

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 Data not collected Client prefers not to answer

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix: _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client prefers not to answer Data not collected Client doesn't know **Age:** _____

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 |

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)		**If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> 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)		If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> 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

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 ans
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:

