

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 \* \_\_\_\_\_  Data not collected  
 Questioning

Primary Language\*  Chinese  Korean  
 Chuukese  Marshallese  
 English  Spanish  
 Ilocano  Tagalog  
 Japanese  Vietnamese

**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

Other: \_\_\_\_\_

Relationship to Head of Household\*  Self (H of H)  Guardian  
 Spouse  Grandchild  
 Child  Other Relative  
 Step Child  Other Non-Relative  
 Foster Child  Unknown  
 Grandparent

Veteran Status\*  Client doesn't know  
 No  Client prefers not to answer  
 Yes  Data not collected

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





**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

**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

Hawaii Specific Assessment (continued)

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?

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, Other hospital services, 911/ambulance emergency services, Access (Crisis) hotline, Other emergency service, 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
- Budgeting/Money Management
- Case management
- Food provision
- Health education/Lifestyle
- Housing/Shelter enrollment assistance
- ID assistance
- Mail pickup
- Translation services
- Transportation

**Referrals (select all that apply):**

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