

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
☐ Partial (MM/YY) ☐ Client doesn't know ☐ Data not collected Age: _____

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

Gender ☐ Man (Boy, if child) ☐ Questioning
☐ Woman (Girl, if child) ☐ Non-Binary
☐ Transgender

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: _____

Hawaii HMIS Add New Client: Identifying (Continued)**If Asian Chosen Above***

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

If Native Hawaiian or Pacific Islander chosen above*

- ☐ Native Hawaiian ☐ Marshallese ☐ Samoan ☐ Tongan
☐ Guamanian/Chamorro ☐ Micronesian ☐ 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"/> 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 |

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: _____

VETERAN Assessment (*If yes to Veteran)**Military Branch***☐ Army☐ Marines☐ Client doesn't know☐ Air Force☐ Coast Guard☐ Client prefers not to answer☐ Navy☐ Space Force☐ Data not collected**Discharge Status***☐ Honorable☐ Bad conduct☐ Client doesn't know☐ General under honorable conditions☐ Dishonorable☐ Client prefers not to answer☐ Under other than honorable conditions☐ Uncharacterized☐ 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 ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedKorean War ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedVietnam War ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedPersian Gulf War (Operation Desert Storm) ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedAfghanistan (Operation Enduring Freedom) ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedIraq (Operation Iraqi Freedom) ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedIraq (Operation New Dawn) ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collectedOther Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) ☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

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**LIVING SITUATION – Type of Residence Prior to Project Entry (Select only one answer)****A. HOMELESS SITUATION**

- ☐ Emergency shelter, including hotel or motel paid with emergency shelter voucher, Host Home Shelter
- ☐ Safe Haven

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

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. TEMPORARY HOUSING SITUATION

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Host home (non-crisis)

- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Transitional housing for homeless persons (including homeless youth)

- ☐ Staying or living in a family member's room, apartment, or house

- ☐ Residential project or halfway house with no homeless criteria

D. PERMANENT HOUSING SITUATION

- ☐ Rental by client, no ongoing housing subsidy
- ☐ **Rental by client, with ongoing housing subsidy*** (select below):

- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

- * Subsidy type** ☐ Housing stability voucher
- ☐ Family Unification Program voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ HCV voucher (tenant or project based)
- ☐ GIP TPD housing subsidy
- ☐ Other permanent housing dedicated for formerly homeless persons

- ☐ Permanent supportive housing
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ RRH or equivalent
- ☐ VASH housing subsidy

E. OTHER

- ☐ Client doesn't know
- ☐ Client prefers not to answer

- ☐ Data not collected

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

Approximate date this episode of homelessness started: _____

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
- ☐ 90 days or more, but less than one year

- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ 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:

- ☐ One time ☐ Four or more times
- ☐ Two times ☐ Client doesn't know
- ☐ Three times ☐ Client prefers not to answer
- ☐ Data not collected

Total number of months homeless on the streets, in ES, or SH in the past three years:

- ☐ One month (this time is the 1st month)
- ☐ 2 ☐ 6 ☐ 10 ☐ More than 12 months
- ☐ 3 ☐ 7 ☐ 11 ☐ Client doesn't know
- ☐ 4 ☐ 8 ☐ 12 ☐ Client prefers not to answer
- ☐ 5 ☐ 9 ☐ Data not collected

HUD Universal Data - LIVING SITUATION (Continued)

B. If INSTITUTIONAL situation selected above, answer questions: (if not, skip to next question)Did you stay less than 90 days? ☐ Yes* ☐ No (If “No”, skip to HUD Program)*If yes, what was the **Length of Stay in the Prior Living Situation:**☐ One night or less☐ One week or more, but less than one month☐ Two to six nights☐ 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 (If “No”, skip to HUD Program)

**Approximate date this episode of 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:☐ One time☐ Four or more times☐ Two times☐ Client doesn’t know☐ Three times☐ Client prefers not to answer☐ 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 time is the 1st month)☐ 2☐ 6☐ 10☐ More than 12 months☐ 3☐ 7☐ 11☐ Client doesn’t know☐ 4☐ 8☐ 12☐ Client prefers not to answer☐ 5☐ 9☐ Data not collected**C, D or E. If TEMPORARY, PERMANENT, OTHER HOUSING situation, answer 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 year or longer☐ One month or more, but less than 90 days☐ Client doesn’t know☐ 90 days or more, but less than one year☐ Client prefers not to answer☐ 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 (If “No”, skip to HUD Program)

**Approximate date this episode of 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:☐ One time☐ Four or more times☐ Two times☐ Client doesn’t know☐ Three times☐ Client prefers not to answer☐ Data not collectedIf “Yes”, Total **number of months** homeless on the streets, in ES, or SH in the past three years:☐ One month (this time is the 1st month)☐ 2☐ 6☐ 10☐ More than 12 months☐ 3☐ 7☐ 11☐ Client doesn’t know☐ 4☐ 8☐ 12☐ Client prefers not to answer☐ 5☐ 9☐ Data not collected

HUD Program Data

Survivor of Domestic Violence*☐ No☐ Yes☐ Client doesn’t know☐ Client prefers not to answer☐ Data not collected**If yes, when experience occurred***☐ Within the past three months☐ Client doesn’t know☐ 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 you currently fleeing?***☐ No☐ Yes☐ Client doesn’t know☐ Client prefers not to answer☐ 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 prefers not to answer ☐ Data not collected

If yes, please mark all that are applicable:

☐ SNAP (Food Stamps) ☐ TANF Transportation Services
☐ WIC-Nutrition for Women, Infants, Children ☐ Other TANF-Funded Services
☐ TANF Child Care Services ☐ Other source: _____

Health Insurance* Are you covered by health insurance?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Sex*

☐ Male ☐ Female ☐ 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)*

- ☐ **Medicaid:** ☐ 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 prefers not to answer
- ☐ **Medicare:** ☐ 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 prefers not to answer
- ☐ **State Children's Health 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 prefers not to answer
- ☐ **Employer Provided Health 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 prefers not to answer
- ☐ **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 prefers not to answer
- ☐ **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 prefers not to answer
- ☐ **Veterans Health Administration (VHA):** ☐ 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 prefers not to answer
- ☐ **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 prefers not to answer
- ☐ **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 prefers not to answer
- ☐ **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 prefers not to answer

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?**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 HOPWA Data Assessment (only applicable if clients answered “Yes” to the HIV/AIDS disabling condition question above)
HUD HOPWA:
Receiving AIDS Drug Assistance Program (ADAP)*
☐ No* ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If “No”, reason*:

- | | |
|---|---|
| <input type="checkbox"/> Applied: Decision pending | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Applied: Client not eligible | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Insurance type N/A for this client | |

Receiving Ryan White-funded medical or dental assistance*
☐ No* ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If “No”, reason*:

- | | |
|---|---|
| <input type="checkbox"/> Applied: Decision pending | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Applied: Client not eligible | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Insurance type N/A for this client | |

Has the client been prescribed anti-retroviral drugs?*
☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

T-Cell (CD4) and Viral Load:
T-Cell (CD4) Count Available*
☐ No ☐ Yes* ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If “Yes”, T-Cell count*: _____

How was the T-Cell count information obtained?*
☐ Medical report ☐ Client report ☐ Other

Viral Load Information Available*

- | | |
|---|---|
| <input type="checkbox"/> Not available | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Available* | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Undetectable | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Closed | <input type="checkbox"/> Change in capacity |
| <input type="checkbox"/> Alternate schedule | |

If “Available”, Viral Load count*: _____

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