

# 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

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      ☐ Different identity \* \_\_\_\_\_  
☐ Questioning      ☐ 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 prefers not to answer  
☐ Palau      ☐ Data Not collected

Relationship to Head of Household\* ☐ 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      ☐ 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: \_\_\_\_\_

If Asian Chosen Above\* ☐ Filipino      ☐ Vietnamese  
☐ Asian Indian      ☐ Japanese      ☐ Other Asian  
☐ Chinese/Taiwanese      ☐ Korean



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## 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

- ☐ Emergency shelter, including hotel or motel paid with emergency shelter voucher, Host Home Shelter  
☐ Safe Haven

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

#### B. INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home  
☐ Hospital or other residential non-psychiatric medical facility  
☐ Jail, prison, or juvenile detention facility

- ☐ Long-term care facility or nursing home  
☐ Psychiatric hospital or other psychiatric facility  
☐ Substance abuse treatment 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 friend's room, apartment, or house  
☐ Transitional housing for homeless persons (including homeless youth)

- ☐ Staying or living in a family member's room, apartment, or house

- ☐ 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):

- ☐ Owned by client, with ongoing housing subsidy  
☐ Owned by client, no ongoing housing subsidy

- \* Subsidy type** ☐ Housing Stability Voucher  
☐ Family Unification Program voucher (FUP)  
☐ Foster Youth to Independence Initiative (FYI)  
☐ HCV voucher (tenant or project based)  
☐ GIP TPD housing subsidy  
☐ Other permanent housing dedicated for formerly homeless persons

- ☐ Permanent supportive housing  
☐ Public housing unit  
☐ Rental by client, with other ongoing housing subsidy  
☐ RRH or equivalent  
☐ VASH housing subsidy

#### E. OTHER

- ☐ Client doesn't know  
☐ Client prefers not to answer

☐ Data not collected

### **Length of Stay in the Prior Living Situation:**

**Approximate date this episode of homelessness started:** \_\_\_\_\_

- ☐ One night or less  
☐ Two to six nights  
☐ One week or more, but less than one month  
☐ One month or more, but less than 90 days  
☐ 90 days or more, but less than one year

- ☐ One year or longer  
☐ Client doesn't know  
☐ Client prefers not to answer  
☐ Data not collected

(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:

- ☐ One time ☐ Four or more times  
☐ Two times ☐ Client doesn't know  
☐ Three times ☐ Client prefers not to answer  
☐ Data not collected

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

- ☐ One month (this time is the 1st month)  
☐ 2 ☐ 6 ☐ 10 ☐ More than 12 months  
☐ 3 ☐ 7 ☐ 11 ☐ Client doesn't know  
☐ 4 ☐ 8 ☐ 12 ☐ Client prefers not to answer  
☐ 5 ☐ 9 ☐ Data not collected

## 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

**HUD Program Data (continued)**

**Translation Assistance: Translation Assistance Needed\***

- ☐ No      ☐ Client doesn't know      ☐ Client prefers not to answer      ☐ Data not collected  
☐ Yes\* **If "Yes", Preferred language:**  
☐ Cantonese      ☐ Korean      ☐ Russian      ☐ Vietnamese  
☐ Chamorro      ☐ Laotian      ☐ Samoan      ☐ Visayan  
☐ Chuukese      ☐ Mandarin      ☐ Spanish      ☐ Client doesn't know  
☐ Hawaiian      ☐ Marshallese      ☐ Tagalog      ☐ Client prefers not to answer  
☐ Ilokano      ☐ Pohnpeian      ☐ Thai      ☐ Data not collected  
☐ Japanese      ☐ Portuguese      ☐ Tongan      ☐ Other \_\_\_\_\_

**Health Insurance Assessment (if yes to health insurance)**

- ☐ Medicaid      ☐ Health Insurance obtained through COBRA  
☐ Medicare      ☐ State Health Insurance for Adults  
☐ State Children's Health Insurance      ☐ Private Pay Health Insurance  
☐ Veteran's Health Administration (VHA)      ☐ Indian Health Services Program  
☐ Employer-Provided Health Insurance      ☐ 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:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**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 18<sup>th</sup> 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 \_\_\_\_\_

**Hawaii Specific Assessment (continued)****What is your current criminal justice status\***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parole             | <input type="checkbox"/> Formerly in system & completed requirements | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Probation          | <input type="checkbox"/> Drug court                                  | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Supervised release | <input type="checkbox"/> None  | <input type="checkbox"/> Data not collected           |
|   | <input type="checkbox"/> 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?)**

- |   |   |                               |  |
|---|---|-------------------------------|--|
| <input type="checkbox"/> Aloha United Way | <input type="checkbox"/> Homeless services agency | <input type="checkbox"/> Self | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Criminal justice | <input type="checkbox"/> Hospital                 | <input type="checkbox"/> VA   | <input type="checkbox"/> 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.