Bridging the Gap - Emergency Shelter

Adult Entry / Assessment Form

Agency:	Project Entry Date:						
Project:			Case Worker:				
Hawaii HMIS	Add New Clier	nt: Identifying					
Name Quality*:	☐ Full name	☐ Partial, stre	et/code name	☐ Client doesn	't know	☐ Client prefer☐ Data not coll	
First Name*:				Last Name*:_			
Middle Name:_				Suffix			
Birth Date*:			YY) □ Clien			prefers not to ans ot collected	swer Age:
Social Security#	*•		☐ Full ☐ ☐ Client doc	l Partial esn't know		prefers not to ans ot collected	swer
Gender*	☐ Man (Boy, if o ☐ Woman (Girl, ☐ Transgender ☐ Questioning	if child) T □ D	wo-spirit)	ific identity (e.g.	☐ Clie	nt doesn't know nt prefers not to a not collected	nswer
Primary Language*	☐ Chinese ☐ Chuukese ☐ English ☐ Ilocano ☐ Japanese Other:	☐ Korean ☐ Marshallese ☐ Spanish ☐ Tagalog ☐ Vietnamese	e	Non-US Citizen ☐ Chuuk-Micr ☐ Kosrae-Micr ☐ Marshall Isla ☐ Palau	onesia onesia	☐ Pohnpei-M ☐ Yap-Micro ☐ Client does ☐ Client pref ☐ Data not co	onesia sn't know ers not to answe
Relationship to HOH*	□ Self (H of H) □ Spouse □ Child □ Step Child □ Foster Child □ Grandparent	☐ Guardian ☐ Grandchild ☐ Other Rela ☐ Other Non- ☐ Unknown	l tive	Veteran Status* □ No □Yes		☐ Client doesn't know☐ Client prefers not to answer☐ Data not collected	
□ Ar It □ As □ Bla □ His □ Mi	et all that apply) merican Indian, Ala ndigenous ian or Asian Amer ack, African Amer spanic/Latin(a)(o) iddle Eastern/North	ican* ican, African n African	☐ White ☐ Client do	refers not to answe			

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 I ☐ Native Hawaiian ☐ Guamanian/Chamorro	\square Marshallese	☐ Samoan	☐ Tongan E Islander	
What race do you identify v ☐ American India/Alaskan I ☐ Asian Indian ☐ Black/African American ☐ Chinese/Taiwanese ☐ Filipino	Native Guam	ın	 ☐ Micronesian ☐ 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:			County:	
Country*:			State:	
Cell Phone:				
□ Primary □ Se	·	•	•	☐ Secondary ☐ Tertiary
Email Address:				☐ Secondary ☐ Tertiary
Other Information - CO	NSENT			
Was Consent given to share	data?:□ Yes	□ No	(Use HMIS Consent Form	1)
Date of Consent:			<u> </u>	
***All consent forms m	<mark>ust be uploaded i</mark>	nto the HMIS		
Hawaii Add Family				
If more than one adult in	household, compl	ete additional adu	lt entry form; if child, complete	e child form
Hawaii Enrollment Add	Ædit			
Enrollment Entry Date*:_			Enrollment Exit D	Date: DO NOT CHANGE
Program*:				CH PROGRAM NAME
Case Manager:				

HUD Universal Data

Client location*(provider) MATCH PROGRAM NAME			C	Continuum of Care Code: (Self Populates in HMIS)				
Disabling Condition ⁸	<u>*</u> □ No	□ Yes	☐ Client doesn't	know	□ Clie	ent prefers not	to answer	☐ Data not collected
LIVING SITUATIO	N – Type of	Residenc	e Prior to Project	Entry	(Select o	only one answ	ver)	
A. HOMELESS SITU ☐ Emergency shelter v ☐ Safe Haven	er, including			a		building, bus/		g., a vehicle, an ay station/airport or
B. INSTITUTIONAL ☐ Foster care home ☐ Hospital or other ☐ Jail, prison, or ju	or foster care residential n	e group hoi on-psychia		_	l Psychiat	rm care facility cric hospital or ce abuse treatr	other psycl	
C. TEMPORARY HC ☐ Hotel or motel pa ☐ Host home (non-	aid for withou		ey shelter voucher		Transiti	_		m, apartment, or house s persons (including
☐ Staying or living house	in a family m	nember's ro	oom, apartment, or		Resident criteria	tial project or l	halfway hoi	use with no homeless
D. PERMANENT HO ☐ Rental by client, below):	no ongoing h	ousing sub				by client, with		ousing subsidy sing subsidy
	Family Unifi Foster Youth HCV vouche GIP TPD hor	cation Prog to Indeper er (tenant or using subsi	gram voucher (FUP ndence Initiative (F r project based)	YI)	☐ Publi☐ Renta☐ RRH☐ VASI	or equivalent H housing sub	th other ong	going housing subsidy
E. OTHER								
☐ Client doesn't kn☐ Client prefers no					Data no	collected		
		$\underline{\mathbf{L}}$	ength of Stay in t	he Pric	r Living	Situation:		
Approximate date	this episod	e of □	One night or less					ne year or longer
homelessness star	ted:		Two to six nights					Client doesn't know
			One week or more					Client prefers not to answer
			One month or mor			•		Oata not collected
			90 days or more, b	out less	than one	year		
(Regardless of where Number of times the					number past thre		omeless on	the streets, in ES, or SH
ES, or SH in the past	-	•	•		ne month	(this time is th		
□ One time		our or more		□ 2	□ 6	□ 10		fore than 12 months
☐ Two times		lient doesn		□ 3	□ 7	□ 11		lient doesn't know
☐ Three times		lient prefer ata not coll	s not to answer	□ 4	□ 8	□ 12		lient prefers not to answer to answer to answer to a not collected
	⊔ <i>D</i>	aia 1101 COII	ECIEU	□ 5	□ 9		$\sqcup L$	ata not conected

HUD Program Data Survivor of Domestic Violence* □ Yes* ☐ Client doesn't know □ No ☐ Client prefers not to answer ☐ Data not collected If yes, when experience occurred* ☐ Client doesn't know ☐ Within the past three months ☐ 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 your currently fleeing?* ☐ Client doesn't know □ Data not collected \square No □ Yes ☐ Client prefers not to answer Non-Cash Benefits from Any Sources*(Received non-cash benefits in the past 30 days; expect to receive them again next month?) ☐ Data not collected \square No \square Yes ☐ Client doesn't know ☐ Client prefers not to answer If yes, please mark all that are applicable: ☐ SNAP (Food Stamps) ☐ TANF Transportation Services ☐ Other TANF-Funded Services ☐ WIC-Nutrition for Women, Infants, Children ☐ TANF Child Care Services ☐ Other source: **Health Insurance*** *Are you covered by health insurance?* ☐ Client doesn't know □ No ☐ Yes ☐ 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? \square No □Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected Mental Health Disorder* (If "NO" selected, skip to Developmental Disability) \square No ☐ Client doesn't know ☐ Data not collected \square Yes ☐ Client prefers not to answer a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? ☐ Client doesn't know ☐ Data not collected \square No □Yes ☐ Client prefers not to answer **Developmental Disability*** (If "NO" selected, skip to Chronic Health Condition) $\square N_0$ □Yes ☐ Client doesn't know \square Client prefers not to answer ☐ Data not collected Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS) \square 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? \square 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) \square No □Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected Physical Disability* (If "NO" selected, skip to Health Insurance Assessment) \square 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? $\square No$ □Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected Translation Assistance: Translation Assistance Needed* ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected ☐ Different preferred language ☐ Yes* If "Yes", Preferred language:

Health Insurance Assessment	(if yes to health insu	rance)					
☐ Medicaid	☐ Health Insurance obtained	through COBR	A				
☐ Medicare	☐ State Health Insurance for	Adults					
☐ State Children's Health In	☐ Private Pay Health Insuran	ce					
☐ Veteran's Health Adminis	tration (VHA)	☐ Indian Health Services Pro	gram				
☐ Employer-Provided Healt	□ Other: Specify	_					
HUD Financial Assessment							
	ig Island □ K	Kauai □ Maui					
Income from Any Source* □ N		t doesn't know \square Client prefe	rs not to answer	☐ Data not collected			
Please check all resources and ent		-					
Income Type Amount		Income Type		<u>Amount</u>			
☐ Unemployment	\$	☐ Retirement from Social	al Security:	\$			
☐ Earned Income (employment):	\$	☐ VA Non-Service Disa	bility Pension	\$			
□ SSI:	\$	☐ Pension or Retirement		\$			
□ SSDI:	\$	☐ Child Support:	•	\$			
☐ VA Service Disability Compe	nsation: \$	☐ Alimony or Other Spo	☐ Child Support: \$				
☐ Private Disability Insurance:	\$	☐ Worker's Compensation	on:	\$			
□ TANF	\$	☐ Other:	□ Other: \$				
☐ General Assistance:	\$	TOTAL INCOME: \$					
Hawaii Specific Assessment Hawaii Residence Information							
Did you arrive in Hawaii duri	ng the past 12 months	?*					
\square No \square Yes \square	Client doesn't know	☐ Client Prefers not to ans	swer				
If yes, how long have you been	in Hawaii? # of mont	hs: If in Hawaii le	ss than one mo	nth, # of days:			
How long have you lived in Ha	awaii over your lifetim	e?* # of years:					
Before your 18 th birthday, were Check all that apply.	re you placed in an out	t of home placement and/or	experience ho	melessness?			
☐ Foster Care ☐ Juvenile Home		□ No	□ No □ Client doesn't know				
\Box Group Home \Box Homeless		☐ Client prefers not to answer		ers not to answer			
Personal Information Marital Status*:							
☐ Single/never married ☐ Married		☐ Widowed	☐ Widowed ☐ Client prefers not to answer				
☐ Living with partner ☐ Separated/div		d 🗆 Other	-				
What is your current criminal	justice status*						
☐ Parole	☐ Formerly in system	m & completed requirements	☐ Client doesn't know				
☐ Probation	☐ Drug court		☐ Client prefe	ers not to answer			
☐ Supervised release ☐ None			☐ Data not co	llected			
	☐ Other						
If the client's residence just prior				which one?			

BTG Emergency Shelter Hawaii Specific Assessment (continued)

Adult Entry / Assessment Form

Hawaii Specific Assessme	ent (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, # hou			enent prefers not to answer			
, G	were you referred to this agency	,2)				
	☐ Homeless services agend					
If homeless service age	ncy, which one?*					
Medical Information Name of Medical Insure	er:					
Emergency Services						
How many times in the p	oast 12 months have you used t	he following e	emergency or medical services?			
Hospital emergency re	oom services# of ti	mes used:				
Other hospital service	es (medical or psychiatric) # of ti	mes used:	<u></u>			
911/ambulance emerg	gency services# of ti	mes used:	<u></u>			
Access (Crisis) hotlin	e# of ti	mes used:	<u></u>			
Other emergency serv	rice:# of ti	mes used:	Name of Service:			