

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) Different identity * _____ Client prefers not to answer
 Transgender Non-Binary 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 HOH* 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/Latin(a)(o) Client prefers not to answer
 Middle Eastern/North African Data not collected

Additional Race and Ethnicity detail: _____

Hawaii HMIS Add New Client: Identifying (Continued)

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

If Native Hawaiian/Other Pacific Islander chosen above*
Native Hawaiian, Guamanian/Chamorro, Marshallese, Micronesia, Samoan, Tongan, Other Pacific Islander

What race do you identify with most?*
American India/Alaskan Native, Asian Indian, Black/African American, Chinese/Taiwanese, Filipino, Guamanian/Chamorro, Japanese, Korean, Marshallese, Micronesia, Other Asian, Other Pacific Islander, Portuguese, Samoan, Tongan, Vietnamese, White, Client doesn't know, Client refused, Data not collected

Contact Information

Address*, Zip Code*, City, Country*, Cell Phone, Email Address, Apt. Number, County, State, Home Phone, Work Phone

Other Information - CONSENT

Was Consent given to share data? : Yes No (Use HMIS Consent Form)

Date of Consent:

***All consent forms must be uploaded into the HMIS

Hawaii Add Family

If more than one adult in household, complete additional adult entry form; if child, complete child form

Hawaii Enrollment Add/Edit

Enrollment Entry Date*, Enrollment Exit Date: DO NOT CHANGE
Program*, Provider*: MATCH PROGRAM NAME
Case Manager:

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 Universal Data

Client location*(provider) MATCH PROGRAM NAME Continuum of Care Code: (Self Populates in HMIS)

Disabling Condition* [] No [] Yes [] Client doesn't know [] Client prefers not to answer [] Data not collected

LIVING SITUATION – Type of Residence Prior to Project Entry (Select only one answer)

A. HOMELESS SITUATION

- [] Emergency shelter, including hotel or motel paid with emergency shelter voucher, Host Home Shelter
[] Safe Haven
[] Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

B. INSTITUTIONAL SITUATION

- [] Foster care home or foster care group home
[] Hospital or other residential non-psychiatric medical facility
[] Jail, prison, or juvenile detention facility
[] Long-term care facility or nursing home
[] Psychiatric hospital or other psychiatric facility
[] Substance abuse treatment facility or detox center

C. TEMPORARY HOUSING SITUATION

- [] Hotel or motel paid for without emergency shelter voucher
[] Host home (non-crisis)
[] Staying or living in a family member's room, apartment, or house
[] Staying or living in a friend's room, apartment, or house
[] Transitional housing for homeless persons (including homeless youth)
[] Residential project or halfway house with no homeless criteria

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 [] Permanent supportive housing
[] Family Unification Program voucher (FUP) [] Public housing unit
[] Foster Youth to Independence Initiative (FYI) [] Rental by client, with other ongoing housing subsidy
[] HCV voucher (tenant or project based) [] RRH or equivalent
[] GIP TPD housing subsidy [] VASH housing subsidy
[] Other permanent housing dedicated for formerly homeless persons

E. OTHER

- [] Client doesn't know [] Data not collected
[] Client prefers not to answer

Length of Stay in the Prior Living Situation:

- Approximate date this episode of homelessness started: _____
[] One night or less [] One year or longer
[] Two to six nights [] Client doesn't know
[] One week or more, but less than one month [] Client prefers not to answer
[] One month or more, but less than 90 days [] Data not collected
[] 90 days or more, but less than one year

(Regardless of where they stayed last night)
Number of times the client has been on the streets, in ES, or SH in the past three years including today:

- [] One time [] Four or more times
[] Two times [] Client doesn't know
[] Three times [] Client prefers not to answer
[] Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years:

- [] One month (this time is the 1st month)
[] 2 [] 6 [] 10 [] More than 12 months
[] 3 [] 7 [] 11 [] Client doesn't know
[] 4 [] 8 [] 12 [] Client prefers not to answer
[] 5 [] 9 [] Data not collected

HUD Program Data

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: _____