

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 refused Data Not Collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix _____ Deceased Date _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client Refused Data Not Collected Partial (MM/YY) Client Doesn't Know Data Not Collected Age: _____

Social Security#*: _____ Full Partial Client Refused Client Doesn't Know Data Not Collected

Gender* Male Female Transgender Questioning A gender that is not singularly 'Female' or 'Male' Client Doesn't Know Client Refused Data Not Collected

Citizenship Status U.S. Citizen U.S. National (American Samoa or Swains Island) Client Doesn't Know Eligible Non-Citizen Ineligible Non-Citizen Client Refused Non-US Citizen COFA Undocumented Data Not Collected

Primary Language* Chinese Korean Chuukese Marshallese English Spanish Ilocano Tagalog Japanese Vietnamese
Other: _____

If Non-US Citizen COFA* Pohnpei-Micronesia Chuuk-Micronesia Yap-Micronesia Kosrae-Micronesia Client Doesn't Know Marshall Islands Client Refused Palau Data Not Collected

Relations 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 Refused Yes Data Not Collected

Race* (Select all that apply) American Indian, Alaskan Native or Indigenous White Asian or Asian American Client Doesn't Know Black, African American, African Refused Native Hawaiian or Pacific Islander Data Not collected Other _____

Ethnicity* (Select One) Non-Hispanic or Non-Latino(a)(o)(x) Client Doesn't Know Hispanic or Latin(a)(o)(x) Client Refused Data Not Collected
(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)

Health Insurance Assessment (if yes to health insurance)

- Medicaid
- Medicare
- State Children’s Health Insurance
- VA-Veteran’s Administration Medical Services
- 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 Refused 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: _____