	□ Other source:	
Health Insuranc	e* Are you cov	vered by health insurance?		
	□ Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Disabling Condi	<u>tion</u> *			
Substance U	se Disorder*	(If "NO" selected, skip to		
□ No		-	□ Both Alcohol and Drug Use Diso	
			\Box Client prefers not to answer	□ Data not collected
	-		duration and substantially impairs	
□No	∃Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
-	th Disorder*	(If "NO" selected, skip to I		
□No	□Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
	-		duration and substantially impairs	
□No	∃Yes	\Box Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Developmen	tal Disability	* (If "NO" selected, skip to	Chronic Health Condition)	
□No	∃Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Chronic Hea	alth Condition	n* (If "NO" selected, skip t	to HIV / AIDS)	
□No	∃Yes	Client doesn't know	□ Client prefers not to answer	□ Data not collected
a) Expecte	d to be of long	g-continued and indefinite o	duration and substantially impairs	ability to live independently?
□No	∃Yes	\Box Client doesn't know	\Box Client prefers not to answer	□ Data not collected
HIV / AIDS ³	* (If "NO" sel	ected, skip to Physical Disa	ability) (as applicable)	
□No	□Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Physical Dis	ability* (If"N	NO" selected, skip to Health	n Insurance Assessment)	
	∃Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
a) Expecte	d to be of long	g-continued and indefinite o	duration and substantially impairs	ability to live independently?
□No	∃Yes	□ Client doesn't know	\Box Client prefers not to answer	□ Data not collected
Translation Assi	stance: Tran	slation Assistance Needed	*	

□ No □ Client doesn't know □ Client prefers not to answer □ Data not collected □ Different preferred language □ Yes* If "Yes", Preferred language: ______

ridging the Gap – Street	Outreach	Adu	ılt Entry / As	ssessment F
ealth Insurance Assessmen				
 ☐ Medicaid ☐ Medicare ☐ State Children's Health ☐ Veteran's Health Admin ☐ Employer-Provided Hea 	Insurance [istration (VHA)	 Health Insurance obtained State Health Insurance for Private Pay Health Insurance Indian Health Services Prog Other: Specify	Adults ce gram	
UD Financial Assessment				
rea Median Income* 🛛 🗆	Big Island 🛛 Ka	uuai 🛛 Maui		
come from Any Source*	No 🗆 Yes 🗆 Client	doesn't know 🛛 Client prefe	rs not to answer	□ Data not coll
ease check all resources and er				
Income Type	Amount	Income Type		Amount
□ Unemployment	\$	□ Retirement from Socia	al Security: \$	
□ Earned Income (employment		□ VA Non-Service Disa		
\Box SSI:	\$	□ Pension or Retirement		<u> </u>
	<u> </u>	☐ Child Support:		<u> </u>
□ VA Service Disability Comp		☐ Alimony or Other Spo	usal Support: \$	
□ Private Disability Insurance:		□ Worker's Compensation	on:	
	\$	□ Other:		6
			1)
☐ TANF ☐ General Assistance:	\$	TOTAL INCOME:	\$	
General Assistance:				
General Assistance:	\$	TOTAL INCOME:		
☐ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii du	\$	TOTAL INCOME:	\$	
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dur □No □Yes	\$ ring the past 12 months? □ Client doesn't know	*	swer	
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dua □No □Yes If yes, how long have you bee	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month	*	swer	
☐ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dur ☐No ☐Yes If yes, how long have you lived in H	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years:	\$ swer ss than one mon	th, # of days:
☐ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dur ☐No ☐Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years:	\$ swer ss than one mon	th, # of days:
☐ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dur ☐No ☐Yes If yes, how long have you lived in H	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years:	\$ swer ss than one mon	th, # of days: nelessness? 't know
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii duu □No □Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w Check all that apply. □ Foster Care	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime ere you placed in an out □ Juvenile Home	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years: of home placement and/or	swer sss than one mon • experience hon □ Client doesn	th, # of days: nelessness? 't know
☐ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dun ☐No ☐Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w Check all that apply. ☐ Foster Care ☐ Group Home Ersonal Information	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime ere you placed in an out □ Juvenile Home	TOTAL INCOME: * □ Client Prefers not to ansis: s:	swer ess than one mon client doesn client prefer client prefer	th, # of days: nelessness? 't know 's not to answer
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dua □No □Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w Check all that apply. □ Foster Care □ Group Home ersonal Information Marital Status*: □ Single/never married □ Living with partner	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime ere you placed in an out □ Juvenile Home □ Homeless □ Married □ Separated/divorced	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years: of home placement and/or □ No □ Widowed	swer ess than one mon client doesn client prefer client prefer	th, # of days: nelessness? 't know 's not to answer
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dun □No □Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w Check all that apply. □ Foster Care □ Group Home ersonal Information Marital Status*: □ Single/never married □ Living with partner What is your current crimin	<pre>\$</pre>	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years: of home placement and/or □ No □ Widowed □ Other	swer ess than one mon client doesn Client prefer Client prefer	th, # of days: nelessness? 't know 's not to answer
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dun □No □Yes If yes, how long have you bed How long have you lived in H Before your 18 th birthday, w Check all that apply. □ Foster Care □ Group Home ersonal Information Marital Status*: □ Single/never married □ Living with partner What is your current crimin □ Parole	\$ ring the past 12 months? □ Client doesn't know en in Hawaii? # of month Hawaii over your lifetime ere you placed in an out □ Juvenile Home □ Homeless □ Married □ Separated/divorced al justice status* □ Formerly in system	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years: of home placement and/or □ No □ Widowed	swer ess than one mon client doesn Client prefer Client prefer	th, # of days: nelessness? 't know 's not to answer 's not to answer 't know
□ General Assistance: awaii Specific Assessment awaii Residence Information Did you arrive in Hawaii dun □No □Yes If yes, how long have you bee How long have you lived in H Before your 18 th birthday, w Check all that apply. □ Foster Care □ Group Home ersonal Information Marital Status*: □ Single/never married □ Living with partner What is your current crimin	<pre>\$</pre>	TOTAL INCOME: * □ Client Prefers not to ans s: If in Hawaii le ?* # of years: of home placement and/or □ No □ Widowed □ Other	swer ess than one mon client doesn Client prefer Client prefer	th, # of days: nelessness? 't know 's not to answer 's not to answer 't know 's not to answer

Bridging the Gap – Street Outreach

Hawaii Specific Asses	ssment (continued)			
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* (A	How were you referred to this agency	v?)		
□ Aloha United Wa	y □ Homeless services agen	cy □ Self	□ Client doesn't know	
□ Criminal justice	□ Hospital	□ VA	□ Other	
<u>Medical Information</u> Name of Medical In	surer:			
Emergency Services				
How many times in t	the past 12 months have you used t	the following e	mergency or medical services?	
Hospital emergen	cy room services# of t	imes used:		
Other hospital ser	rvices (medical or psychiatric) # of t	imes used:		
911/ambulance en	mergency services# of t	imes used:		
Access (Crisis) he	otline# of t	imes used:		
Other emergency	service:# of t	imes used:	Name of Service:	

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*_____

Services Provided (select all that apply):

□ Benefits application assistance	□ Health education/Lifestyle	Mail pickup
□ Budgeting/Money Management	□ Housing/Shelter enrollment assistance	□ Translation services
□ Case management	□ ID assistance	\Box Transportation
□ Food provision		
Referrals (select all that apply):		
□ Acute/Urgent care	□ Legal services	\Box Substance use treatment
□ Dental/Vision services	□ Mental health services	□ TB screening
□ Educational services	□ Permanent housing	□ Transportation
Employment assistance	□ Primary health services	□ Veterans assistance

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.