

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  
 Partial (MM/YY)  Client Doesn't Know  Data Not Collected Age: \_\_\_\_\_

Social Security#\*: \_\_\_\_\_  Full  Partial  Client Refused  
 Client Doesn't Know  Data Not Collected

Gender\*  Male  Gender Non-Conforming (not exclusively male or female)  
 Female  Client Doesn't Know  
 Trans Female (MTF or Male to Female)  Client Refused  
 Trans Male (FTM or Female to Male)  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 or Alaska Native  White  
 Asian  Client Doesn't Know  
 Black/African American  Refused  
 Native Hawaiian/Other Pacific Islander  Data Not collected

**Ethnicity\* (Select One)**  
 Non-Hispanic or Latino  Client Doesn't Know  
 Hispanic or Latino  Client Refused  
 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\***     Filipino             Vietnamese  
 Asian Indian             Japanese             Other Asian  
 Chinese/Taiwanese     Korean

**If Native Hawaiian/Other 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:** \_\_\_\_\_

**Question: Type of Encounter**

- Contact** (an interaction between a worker and client designed to engage the client – w/ services and/or referrals)
  - Go to Contact/Encounter Form to record services and referrals provided during outreach
- Initial Client Engagement** (initial interactive client relationship results in a deliberate client assessment or beginning case plan – In HMIS, this option allows you to complete an **entry assessment**)

**Date of Engagement:** \_\_\_\_\_  
 (Date a client became engaged by a street outreach project in the development of a plan to address their situation. Only one date of engagement is allowed between project entry and exit.)

**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)**

**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)

**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

**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

**Approximate date 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 refused
- 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\*

- 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 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     Client doesn't know  
 Three to six months (excluding six months exactly)     Client refused  
 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 Refused     Data not collected

**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:**

- SNAP (Previously known as Food Stamps)     Other TANF-Funded Services  
 WIC-Nutrition for Women, Infants, Children     Section 8, Public Housing, Other Ongoing Rental Assistance  
 TANF Child Care Services     Temporary Rental Assistance  
 TANF Transportation Services     Other source: Specify \_\_\_\_\_

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

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

**Connection with SOAR\***

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

**Disabling Condition\***

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

- No     Alcohol Abuse     Drug Abuse  
 Both Alcohol and Drug Abuse     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

**Mental Health Problem\* (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)**

- Medicaid
- Medicare
- State Children’s Health Insurance
- VA-Veteran’s Administration Medical Services
- 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 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

**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?**

\_\_\_\_\_

**Hawaii Specific Assessment (continued)**

**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 PATH Data**

**Date of Status Determination\*** \_\_\_\_\_

**Client became enrolled in PATH\***     No\*             Yes

**\*If no, reason not enrolled**

- Client found ineligible                       Not enrolled for other reasons                       Unable to locate

**Encounter Date\*** \_\_\_\_\_

**Encounter Location Type\***     Place Not Meant for Habitation     Service Setting: Non-Residential     Service Setting: Residential

**PIT Region Where Slept Last Night\***

**Maui County**

- Maui R1:** Central Maui     **Maui R2:** Lower Waiehu     **Maui R3:** Up Country     **Maui R4:** Lahaina     **Maui R5:** Kihei  
 **Maui R6:** Hana

**Kauai County**

- Kauai R1:** West                       **Kauai R2:** South                       **Kauai R3:** South Central     **Kauai R4:** East                       **Kauai R5:** North

**Hawaii County**

- HI R1:** Kohala                       **HI R2:** Honokaa                       **HI R3:** Laupahoehoe                       **HI R4:** Hilo                       **HI R5:** Waiakea  
 **HI R6:** Keaau                       **HI R7:** Pahoia                       **HI R8:** Kau                       **HI R9:** Konawaena                       **HI R10:** Kealahou

**Encounter Section A - PATH Services:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Outreach                          | <input type="checkbox"/> Case Management                 | <input type="checkbox"/> Housing technical assistance          |
| <input type="checkbox"/> Screening/assessment              | <input type="checkbox"/> Residential supportive services | <input type="checkbox"/> Security deposits                     |
| <input type="checkbox"/> Habilitation/rehabilitation       | <input type="checkbox"/> Housing minor innovation        | <input type="checkbox"/> One time rent for eviction prevention |
| <input type="checkbox"/> Community mental health - service | <input type="checkbox"/> Housing moving assistance       | <input type="checkbox"/> Other PATH funded service             |
| <input type="checkbox"/> Substance use treatment - service |  |  |

**Encounter Section B – PATH Multi-Referral (HMIS defaults to *General Referral*, you may select a specific program):**

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Community Mental Health      | Refer to: _____ |
| <input type="checkbox"/> Housing Placement assistance | Refer to: _____ |
| <input type="checkbox"/> Educational services         | Refer to: _____ |
| <input type="checkbox"/> Employment assistance        | Refer to: _____ |
| <input type="checkbox"/> Income assistance            | Refer to: _____ |
| <input type="checkbox"/> Job training                 | Refer to: _____ |
| <input type="checkbox"/> Primary health services      | Refer to: _____ |
| <input type="checkbox"/> Medical assistance           | Refer to: _____ |
| <input type="checkbox"/> Relevant housing services    | Refer to: _____ |
| <input type="checkbox"/> Substance use treatment      | Refer to: _____ |