

Enrollment Entry Date*: _____ Program*: _____

Hawaii HMIS Add New Client: Identifying

Name Quality*: Full name Partial, street/code name Client doesn't know Prefers not to answer
 Data not collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client doesn't know Prefers not to answer
 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 **Gender**
 Female Prefers not to answer Man (Boy, if child) Non-Binary
 Data not collected Woman (Girl, if child) 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 Ineligible Non-Citizen Client Prefers not to answer
 Non-US Citizen COFA Undocumented Data Not Collected

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: _____

Relationship to HOH* Child Other Relative
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandchild

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/Latin(a)(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 _____

If Native Hawaiian/Other Pacific Islander chosen above*
 Native Hawaiian Marshallese Samoan Tongan
 Guamanian/Chamorro Micronesian Other Pacific Islander _____

Hawaii HMIS Add New Client: Identifying (Continued)

What race do you identify with most?*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> American India/Alaskan Native | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesian | <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 |

Other Information - CONSENT

****Minor Children cannot give consent. Consent will be based on the Head of Household****

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 Prefers not to Answer Data not collected

HUD Program Data

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

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"/> Veteran’s Health Administration (VHA) | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other: Specify _____ |