

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 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*	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	If Non-US Citizen COFA*	<input type="checkbox"/> Pohnpei-Micronesia
	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Marshallese		<input type="checkbox"/> Chuuk-Micronesia
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		<input type="checkbox"/> Yap-Micronesia
	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Tagalog		<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Client Refused
	Other: _____			<input type="checkbox"/> Data Not Collected

Relations to HOH*	<input type="checkbox"/> Self (H of H)	<input type="checkbox"/> Guardian	Veteran Status*	<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No
	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Yes
	<input type="checkbox"/> Step Child	<input type="checkbox"/> Other Non-Relative		
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Unknown		
	<input type="checkbox"/> Grandparent			

Race* (Select all that apply)

<input type="checkbox"/> American Indian, Alaskan Native or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Black, African American, African	<input type="checkbox"/> Refused
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Data Not collected
	<input type="checkbox"/> Other _____

Ethnicity* (Select One)

<input type="checkbox"/> Non-Hispanic or Non-Latino(a)(o)(x)	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Hispanic or Latin(a)(o)(x)	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)

HUD Program Data

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 Refused Data not collected

If yes, please mark all that are applicable:

- SNAP (Previously known as Food Stamps) Other TANF-Funded Services
 WIC-Nutrition for Women, Infants, Children Section 8, Public Housing, Other Ongoing Rental Assistance
 TANF Child Care Services Temporary Rental Assistance
 TANF Transportation Services Other source: Specify _____

Health Insurance* Are you covered by health insurance?

- No Yes Client doesn't know Client Refused Data not collected

Education: Last Grade Completed (4.24)*

- Less than Grade 5 Grade 12 / High school diploma Associate's degree Client doesn't know
 Grades 5-6 School program does not have grade levels Bachelor's degree Client refused
 Grades 7-8 GED Graduate degree Data not collected
 Grades 9-11 Some college Vocational certification

Employment Information: Employed*

- No Yes Client doesn't know Client Refused Data not collected
 *If "Yes", Employment type: Full time Part time Seasonal/sporadic (including day labor)
 *If "No", Why not employed: Looking for work Unable to work Not looking for work

Sexual Orientation*

- Heterosexual Bisexual Client refused
 Gay Questioning/Unsure Data not collected
 Lesbian Client doesn't know

General Health Status*

- Excellent Fair Client doesn't know
 Very Good Poor Client refused
 Good Data not collected

Pregnancy Status* (females only)

- No Client doesn't know
 Yes Client refused
 Data not collected

If Yes, Due Date* _____

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 Refused 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 Refused Data not collected

Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)

- No Yes Client doesn't know Client Refused 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 Refused Data not collected

Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)

- No Yes Client doesn't know Client Refused Data not collected

Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)

- No Yes Client doesn't know Client Refused 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 Refused Data not collected

Hawaii Specific Assessment (continued)

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? _____

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 RHY Data Assessment

Referral Source*

- Self-Referral
- Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual
- Outreach Project:*Number of times approached prior to entering project_____
- Temporary Shelter
- Residential Project
- Hotline
- Child Welfare/CPS
- Juvenile Justice
- Law Enforcement/Police
- Mental Hospital
- School
- Other Organization
- Client doesn’t know
- Client refused
- Data not collected

Date of Status Determination*

Youth Eligible for RHY* No Yes

If “Yes”, is youth Runaway

- No Yes Client doesn’t know
- Client Refused Data not collected

If “No”, reason why services not funded by BCP grant

- Out of age range Other
- Ward of the State – Immediate Reunification
- Ward of the Criminal Justice System – Immediate Reunification

HUD RHY Data Assessment (cont)

School Status*

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Expelled | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Obtained GED | | |

Dental Health Status*

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Mental Health Status*

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Formerly a Ward of Child Welfare/Foster Care Agency*

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

Formerly a Ward of the Juvenile Justice System*

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | | |
|--|---|
| <input type="checkbox"/> Less than one year* | * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years | <input type="checkbox"/> 3 to 5 or more Years |

HUD RHY Family Critical Issues Assessment (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Household Dynamics | <input type="checkbox"/> Physical Disability-Youth |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Youth | <input type="checkbox"/> Physical Disability-Family Member |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Family Member | <input type="checkbox"/> Mental Disability-Youth |
| <input type="checkbox"/> Housing Issues-Youth | <input type="checkbox"/> Mental Disability-Family Member |
| <input type="checkbox"/> Housing Issues-Family Member | <input type="checkbox"/> Abuse and Neglect-Youth |
| <input type="checkbox"/> School or Educational Issues-Youth | <input type="checkbox"/> Abuse and Neglect-Family Member |
| <input type="checkbox"/> School or Education Issues-Adult | <input type="checkbox"/> Alcohol or Other Drug Abuse-Youth |
| <input type="checkbox"/> Unemployment-Youth | <input type="checkbox"/> Alcohol or Other Drug Abuse-Family Member |
| <input type="checkbox"/> Unemployment-Family Member | <input type="checkbox"/> Insufficient Income to Support Youth-Family Member |
| <input type="checkbox"/> Mental Health Issues-Youth | <input type="checkbox"/> Active Military Parent-Family Member |
| <input type="checkbox"/> Mental Health Issues-Family Member | <input type="checkbox"/> One Parent/Legal Guardian is Incarcerated |
| <input type="checkbox"/> Health Issues-Youth | <input type="checkbox"/> Both Parents/Legal Guardians are Incarcerated |
| <input type="checkbox"/> Health Issues-Family Member | <input type="checkbox"/> The Only Parent/Legal Guardian is Incarcerated |