

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

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

Sex* Male Client doesn't know Female Client prefers not to answer Data not collected

Gender Man (Boy, if child) Non-Binary Woman (Girl, if child) Client doesn't know Transgender Client prefers not to answer Questioning Data not collected

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 H0H* 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* Other _____ Black, African American, African White Hispanic/Latina/e/o Client doesn't know Middle Eastern/North African Client prefers not to answer Data not collected

Additional Race and Ethnicity detail: _____

VETERAN Assessment (if yes to Veteran)

- 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

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

Education: Last Grade Completed*

- Less than Grade 5 Grade 12 / High school diploma Associate's degree Client doesn't know
 Grades 5-6 School program does not have grade levels Bachelor's degree Client prefers not to answer
 Grades 7-8 GED Graduate degree Data not collected
 Grades 9-11 Some college Vocational certification

Employment Information: Employed*

- No Yes Client doesn't know Client prefers not to answer Data not collected
***If "Yes", Employment type:** Full time Part time Seasonal/sporadic (including day labor)
***If "No", Why not employed:** Looking for work Unable to work Not looking for work

Sexual Orientation*

- Heterosexual Bisexual Client prefers not to answer
 Gay Questioning/Unsure Data not collected
 Lesbian Client doesn't know Other

General Health Status*

- Excellent Fair Client doesn't know
 Very Good Poor Client prefers not to answer
 Good Data not collected

Pregnancy Status*

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

If Yes, Due Date* _____

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

HUD Program Data (continued)

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 Physical 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

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

Health Insurance Assessment (if yes to health insurance)

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained through COBRA |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children's Health Insurance | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Veteran's Health Administration (VHA) | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> 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: _____

Hawaii Specific Assessment (continued)

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 ans'
- 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 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: _____

HUD RHY Data Assessment

Referral Source*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Outreach Project: *Number of times approached prior to entering project _____ | <input type="checkbox"/> School |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Child Welfare/CPS | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Juvenile Justice | |

Date of BCP Status Determination*: _____

Youth Eligible for RHY* No Yes*

If "Yes", is youth Runaway

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

If "No", reason why services not funded by BCP grant

- Out of age range Other
 Ward of the State – Immediate Reunification
 Ward of the Criminal Justice System – Immediate Reunification

School Status*

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Expelled | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Obtained GED | | |

Dental Health Status*

- | | | |
|------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Mental Health Status*

- | | | |
|------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Formerly a Ward of Child Welfare/Foster Care Agency*

- | | |
|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

Formerly a Ward of the Juvenile Justice System*

- | | |
|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

HUD RHY Youth Critical Issues

*Choose all that apply:

Household Dynamics

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

Sexual Orientation/Gender Identity - Youth

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

Sexual Orientation/Gender Identity – Family Member

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

Housing Issues - Youth

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

Housing Issues – Family Member

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

Social or Education Issues - Youth

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

Social or Education Issues – Family Member

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

Unemployment - Youth

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

Unemployment – Family Member

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

Mental Health Issues - Youth

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

Mental Health Issues – Family Member

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

Health Issues - Youth

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

Health Issues – Family Member

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

Physical Disability - Youth

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

Physical Disability – Family Member

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

Mental Disability - Youth

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

Mental Disability – Family Member

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

Abuse and Neglect - Youth

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

Abuse and Neglect – Family Member

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

Alcohol or other drug abuse - Youth

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

Alcohol or other drug abuse – Family Member

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

Insufficient Income to support youth – Family Member

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

HUD RHY Youth Critical Issues (continued)

Active Military Parent – Family Member

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

One parent/legal guardian of youth incarcerated

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

Both parents/legal guardian of youth incarcerated

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

Only parent/legal guardian of youth incarcerated

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