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 (MM/YY) ☐ Partial (DD/YY) ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected **Age:** _____

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

Gender* ☐ Man (Boy, if child) ☐ Woman (Girl, if child) ☐ Transgender ☐ Questioning ☐ Culturally specific identity (e.g. Two-spirit) ☐ Non-Binary ☐ Different identity *_____ ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

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

If Non-US Citizen COFA* ☐ Chuuk-Micronesia ☐ Kosrae-Micronesia ☐ Marshall Islands ☐ Palau ☐ Pohnpei-Micronesia ☐ Yap-Micronesia ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Relationship to HOH* ☐ Self (H of H) ☐ Spouse ☐ Child ☐ Step Child ☐ Foster Child ☐ Grandparent ☐ Guardian ☐ Grandchild ☐ Other Relative ☐ Other Non-Relative ☐ Unknown

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

Race* (Select all that apply)

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

Additional Race and Ethnicity detail: _____

Hawaii HMIS Add New Client: Identifying (Continued)

If Asian Chosen Above*
☐ Asian Indian
☐ Chinese/Taiwanese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian _____

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?*
☐ American India/Alaskan Native
☐ Asian Indian
☐ Black/African American
☐ Chinese/Taiwanese
☐ Filipino
☐ Guamanian/Chamorro
☐ Native Hawaiian
☐ Japanese
☐ Korean
☐ Marshallese
☐ 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*: _____ **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 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 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)
☐ 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
☐ Permanent supportive housing
☐ Public housing unit
☐ Rental by client, with other ongoing housing subsidy
☐ RRH or equivalent
☐ VASH housing subsidy
☐ Other permanent housing dedicated for formerly homeless persons

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
☐ Two times
☐ Three times
☐ Four or more times
☐ Client doesn't know
☐ 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 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 ☐ 11 ☐ 12
☐ More than 12 months
☐ Client doesn't know
☐ Client prefers not to answer
☐ 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 ☐ 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 (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 ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ 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 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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", skip to HUD Program)

*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 ☐ Two times ☐ Three times ☐ Four or more times ☐ Client doesn't know ☐ 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 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ 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
☐ 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 prefers not to answer
☐ Data not collected

Are your 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)
☐ WIC-Nutrition for Women, Infants, Children
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF-Funded 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

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

Translation Assistance: Translation Assistance Needed*

☐ No ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
☐ Yes* **If "Yes", Preferred language:**

☐ Cantonese	☐ Korean	☐ Russian	☐ Vietnamese
☐ Chamorro	☐ Laotian	☐ Samoan	☐ Visayan
☐ Chuukese	☐ Mandarin	☐ Spanish	☐ Client doesn't know
☐ Hawaiian	☐ Marshallese	☐ Tagalog	☐ Client prefers not to answer
☐ Ilokano	☐ Pohnpeian	☐ Thai	☐ Data not collected
☐ Japanese	☐ Portuguese	☐ Tongan	☐ Other_____

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*

Income Type	Amount	Income Type	Amount
☐ Unemployment	$ _____	☐ Retirement from Social Security:	$ _____
☐ Earned Income (employment):	$ _____	☐ VA Non-Service Disability Pension	$ _____
☐ SSI:	$ _____	☐ Pension or Retirement Income (job):	$ _____
☐ SSDI:	$ _____	☐ Child Support:	$ _____
☐ VA Service Disability Compensation:	$ _____	☐ Alimony or Other Spousal Support:	$ _____
☐ Private Disability Insurance:	$ _____	☐ Worker's Compensation:	$ _____
☐ TANF	$ _____	☐ Other:	$ _____
☐ 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:_____

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*:

☐ Applied: Decision pending
☐ Applied: Client not eligible
☐ Client did not apply
☐ Insurance type N/A for this client
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

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*:

☐ Applied: Decision pending
☐ Applied: Client not eligible
☐ Client did not apply
☐ Insurance type N/A for this client
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

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*

☐ Not available
☐ Available*
☐ Undetectable
☐ Closed
☐ Alternate schedule
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected
☐ Change in capacity

If "Available", Viral Load count*:_____

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