

Bridging the Gap – PATH Street Outreach & Services Only Adult Entry Assessment Form

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

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

Citizenship Status* U.S. Citizen Ineligible Non-Citizen Client doesn't know
 U.S. National - Non-Citizen from American Samoa or Swains Island Non-US Citizen COFA Client prefers not to answer
 Eligible Non-Citizen Undocumented Data not collected

If Non-US Citizen COFA*

Chuuk-Micronesia Palau Client doesn't know
 Kosrae-Micronesia Pohnpei-Micronesia Client prefers not to answer
 Marshall Islands Yap-Micronesia Data not collected

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

Relationship to HOH* Self (H of H) Guardian **Veteran Status*** Client doesn't know
 Spouse Grandchild No Client prefers not to answer
 Child Other Relative Yes Data not collected
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandparent

Race* (Select all that apply)

American Indian, Alaskan Native or Indigenous Hispanic/Latin(a)(o) Client doesn't know
 Asian or Asian American* Middle Eastern/North African Client prefers not to answer
 Black, African American, African Native Hawaiian or Pacific Islander* Data not collected
 White

Additional Race and Ethnicity detail: _____

Question: Type of Encounter

- Contact** (an interaction between a worker and client designed to engage the client – w/ services and/or referrals)
 - Go to Contact/Encounter Form to record services and referrals provided during outreach
- Initial Client Engagement** (initial interactive client relationship results in a deliberate client assessment or beginning case plan – In HMIS, this option allows you to complete an **entry assessment**)

Date of Engagement: _____
 (Date a client became engaged by a street outreach project in the development of a plan to address their situation. Only one date of engagement is allowed between project entry and exit.)

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 Universal Data

Client location* (provider) MATCH PROGRAM NAME Continuum of Care Code: (Self Populates in HMIS)

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

LIVING SITUATION – Type of Residence Prior to Project Entry (Select only one answer)

A. HOMELESS SITUATION

- | | |
|---|--|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher, Host Home Shelter | <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Safe Haven | |

B. INSTITUTIONAL SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

C. TEMPORARY HOUSING SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Host home (non-crisis) | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |

D. PERMANENT HOUSING SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Rental by client, with ongoing housing subsidy* (select below): | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| * Subsidy type <input type="checkbox"/> Housing Stability Voucher | <input type="checkbox"/> Permanent supportive housing |
| <input type="checkbox"/> Family Unification Program voucher (FUP) | <input type="checkbox"/> Public housing unit |
| <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> HCV voucher (tenant or project based) | <input type="checkbox"/> RRH or equivalent |
| <input type="checkbox"/> GIP TPD housing subsidy | <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons | |

E. OTHER

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

Length of Stay in the Prior Living Situation:

- | | | |
|---|--|---|
| Approximate date this episode of homelessness started: _____ | <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| | <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data not collected |
| | <input type="checkbox"/> 90 days or more, but less than one year | |

(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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

Total **number of months** homeless on the streets, in ES, or SH in the past three years:

- | | |
|---|---|
| <input type="checkbox"/> One month (this time is the 1st month) | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 11 | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 12 | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 5 <input type="checkbox"/> 9 | |

HUD Program Data

Domestic violence – 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-Funder 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

Connection with SOAR* No Yes

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

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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 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 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 answer
- Supervised release None Data not collected
- Other _____

Hawaii Specific Assessment (continued)

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 PATH Data

Date of Status Determination* _____

Client became enrolled in PATH* No* Yes

*If no, reason not enrolled

- Client found ineligible for PATH Client not enrolled for other reason(s) Unable to locate

ENCOUNTER

Encounter Date*: _____

Encounter Location Type*

- Place Not Meant for Habitation
- Service Setting: Non-Residential
- Service Setting: Residential

PIT Region Where Slept Last Night*

Maui County

- Maui R1:** Central Maui
- Maui R2:** Lower Waiehu
- Maui R3:** Up Country
- Maui R4:** Lahaina
- Maui R5:** Kihei
- Maui R6:** Hana

Kauai County

- Kauai R1:** West
- Kauai R2:** South
- Kauai R3:** South Central
- Kauai R4:** East
- Kauai R5:** North

Hawaii County

- Hawaii R1:** North Kohala
- Hawaii R2:** Hamakua
- Hawaii R3:** North Hilo
- Hawaii R4:** South Hilo
- Hawaii R5:** Puna
- Hawaii R6:** Kau
- Hawaii R7:** South Kona
- Hawaii R8:** North Kona
- Hawaii R9:** South Kohala

Where did you sleep last night? (Actual location. Please do not enter generic locations, e.g., park, beach, tent, car, street, etc.)*

Actual Location of Encounter* _____

PATH Services (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housing minor renovation | <input type="checkbox"/> Residential supportive services |
| <input type="checkbox"/> Clinical assessment | <input type="checkbox"/> Housing moving assistance | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Community mental health service | <input type="checkbox"/> One time rent for eviction prevention | <input type="checkbox"/> Security deposits |
| <input type="checkbox"/> Habilitation/Rehabilitation | <input type="checkbox"/> Re-engagement | <input type="checkbox"/> Substance use treatment service |
| <input type="checkbox"/> Housing eligibility determination | | |

PATH Referrals (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Community mental health | <input type="checkbox"/> Housing services | <input type="checkbox"/> Permanent housing |
| <input type="checkbox"/> Dental health referral | <input type="checkbox"/> Income training | <input type="checkbox"/> Primary health services |
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Job training | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Medical insurance | <input type="checkbox"/> Temporary housing |

Please provide the exact GPS coordinates of where this encounter interview took place in decimal format to six decimal places:
(e.g., Latitude: 21.993230, Longitude: -159.342046)

Latitude* _____

Longitude* _____

After manually entering the Latitude/Longitude data into the HMIS, DO NOT CLICK ON THE GEO TRACKING BUTTON. Please verify that this location accurately represents where the encounter interview took place and not the location of data entry.