

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) ☐ Questioning
☐ Woman (Girl, if child) ☐ Non-Binary
☐ Transgender

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: _____

Hawaii HMIS Add New Client: Identifying (Continued)**If Asian Chosen Above***

- ☐ Asian Indian ☐ Filipino ☐ Vietnamese
☐ Chinese/Taiwanese ☐ Japanese ☐ Other Asian
☐ Korean

If Native Hawaiian/Other Pacific Islander chosen above*

- ☐ Native Hawaiian ☐ Marshallese ☐ Samoan ☐ Tongan
☐ Guamanian/Chamorro ☐ Micronesian ☐ Other Pacific Islander

What race do you identify with most?*

- | | | | |
|--|---|---|--|
| ☐ American India/Alaskan Native | ☐ Guamanian/Chamorro | ☐ Micronesian | ☐ Tongan |
| ☐ Asian Indian | ☐ Native Hawaiian | ☐ Other Asian | ☐ Vietnamese |
| ☐ Black/African American | ☐ Japanese | ☐ Other Pacific Islander | ☐ White |
| ☐ Chinese/Taiwanese | ☐ Korean | ☐ Portuguese | ☐ Client doesn't know |
| ☐ Filipino | ☐ Marshallese | ☐ Samoan | ☐ Client refused |
| | | | ☐ Data not collected |

Contact Information

Address*: _____

Zip Code*: _____ Apt. Number: _____

City: _____ County: _____

Country*: _____ State: _____

Cell Phone: _____ Home Phone: _____

☐ Primary ☐ Secondary ☐ Tertiary ☐ Primary ☐ Secondary ☐ Tertiary

Email Address: _____ Work Phone: _____

☐ Primary ☐ Secondary ☐ Tertiary
Other Information - CONSENTWas Consent given to share data? : ☐ Yes ☐ No (Use HMIS Consent Form)

Date of Consent: _____

*****All consent forms must be uploaded into the HMIS****Hawaii Add Family**

If more than one adult in household, complete additional adult entry form; if child, complete child form

Hawaii Enrollment Add/Edit

Enrollment Entry Date*: _____

Enrollment Exit Date: **DO NOT CHANGE**

Program*: _____

Provider*: **MATCH PROGRAM NAME**

Case Manager: _____

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***

☐ Army

☐ Marines

☐ Client doesn't know

☐ Air Force

☐ Coast Guard

☐ Client prefers not to answer

☐ Navy

☐ Space Force

☐ Data not collected

**Discharge
Status***

☐ Honorable

☐ Bad conduct

☐ Client doesn't know

☐ General under honorable conditions

☐ Dishonorable

☐ Client prefers not to answer

☐ Under other than honorable conditions

☐ Uncharacterized

☐ 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 | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Korean War | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Vietnam War | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Persian Gulf War (Operation Desert Storm) | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Afghanistan (Operation Enduring Freedom) | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Iraq (Operation Iraqi Freedom) | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Iraq (Operation New Dawn) | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |
| Other Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) | ☐ No | ☐ Yes | ☐ Client doesn't know | ☐ Client refused | ☐ Data not collected |

HUD Universal DataClient 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-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

Sex*

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

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

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 AssessmentArea Median Income* ☐ Big Island ☐ Kauai ☐ MauiIncome 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>
☐ Unemployment	\$ _____	☐ Retirement from Social Security:	\$ _____
☐ Earned Income (employment):	\$ _____	☐ VA Non-Service Disability Pension	\$ _____
☐ SSI:	\$ _____	☐ Pension or Retirement Income (job):	\$ _____
☐ SSDI:	\$ _____	☐ Child Support:	\$ _____
☐ VA Service Disability Compensation:	\$ _____	☐ Alimony or Other Spousal Support:	\$ _____
☐ Private Disability Insurance:	\$ _____	☐ Worker's Compensation:	\$ _____
☐ TANF	\$ _____	☐ Other:	\$ _____
☐ 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 _____ | |

If the client's residence just prior to project entry was an ES, TH, or PSH project, please specify which one?

Hawaii Specific Assessment (continued)

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: _____

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* _____

Services Provided (select all that apply):

- | | | |
|--|--|---|
| ☐ Benefits application assistance | ☐ Health education/Lifestyle | ☐ Mail pickup |
| ☐ Budgeting/Money Management | ☐ Housing/Shelter enrollment assistance | ☐ Translation services |
| ☐ Case management | ☐ ID assistance | ☐ Transportation |
| ☐ Food provision | | |

Referrals (select all that apply):

- | | | |
|---|--|--|
| ☐ Acute/Urgent care | ☐ Legal services | ☐ Substance use treatment |
| ☐ Dental/Vision services | ☐ Mental health services | ☐ TB screening |
| ☐ Educational services | ☐ Permanent housing | ☐ Transportation |
| ☐ Employment assistance | ☐ Primary health services | ☐ Veterans assistance |

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.