

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 Data not collected Partial (MM/YY) Client doesn't know Data not collected Age: _____

Social Security#*: _____ Full Partial Client prefers not to answer Data not collected Client doesn't know

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 Questioning Data not collected 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* No Client doesn't know Yes Client prefers not to answer 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/Latina/e/o Client prefers not to answer Middle Eastern/North African Data not collected

Additional Race and Ethnicity detail: _____

VETERAN Assessment

- Military Branch***
- Army
 - Air Force
 - Navy
 - Marines
 - Coast Guard
 - Space 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
 - Client doesn't know
 - Client prefers not to answer
 - 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 No Yes Client doesn't know Client 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 War (Operation Desert Storm) No Yes Client doesn't know Client refused Data not collected
- Afghanistan (Operation Enduring Freedom) No Yes Client doesn't know Client refused Data not collected
- Iraq (Operation Iraqi Freedom) No Yes Client doesn't know Client refused Data not collected
- Iraq (Operation New Dawn) No Yes Client doesn't know Client refused Data not collected
- Other Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) No Yes Client doesn't know Client refused 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) **Number of times the client has been on the streets, in ES, or SH in the past three years including today: ****If “Yes”, Total number of months** homeless on the streets, in ES, or SH in the past three years:

- | | | | | | |
|--------------------------------------|---|----------------------------|----------------------------|-----------------------------|---|
| <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) **Number of times the client has been on the streets, in ES, or SH in the past three years including today: **If “Yes”, Total number of months** homeless on the streets, in ES, or SH in the past three years:

- | | | | | | |
|--------------------------------------|---|----------------------------|----------------------------|-----------------------------|---|
| <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*

- | | |
|---|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Three to six months (excluding six months exactly) | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> From six months to one year (excluding one year exactly) | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 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)

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 Refused

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 refused

Personal Information

Marital Status*:

- Single/never married Married Widowed Client refused
- 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 refused
- 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? _____

Hawaii Specific Assessment (continued)

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: _____