

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 Data not collected **Age:** _____ Client doesn't know

Social Security#*: _____ Full Partial Client prefers not to answer Data not collected Client doesn't know

Sex* Male Client doesn't know Female Client prefers not to answer Data not collected

Gender Man (Boy, if child) Non-Binary Woman (Girl, if child) Client doesn't know Transgender Client prefers not to answer Questioning Data not collected

Citizenship Status* U.S. Citizen Ineligible Non-Citizen Client doesn't know U.S. National - Non-Citizen from American Samoa or Swains Island Non-US Citizen COFA Client prefers not to answer Eligible Non-Citizen Undocumented Data not collected

If Non-US Citizen COFA*

Chuuk-Micronesia Palau Client doesn't know Kosrae-Micronesia Pohnpei-Micronesia Client prefers not to answer Marshall Islands Yap-Micronesia Data not collected

Primary Language* Chinese Japanese Tagalog Chuukese Korean Vietnamese English Marshallese Other: _____ Ilocano Spanish

Relationship to HOH* Self (H of H) Guardian Veteran Status* Client doesn't know Spouse Grandchild No Client prefers not to answer Child Other Relative Yes Data not collected Step Child Other Non-Relative Foster Child Unknown Grandparent

Race* (Select all that apply)

American Indian, Alaskan Native or Indigenous Hispanic/Latin(a)(o) Client doesn't know Asian or Asian American* Middle Eastern/North African Client prefers not to answer Black, African American, African Native Hawaiian or Pacific Islander* Data not collected White

Additional Race and Ethnicity detail: _____

VETERAN Assessment *(if yes to Veteran)*

- Military Branch***
- | | | |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Marines | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> Data not collected |

- Discharge Status***
- | | | |
|--|--|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Under other than honorable conditions | <input type="checkbox"/> Uncharacterized | <input type="checkbox"/> Data not collected |

Date Entered Service* _____

Date Separated from Service*: _____

Theatre of Operations* (options will populate based on dates of service above):

- | | | | | | |
|--|-----------------------------|------------------------------|--|---|---|
| World War II | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Korean War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Vietnam War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Persian Gulf War (Operation Desert Storm) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Afghanistan (Operation Enduring Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation Iraqi Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation New Dawn) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Other Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |

Health Insurance Assessment *(if yes to health insurance)*

- Medicaid
- Medicare
- State Children’s Health Insurance
- Veteran’s Health Administration (VHA)
- Employer-Provided Health Insurance
- Health Insurance obtained through COBRA
- State Health Insurance for Adults
- Private Pay Health Insurance
- Indian Health Services Program
- 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:	\$ _____	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 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 18th 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

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?

Hawaii Specific Assessment (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, # 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: _____