

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: _____

Hawaii HMIS Add New Client: Identifying (Continued)

- If Asian Chosen Above***
- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Korean | | |

If Native Hawaiian/Other Pacific Islander chosen above*

- | | | | |
|---|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesia | <input type="checkbox"/> Other Pacific Islander | |

What race do you identify with most?*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> American India/Alaskan Native | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesia | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Client refused |
| | | | <input type="checkbox"/> 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 - CONSENT

Was 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***
- | | | |
|------------------------------------|--------------------------------------|---|
| <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 |

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 _____

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):

- | | | |
|--|--|---|
| <input type="checkbox"/> Benefits application assistance | <input type="checkbox"/> Health education/Lifestyle | <input type="checkbox"/> Mail pickup |
| <input type="checkbox"/> Budgeting/Money Management | <input type="checkbox"/> Housing/Shelter enrollment assistance | <input type="checkbox"/> Translation services |
| <input type="checkbox"/> Case management | <input type="checkbox"/> ID assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food provision | | |

Referrals (select all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Acute/Urgent care | <input type="checkbox"/> Legal services | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Dental/Vision services | <input type="checkbox"/> Mental health services | <input type="checkbox"/> TB screening |
| <input type="checkbox"/> Educational services | <input type="checkbox"/> Permanent housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Primary health services | <input type="checkbox"/> 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.