

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* <input type="checkbox"/> Chinese <input type="checkbox"/> Chuukese <input type="checkbox"/> English <input type="checkbox"/> Ilocano <input type="checkbox"/> Japanese Other: _____	<input type="checkbox"/> Korean	If Non-US Citizen COFA* <input type="checkbox"/> Chuuk-Micronesia <input type="checkbox"/> Kosrae-Micronesia <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Palau	<input type="checkbox"/> Pohnpei-Micronesia
	<input type="checkbox"/> Marshallese		<input type="checkbox"/> Yap-Micronesia
	<input type="checkbox"/> Spanish		<input type="checkbox"/> Client Doesn't know
	<input type="checkbox"/> Tagalog		<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Data Not collected

Relationship to Head of Household* <input type="checkbox"/> Self (H of H) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step Child <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian	Veteran Status* <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Data not collected	
	<input type="checkbox"/> Other Non-Relative		
	<input type="checkbox"/> Unknown		

Race* (Select all that apply)

<input type="checkbox"/> American Indian, Alaskan Native or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander*
<input type="checkbox"/> Asian or Asian American*	<input type="checkbox"/> White
<input type="checkbox"/> Black, African American, African	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> 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 |

HUD Program Data

Domestic violence – Survivor of Domestic Violence*

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

If yes, when experience occurred*

- Within the past three months Client doesn't know
 Three to six months (excluding six months exactly) Client prefers not to answer
 From six months to one year (excluding one year exactly) Data not collected
 One year ago or more

Are you currently fleeing?*

- 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
 WIC-Nutrition for Women, Infants, Children Other TANF-Funded Services
 TANF Child Care Services Other source: _____

Health Insurance* Are you covered by health insurance?

- 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 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 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

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

HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)

- 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 Client prefers not to answer Data not collected

Translation Assistance: Translation Assistance Needed*

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

Health Insurance Assessment (if yes to health insurance)

- Medicaid
- Medicare
- State Children’s Health Insurance
- Veteran’s Health Administration (VHA)
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- State Health Insurance for Adults
- Private Pay Health Insurance
- Indian Health Services Program
- Other: Specify _____

HUD Financial Assessment

- Area Median Income*** Big Island Kauai Maui
- Income from Any Source*** No Yes Client doesn’t know Client prefers not to answer Data not collected

Please check all resources and enter the amount per MONTH*

<u>Income Type</u>	<u>Amount</u>	<u>Income Type</u>	<u>Amount</u>
<input type="checkbox"/> Unemployment	\$ _____	<input type="checkbox"/> Retirement from Social Security:	\$ _____
<input type="checkbox"/> Earned Income (employment):	\$ _____	<input type="checkbox"/> VA Non-Service Disability Pension	\$ _____
<input type="checkbox"/> SSI:	\$ _____	<input type="checkbox"/> Pension or Retirement Income (job):	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	<input type="checkbox"/> Child Support:	\$ _____
<input type="checkbox"/> VA Service Disability Compensation:	\$ _____	<input type="checkbox"/> Alimony or Other Spousal Support:	\$ _____
<input type="checkbox"/> Private Disability Insurance:	\$ _____	<input type="checkbox"/> Worker’s Compensation:	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> General Assistance:	\$ _____	TOTAL INCOME:	\$ _____

Hawaii Specific Assessment

Hawaii Residence Information

Did you arrive in Hawaii during the past 12 months?*

- No Yes Client doesn’t know Client Prefers not to answer

If yes, how long have you been in Hawaii? # of months: _____ **If in Hawaii less than one month, # of days:** _____

How long have you lived in Hawaii over your lifetime?* # of years: _____

Before your 18th birthday, were you placed in an out of home placement and/or experience homelessness?

Check all that apply.

- Foster Care Juvenile Home No Client doesn’t know
- Group Home Homeless Client prefers not to answer

Personal Information

Marital Status*:

- Single/never married Married Widowed Client prefers not to answer
- Living with partner Separated/divorced Other _____

What is your current criminal justice status*

- Parole Formerly in system & completed requirements Client doesn’t know
- Probation Drug court Client prefers not to answer
- Supervised release None Data not collected
- Other _____

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

Hawaii Specific Assessment (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* (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: _____

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* _____

Services Provided (select all that apply):

- Benefits application assistance
- Budgeting/Money Management
- Case management
- Food provision
- Health education/Lifestyle
- Housing/Shelter enrollment assistance
- ID assistance
- Mail pickup
- Translation services
- Transportation

Referrals (select all that apply):

- Acute/Urgent care
- Dental/Vision services
- Educational services
- Employment assistance
- Legal services
- Mental health services
- Permanent housing
- Primary health services
- Substance use treatment
- TB screening
- Transportation
- 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.