

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

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

Primary Language\*  Chinese  Korean **If Non-US Citizen COFA\***  Pohnpei-Micronesia  
 Chuukese  Marshallese  Chuuk-Micronesia  Yap-Micronesia  
 English  Spanish  Kosrae-Micronesia  Client Doesn't Know  
 Ilocano  Tagalog  Marshall Islands  Client Refused  
 Japanese  Vietnamese  Palau  Data Not Collected  
 Other: \_\_\_\_\_

Relations to HOH\*  Self (H of H)  Guardian **Veteran Status\***  Client Doesn't Know  
 Spouse  Grandchild  No  Client Refused  
 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  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.)*



**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.)

**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 refused     Data not collected

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

**HOMELESS SITUATION**

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven (SH)

**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

**TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy (including RRH)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Residential project or halfway house with no homeless criteria
- Rental by client with RRH or equivalent subsidy
- Host Home (non-crisis)
- Rental by client with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Client doesn't know
- Client refused
- Data not collected

**Approximate date**

**homelessness started\*** \_\_\_\_\_

**Length of Stay in the Prior Living Situation\***

- 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 refused
- 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\*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2     6     10
- 3     7     11
- 4     8     12
- 5     9     More than 12
- Client doesn't know
- Client refused
- Data not collected



**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:	\$ _____	<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 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 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 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: \_\_\_\_\_

**HUD PATH Data**

**Date of Status Determination\*** \_\_\_\_\_

**Client became enrolled in PATH\***    No\*                       Yes

**\*If no, reason not enrolled**

- Client found ineligible                       Not enrolled for other reasons                       Unable to locate

**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**

- HI R1:** Kohala                       **HI R2:** Honokaa                       **HI R3:** Laupahoehoe                       **HI R4:** Hilo                       **HI R5:** Waiakea  
 **HI R6:** Keaau                       **HI R7:** Pahoia                       **HI R8:** Kau                       **HI R9:** Konawaena                       **HI R10:** Kealahou

**Encounter Section A - PATH Services:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Outreach                          | <input type="checkbox"/> Case Management                 | <input type="checkbox"/> Housing technical assistance          |
| <input type="checkbox"/> Screening/assessment              | <input type="checkbox"/> Residential supportive services | <input type="checkbox"/> Security deposits                     |
| <input type="checkbox"/> Habilitation/rehabilitation       | <input type="checkbox"/> Housing minor innovation        | <input type="checkbox"/> One time rent for eviction prevention |
| <input type="checkbox"/> Community mental health - service | <input type="checkbox"/> Housing moving assistance       | <input type="checkbox"/> Other PATH funded service             |
| <input type="checkbox"/> Substance use treatment - service |  |  |

**Encounter Section B – PATH Multi-Referral (HMIS defaults to *General Referral*, you may select a specific program):**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Community Mental Health      |                 |
| <input type="checkbox"/> Housing Placement assistance | Refer to: _____ |
| <input type="checkbox"/> Educational services         | Refer to: _____ |
| <input type="checkbox"/> Employment assistance        | Refer to: _____ |
| <input type="checkbox"/> Income assistance            | Refer to: _____ |
| <input type="checkbox"/> Job training                 | Refer to: _____ |
| <input type="checkbox"/> Primary health services      | Refer to: _____ |
| <input type="checkbox"/> Medical assistance           | Refer to: _____ |
| <input type="checkbox"/> Relevant housing services    | Refer to: _____ |
| <input type="checkbox"/> Substance use treatment      | Refer to: _____ |