

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 Data not collected
 Questioning Different identity * _____

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: _____

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 - LIVING SITUATION (Continued)

B. If INSTITUTIONAL situation selected above, answer questions: (if not, skip to next question)

Did you stay less than 90 days? Yes* No (If “No”, skip to HUD Program)

*If yes, what was the **Length of Stay in the Prior Living Situation:** One night or less One week or more, but less than one month
 Two to six nights One month or more, but less than 90 days

*If yes, on the night before, **did you stay on the “streets”, ES or SH?** Yes** No (If “No”, skip to HUD Program)

**Approximate date this episode of homelessness started: _____

**If “Yes” (Regardless of where they stayed last night)		**If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> Data not collected

C, D or E. If TEMPORARY, PERMANENT, OTHER HOUSING situation, answer questions: (if not, skip to HUD Program)

Did you stay less than 7 nights? Yes* No (If “No”, skip to HUD Program)

*If yes, what was the **Length of Stay in the Prior Living Situation:** One night or less
 Two to six nights

*If yes, on the night before, **did you stay on the “streets”, ES or SH?** Yes** No (If “No”, skip to HUD Program)

**Approximate date this episode of homelessness started: _____

**If “Yes” (Regardless of where they stayed last night)		If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> 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

HUD Program Data (continued)

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:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Medicare:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- State Children's Health Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Employer Provided Health Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Health Insurance through COBRA:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- State Health Insurance for Adults:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Veterans Health Administration (VHA):** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Private Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Indian Health Services Program:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Other:** _____ Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer

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 ans'
- 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?

Zip code of last permanent address* _____

Zip Code Data Quality*: Full or Partial
 Client doesn't know Client refused

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 HOPWA Data Assessment (only applicable if clients answered “Yes” to the HIV/AIDS disabling condition question above)

HUD HOPWA:

Receiving AIDS Drug Assistance Program (ADAP)*

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

If “No”, reason*:

- Applied: Decision pending Client doesn't know
 Applied: Client not eligible Client prefers not to answer
 Client did not apply Data not collected
 Insurance type N/A for this client

Receiving Ryan White-funded medical or dental assistance*

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

If “No”, reason*:

- Applied: Decision pending Client doesn't know
 Applied: Client not eligible Client prefers not to answer
 Client did not apply Data not collected
 Insurance type N/A for this client

Has the client been prescribed anti-retroviral drugs?*

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

T-Cell (CD4) and Viral Load:

T-Cell (CD4) Count Available*

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

If “Yes”, T-Cell count*: _____

How was the T-Cell count information obtained?*

- Medical report Client report Other

Viral Load Information Available*

- Not available Client doesn't know
 Available* Client prefers not to answer
 Undetectable Data not collected
 Closed Change in capacity
 Alternate schedule

If “Available”, Viral Load count*: _____

How was the viral load information obtained?*

- Medical report Client report Other