

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\*  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, Alaskan Native or Indigenous  White  Client Doesn't Know  
 Asian or Asian American  Refused  
 Black, African American, African  Data Not collected  
 Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

Ethnicity\* (Select One)  
 Non-Hispanic or Non-Latino(a)(o)(x)  Client Doesn't Know  Client Refused  
 Hispanic or Latin(a)(o)(x)  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\***

- |  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian      | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Korean            |                                   |                                      |

**If Native Hawaiian/Pacific Islander chosen above\***

- |   |                                      |   |                                 |
|---|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Native Hawaiian    | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesia  | <input type="checkbox"/> Other Pacific Islander |                                 |

**What race do you identify with most?\***

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

**Contact Information**

**Address\*:** \_\_\_\_\_

**Zip Code\*:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Country\*:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Primary  Secondary  Tertiary  Primary  Secondary  Tertiary

**Email Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Primary  Secondary  Tertiary

**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

**A. If HOMELESS situation selected above, answer these questions: (if not, skip to next question)**

<b>Approximate date homelessness started*</b> <hr/>	<b><u>Length of Stay in the Prior Living Situation*</u></b>	
	<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client refused
	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 90 days or more, but less than one year	

(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 Universal Data - LIVING SITUATION (Continued)**

**B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)**

Did you stay less than 7 nights?\*  Yes  No

If no, what was the **Length of Stay in the Prior Living Situation\***

- 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

If yes, what was the **Length of Stay in the Prior Living Situation\***

- 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

If yes, on the night before, **did you stay on the "streets", ES or SH?\***  Yes  No

Approximate date homelessness started\* \_\_\_\_\_

If **"Yes"** (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

If **"Yes"**, 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
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

**C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions: (if not, skip to HUD Program)**

Did you stay less than 7 nights?\*  Yes  No

If no, what was the **Length of Stay in the Prior Living Situation\***

- 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

If yes, what was the **Length of Stay in the Prior Living Situation\***

- One night or less
- Two to six nights

If yes, on the night before, **did you stay on the "streets", ES or SH?\***  Yes  No

Approximate date homelessness started\* \_\_\_\_\_

If **"Yes"** (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

If **"Yes"**, 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
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

**HUD Program Data**

**Domestic violence – Domestic violence victim/survivor\***

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

**If yes, when experience occurred\***

- Within the past three months
- Three to six months (excluding six months exactly)
- From six months to one year (excluding one year exactly)
- One year ago or more
- Client doesn't know
- Client refused
- Data not collected

**Are you currently fleeing?\***

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

**HUD Program Data (continued)**

**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:**

- |   |   |
|---|---|
| <input type="checkbox"/> SNAP (Previously known as Food Stamps)     | <input type="checkbox"/> Other TANF-Funded Services                                 |
| <input type="checkbox"/> WIC-Nutrition for Women, Infants, Children | <input type="checkbox"/> Section 8, Public Housing, Other Ongoing Rental Assistance |
| <input type="checkbox"/> TANF Child Care Services                   | <input type="checkbox"/> Temporary Rental Assistance                                |
| <input type="checkbox"/> TANF Transportation Services               | <input type="checkbox"/> Other source: Specify _____                                |

**Health Insurance\*** Are you covered by health insurance?

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

**Disabling Condition\***

**Substance Use Disorder\*** (If "NO" selected, skip to Mental Health)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No                   | <input type="checkbox"/> Drug Use Disorder   | <input type="checkbox"/> Both Alcohol and Drug Use Disorder |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused                     |
|   |  | <input type="checkbox"/> 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

**HIV / AIDS\*** (If "NO" selected, skip to Physical Disability) (as applicable)

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

**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"/> <b>Medicaid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*                           |   |   |  |
| If "No": <input type="checkbox"/> Applied: decision pending   | <input type="checkbox"/> Applied: client not eligible | <input type="checkbox"/> Client did not apply |  |
| <input type="checkbox"/> Insurance type N/A for client  | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Client refused       |  |
| <input type="checkbox"/> <b>Medicare:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*                           |   |   |  |
| If "No": <input type="checkbox"/> Applied: decision pending   | <input type="checkbox"/> Applied: client not eligible | <input type="checkbox"/> Client did not apply |  |
| <input type="checkbox"/> Insurance type N/A for client  | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Client refused       |  |
| <input type="checkbox"/> <b>State Children's Health Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No*  |   |   |  |
| If "No": <input type="checkbox"/> Applied: decision pending   | <input type="checkbox"/> Applied: client not eligible | <input type="checkbox"/> Client did not apply |  |
| <input type="checkbox"/> Insurance type N/A for client  | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Client refused       |  |
| <input type="checkbox"/> <b>Employer Provided Health Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No* |   |   |  |
| If "No": <input type="checkbox"/> Applied: decision pending   | <input type="checkbox"/> Applied: client not eligible | <input type="checkbox"/> Client did not apply |  |
| <input type="checkbox"/> Insurance type N/A for client  | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Client refused       |  |

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

- Health Insurance through COBRA:**     Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused
- State Health Insurance for Adults:**     Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused
- VA-Veterans Administration Medical Services:**  Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused
- Private Insurance:**     Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused
- Indian Health Services Program:**  Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused
- Other:** \_\_\_\_\_  Yes     No\*  
 If “No”:     Applied: decision pending     Applied: client not eligible     Client did not apply  
                    Insurance type N/A for client     Client doesn’t know     Client refused

**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:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**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 18<sup>th</sup> 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 refused

Hawaii Specific Assessment (continued)

Personal Information

Marital Status\*:

- Single/never married, Married, Widowed, Client refused, 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 refused, 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?

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, Other hospital services, 911/ambulance emergency services, Access (Crisis) hotline, Other emergency service



**HUD HOPWA Data Assessment** *(only applicable if clients answered “Yes” to the HIV/AIDS disabling condition question above)*

**HUD HOPWA:**

**Receiving Public HIV/AIDS medical assistance\***

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

**If “No”, reason\*:**

- Applied: Decision pending       Client doesn't know  
 Applied: Client not eligible       Client refused  
 Client did not apply       Data not collected  
 Insurance type N/A for this client

**Receiving AIDS Drug Assistance Program (ADAP)\***

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

**If “No”, reason\*:**

- Applied: Decision pending       Client doesn't know  
 Applied: Client not eligible       Client refused  
 Client did not apply       Data not collected  
 Insurance type N/A for this client

**Receiving Ryan White-funded medical or dental assistance\***

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

**If “No”, reason\*:**

- Applied: Decision pending       Client doesn't know  
 Applied: Client not eligible       Client refused  
 Client did not apply       Data not collected  
 Insurance type N/A for this client

**Has the client been prescribed anti-retroviral drugs?\***

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

**T-Cell (CD4) and Viral Load:**

**T-Cell (CD4) Count Available\***

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

**If “Yes”, T-Cell count\*:** \_\_\_\_\_

**Viral Load Information Available\***

- Not available       Client doesn't know  
 Available\*       Client refused  
 Undetectable       Data not collected  
 Closed       Change in capacity  
 Alternate schedule

**If “Available”, Viral Load count\*:** \_\_\_\_\_

**How was the viral load information obtained?\***       Medical report       Client report       Other