

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 Gender Non-Conforming (not exclusively male or female)
 Female Client Doesn't Know
 Trans Female (MTF or Male to Female) Client Refused
 Trans Male (FTM or Female to Male) 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 or Alaska Native White
 Asian Client Doesn't Know
 Black/African American Refused
 Native Hawaiian/Other Pacific Islander Data Not collected

Ethnicity* (Select One)
 Non-Hispanic or Latino Client Doesn't Know
 Hispanic or Latino 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.)

Hawaii HMIS Add New Client: Identifying (Continued)

If Asian Chosen Above*

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

If Native Hawaiian/Other Pacific Islander chosen above*

- Native Hawaiian, Guamanian/Chamorro, Marshallese, Micronesia, Other Pacific Islander, Samoan, Tongan

What race do you identify with most?*

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

Contact Information

Address*, Zip Code*, City*, Country*, Cell Phone, Email Address, Apt. Number, County, State, Home Phone, Work Phone

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

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)

A. 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)

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. 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

Length of Stay in the Prior Living Situation*

- Approximate date 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 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

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 Abuse* (If "NO" selected, skip to Mental Health)

- No Alcohol Abuse Drug Abuse
 Both Alcohol and Drug Abuse 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 Problem* (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

HUD Program Data (continued)

Physical Disability* (If “NO” selected, skip to Health Insurance Assessment)

- 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

Health Insurance Assessment (if yes to health insurance)

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained through Cobra |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children’s Health Insurance | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> VA-Veteran’s Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> 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:	\$ _____	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 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 18th birthday, were you placed in an out of home placement and/or experience homelessness?

Check all that apply.

- | | | | |
|--------------------------------------|--|-----------------------------|--|
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Juvenile Home | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Homeless | | <input type="checkbox"/> Client refused |

Personal Information

Marital Status*:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Single/never married | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Living with partner | <input type="checkbox"/> Separated/divorced | <input type="checkbox"/> Other _____ | |

What is your current criminal justice status*:

- | | | |
|---|--|--|
| <input type="checkbox"/> Parole | <input type="checkbox"/> Formerly in system & completed requirements | <input type="checkbox"/> Client doesn’t know |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Drug court | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Supervised release | <input type="checkbox"/> None | <input type="checkbox"/> Data not collected |
| | <input type="checkbox"/> Other _____ | |

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 |