Agency:				Project Entry Date:				
Project:				Case Worker:				
Hawaii HMIS	Add New Clie	nt: Identifyin	g					
Name Quality*:	☐ Full name	☐ Partial, s	treet/c	ode nam	ne □ Client doesr	a't know	☐ Client prefers not to answer ☐ Data not collected	
First Name*:					Last Name*:_			
Middle Name:_					Suffix			
Birth Date*:		☐ Full DOB ☐ Partial (MM	/YY)	□ Clie		□ Data n	prefers not to answer oot collected Age:	
Social Security#	*•			Full l Client d	□ Partial oesn't know		□ Client prefers not to answer□ Data not collected	
Gender*	☐ Woman (Girl, if child) Two-spirit) ☐ Transgender ☐ Non-Binary		spirit) Binary	□ Clie		nt doesn't know nt prefers not to answer not collected		
Primary Language*	☐ Chinese ☐ Chuukese ☐ English ☐ Ilocano ☐ Japanese Other:	☐ Korean ☐ Marshall ☐ Spanish ☐ Tagalog ☐ Vietname	ese		If Non-US Citizen □ Chuuk-Micr □ Kosrae-Micr □ Marshall Isla □ Palau	onesia onesia	 □ Pohnpei-Micronesia □ Yap-Micronesia □ Client doesn't know □ Client prefers not to answe □ Data not collected 	
Relationship to HOH*	☐ Self (H of H) ☐ Spouse ☐ Child ☐ Step Child ☐ Foster Child ☐ Grandparent	☐ Guardiar ☐ Grandch ☐ Other Re ☐ Other No ☐ Unknow	ild elative on-Rel		Veteran Sta □ No □Yes		☐ Client doesn't know☐ Client prefers not to answe☐ Data not collected☐	
□ An Ii □ As □ Bla □ Hi: □ Mi	et all that apply) merican Indian, Al ndigenous sian or Asian Ame ack, African Ame spanic/Latina/e/o iddle Eastern/Nort	rican* rican, African h African	□ W □ Cl □ Cl	hite ient doe ient pre:	waiian or Pacific Is sn't know fers not to answer ollected	lander*		

Bridging the Gap – CoC Funded PSH Adult Entry Assessment Form Hawaii HMIS Add New Client: Identifying (Continued) If Asian Chosen Above* ☐ Filipino ☐ Vietnamese ☐ Asian Indian ☐ Japanese ☐ Other Asian ☐ Chinese/Taiwanese ☐ Korean If Native Hawaiian or Pacific Islander chosen above* ☐ Native Hawaiian ☐ Marshallese ☐ Samoan ☐ Tongan ☐ Guamanian/Chamorro ☐ Micronesian ☐ Other Pacific Islander What race do you identify with most?* ☐ Tongan ☐ American India/Alaskan Native ☐ Guamanian/Chamorro ☐ Micronesian ☐ Vietnamese ☐ Native Hawaiian ☐ Asian Indian ☐ Other Asian □ White ☐ Black/African American ☐ Japanese ☐ Other Pacific Islander ☐ Client doesn't know ☐ Chinese/Taiwanese ☐ Korean ☐ Client refused ☐ Portuguese ☐ Filipino ☐ Marshallese ☐ Samoan ☐ Data not collected **Contact Information** Address*: Zip Code*:_____ Apt. Number:____ City: County: Country*: State: Cell Phone: Home Phone: ☐ Primary ☐ Secondary ☐ Tertiary ☐ Primary ☐ Secondary ☐ Tertiary Work Phone:_ Email Address: _____ ☐ Primary ☐ Secondary ☐ Tertiary **Other Information - CONSENT** Was Consent given to share data? : ☐ Yes \square 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**

Case Manager:

Program*:

Provider*: MATCH PROGRAM NAME

VETERAN Assessment

Military ☐ Army ☐ Marines		☐ Client doesn't know								
Branch*	☐ Air Force	☐ Coast Guard		1	☐ Client prefers not to answer					
	□ Navy □ Spa		ace Force		☐ Data not collected					
Discharge	☐ Honorable				☐ Bad conduct	□ Clie	☐ Client doesn't know			
Status*	☐ General under hor	orable o	conditions	S	☐ Dishonorable	☐ Clie	☐ Client prefers not to answe☐ Data not collected			
	☐ Under other than h	nonorab	le conditi	ons	☐ Uncharacterized	☐ Data				
Date Entere	d Service*				Date Separated from Ser	vice*:				
Theatre of Ope	erations* (options wi	II popu	late base	ed on da	tes of service above):					
_	World V		□ No		☐ Client doesn't know ☐ Cl	ient refused	\square Data not collected			
	Korea	n War	□No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	\square Data not collected			
	Vietnan	n War	□No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	\square Data not collected			
Persian Gulf W	ar (Operation Desert S	torm)	□ No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	\square Data not collected			
Afghanistan (O _l	peration Enduring Free	edom)	□ No	□ Yes	☐ Client doesn't know ☐ Cl	ient refused	☐ Data not collected			
Irac	q (Operation Iraqi Free	edom)	□ No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	☐ Data not collected			
1	Iraq (Operation New I	Dawn)	□ No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	☐ Data not collected			
	eping Operations or M ions (i.e. Lebanon, Par Somalia, Bosnia, Ko	nama,	□ No	□Yes	☐ Client doesn't know ☐ Cl	ient refused	☐ Data not collected			

HUD U	Iniversal	l Data
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Client location*(provi	der) <u>MATCH PR</u>	OGRAM NAME	(Continuui	n of Care Co	de: Self Populates in HMIS)	
Disabling Condition*	□ No □ Y	es	know	□ Clie	nt prefers not t	to answer Data not collected	
LIVING SITUATION	- Type of Resid	ence Prior to Projec	t Entry	(Select o	nly one answ	er)	
A. HOMELESS SITUA ☐ Emergency shelter emergency shelter vo ☐ Safe Haven	TION , including hotel o	or motel paid with	[☐ Place no	ot meant for hall	bitation (e.g., a vehicle, an rain/subway station/airport or	
B. INSTITUTIONAL S ☐ Foster care home of ☐ Hospital or other ro ☐ Jail, prison, or juve	or foster care group esidential non-psy	chiatric medical facilit	y [☐ Psychiat	ric hospital or	or nursing home other psychiatric facility ent 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 □ Family Unification Program voucher (FUP) □ Public housing unit					anent supportive c housing unit l by client, wit or equivalent H housing subspersons	re housing h other ongoing housing subsidy	
A. If HOMELESS situ	ation selected al	oove, answer question	ons: (if	not, skip	to next quest	ion)	
Approximate date the homelessness starte	-	Length of Stay in ☐ One night or less ☐ Two to six nights ☐ One week or mor ☐ One month or mor ☐ 90 days or more,	e, but le	ess than on less than 9	e month 0 days	☐ One year or longer ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
(Regardless of where to Number of times the ES, or SH in the past to □ One time □ Two times □ Three times	client has been or hree years includ Four or not lient do	in the streets, in ing today: more times pesn't know refers not to answer	in the	past three		meless on the streets, in ES, or SH e 1st month) ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected	
	1100	-	_ ~				

HUD Universal Data - LIVING SITUATION (Continued)

B. If INSTITUTIONAL	situation selected above, ar	nswer que	stions: (i	f not, skip	to next qu	uestion)
Did you stay less than	90 days? ☐ Yes* ☐ No (I	f "No", ski	p to HU	D Progran	n)	
*If yes, what was t Prior Living Situa	he Length of Stay in the		e night or o to six n			week or more, but less than one month month or more, but less than 90 days
*If yes, on the nigh	nt before, did you stay on the	e "streets"	, ES or S	SH?	□ Yes**	□ No (If "No", skip to HUD Program)
**Approximate dat	te this episode of homelessne	ess started:			-	
Number of times t	lless of where they stayed la he client has been on the sta past three years including t	reets,	in ES,	or SH in	the past th	er of months homeless on the streets, here years: s the 1st month)
☐ One time	☐ Four or more times		\square 2	□ 6	□ 10	☐ More than 12 months
☐ Two times	☐ Client doesn't know		□ 3	□ 7	□ 11	☐ Client doesn't know
☐ Three times	☐ Client prefers not to a	nswer	□ 4	□ 8	□ 12	☐ Client prefers not to answer
	☐ Data not collected		□ 5	□ 9		☐ Data not collected
C D or E If TEMPOD	ADV DEDMANENT OTH	IED HOU	SINC sit	nation a	newon and	estions: (if not, skip to HUD Program)
	7 nights? ☐ Yes* ☐ No (stions: (II not, skip to HOD Program)
*If yes, on the night *Approximate date **If "Yes" (Regard Number of times t	e Length of Stay in the ion: before, did you stay on the this episode of homelessness elless of where they stayed land the client has been on the streat three years including to Four or more times Client doesn't know Client prefers not to a Data not collected	☐ Two "streets", as started: ast night) reets, oday:	If "Ye ES, or	ghts H? s", Total SH in th	number of	□ No (If "No", skip to HUD Program) of months homeless on the streets, in see years: s the 1st month) □ More than 12 months □ Client doesn't know □ Client prefers not to answer □ Data not collected
HUD Program Data						
Survivor of Domestic V		_				
□ No □ Yes*	☐ Client doesn't k	mow □	Client p	refers not	to answer	☐ Data not collected
☐ From six month☐ One year ago o	three months onths (excluding six months on this to one year (excluding one or more			Client pr	pesn't knov refers not to collected	
Are your currently ☐ No ☐ Yes	fleeing?* ☐ Client doesn't k	now 🗆	Client p	refers 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?) \square No ☐ Client doesn't know \square Client prefers not to answer ☐ Data not collected If yes, please mark all that are applicable:

	☐ SNAP (Food Stamps)☐ WIC-Nutrition for Women, Infants, Children☐ TANF Child Care Services			□ O ₁	☐ TANF Transportation Services ☐ Other TANF-Funded Services ☐ Other source:			
	th Insura ∃ No	nce* Are you co □ Yes	overed by health insurance? ☐ Client doesn't know	□ Clien	t prefers not to answer	☐ Data not collected		
Sexu	al Orient	ation*						
	Heterosex	kual	☐ Bisexual		☐ Client doesn't kr	now		
	Gay		☐ Questioning/Uns		☐ Client prefers no			
	Lesbian		☐ Other		☐ Data not collecte	ed		
<u>Disal</u>	oling Con	dition*						
S	ubstance	Use Disorder	* (If "NO" selected, skip to	o Mental H	ealth)			
	□ No		☐ Drug Use Disorder	☐ Both A	Alcohol and Drug Use D	isorder		
	□ Alcoh	ol Use Disorder	☐ Client doesn't know	☐ Client	prefers not to answer	☐ Data not collected		
	a) Exped	cted to be of lon	g-continued and indefinite	duration a	nd substantially impai	irs ability to live independently?		
	□No	□Yes	☐ Client doesn't know	☐ Clien	t prefers not to answer	☐ Data not collected		
N	Aental Ho	ealth Disorder	* (If "NO" selected, skip to	Developm	ental Disability)			
_	□No	□Yes	☐ Client doesn't know	_	t prefers not to answer	☐ Data not collected		
	a) Exped	eted to be of lon	g-continued and indefinite	duration a	and substantially impai	irs ability to live independently?		
	□No	□Yes	☐ Client doesn't know	☐ Clien	t prefers not to answer	☐ Data not collected		
Г) Pevelopm	ental Disabilit	y* (If "NO" selected, skip t	to Chronic	Health Condition)			
=	□No	□Yes	☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
(hronic E	Igalth Conditie	on* (If "NO" selected, skip	to HIV / A	IDS)			
_		□Yes	☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
					=	irs ability to live independently?		
	□No	□Yes	☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
F	HV / AID)S* (If "NO" se	elected, skip to Physical Dis	sability) (a	s applicable)			
_	□No	□Yes	☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
D	hvaisal F	Nigo h:!!: 4-,* (If"						
<u>r</u>	<u>nysicai l</u> □No	□Yes	NO" selected, skip to Healt ☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
					•	irs ability to live independently?		
	a) Exped □No	□Yes	☐ Client doesn't know		t prefers not to answer	☐ Data not collected		
Т	.1.4: A		unladian Anniadanan Nicolo	J.¢				
<u>ı ran</u>	slation A □ No		nslation Assistance Neede		er 🗆 Doto not collected	l □ Different preferred language		
	□ NO	ii Cheffi does	sh t know \Box Chent prefers	not to answ	ci 🗀 Data not confected	i i Different preferred language		

☐ Yes* If "Yes", Preferred language: _____

Ka Mana O Na Helu

HUD Program Data (continued)				
Health Insurance Assessment (if	yes to health insurai	nce)		
☐ Medicaid		Health Insurance obtained t	through COBR	A
☐ Medicare		State Health Insurance for A	-	
☐ State Children's Health Insura		Private Pay Health Insurance		
☐ Veteran's Health Administrati		Indian Health Services Prog		
☐ Employer-Provided Health In	, ,	Other: Specify	•	
in Employer Frovided Fredrik III.		omer. speerly		
HUD Financial Assessment				
Area Median Income* ☐ Big Is	sland Kauai	☐ Maui		
Income from Any Source* □ No	☐ Yes ☐ Client do	esn't know 🗆 Client prefer	rs not to answer	☐ Data not collected
Please check all resources and enter the				
Income Type	<u>Amount</u>	Income Type		<u>Amount</u>
☐ Unemployment	\$	☐ Retirement from Socia	l Security:	\$
☐ Earned Income (employment):	\$	☐ VA Non-Service Disab	oility Pension	\$
□ SSI:	\$	☐ Pension or Retirement	Income (job):	\$
□ SSDI:	\$	☐ Child Support:		\$
☐ VA Service Disability Compensate	ion: \$	☐ Alimony or Other Spor	usal Support:	\$
☐ Private Disability Insurance:	\$	☐ Worker's Compensation	on:	\$
□ TANF	\$	☐ Other:		\$
☐ General Assistance:	\$	TOTAL INCOME:		\$
Hawaii Specific Assessment				
Hawaii Residence Information				
Did you arrive in Hawaii during t	the past 12 months?*			
		☐ Client Refused		
If yes, how long have you been in			ss than one mo	nth, # of days:
How long have you lived in Hawa	ii over your lifetime?	* # of years:		
Before your 18 th birthday, were you	ou placed in an out of	home placement and/or	experience ho	melessness?
Check all that apply. ☐ Foster Care	□ I	□ N _a	□ Cl: d	24 1
	□ Juvenile Home □ Homeless	□ No	☐ Client does ☐ Client refus	
☐ Group Home	□ nomeless		□ Chent letu	seu
Personal Information				
Marital Status*:				
☐ Single/never married	☐ Married	☐ Widowed	☐ Client refu	sed
☐ Living with partner	☐ Separated/divorced	☐ Other		
What is your current criminal jus	stice status*			
☐ Parole	☐ Formerly in system &	completed requirements	☐ Client does	n't know
	• •			sed
	□ None		□ Data not co	
1				
If the client's residence just prior to				which one?
Zip code of last permanent address*		Zip Code Data Quality*:	☐ Full or Part	ial
-		☐ Client doesn't know	□ Client ref	iised

Bridging the Gap – Per	manent Supportive Hous	Adult Entry / Assessment Form		
If currently working, # hour	rs worked in past week?			
Hawaii Specific Assessme	nt (continued)			
Referral Information* (How	were you referred to this agency?)			
☐ Aloha United Way	☐ Homeless services agency	□ Self	☐ Client doesn't know	
☐ Criminal justice		□ VA	☐ Other	
If homeless service agen	cy, which one?*			
Medical Information				
Name of Medical Insure	r;			
Emergency Services				
How many times in the p	ast 12 months have you used the	following en	nergency or medical services?	
Hospital emergency ro	oom services# of time	es used:	_	
Other hospital services	s (medical or psychiatric) # of time	s used:	<u>_</u>	
911/ambulance emerge	ency services# of time	s used:	<u>_</u>	
Access (Crisis) hotline	e# of time	s used:	_	
Other emergency servi	ice:# of time	s used:	Name of Service:	