

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

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: \_\_\_\_\_

**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
  - Air Force
  - Navy
  - Marines
  - Coast Guard
  - Space Force
  - Client doesn't know
  - Client prefers not to answer
  - Data not collected

- Discharge Status\***
- Honorable
  - General under honorable conditions
  - Under other than honorable conditions
  - Bad conduct
  - Dishonorable
  - Uncharacterized
  - Client doesn't know
  - Client prefers not to answer
  - 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 collected
- Korean War  No  Yes  Client doesn't know  Client refused  Data not collected
- Vietnam War  No  Yes  Client doesn't know  Client refused  Data not collected
- Persian Gulf War (Operation Desert Storm)  No  Yes  Client doesn't know  Client refused  Data not collected
- Afghanistan (Operation Enduring Freedom)  No  Yes  Client doesn't know  Client refused  Data not collected
- Iraq (Operation Iraqi Freedom)  No  Yes  Client doesn't know  Client refused  Data not collected
- Iraq (Operation New Dawn)  No  Yes  Client doesn't know  Client refused  Data not collected
- Other 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 - 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 <b>number of months</b> homeless on the streets, in ES, or SH in the past three years:			
<b>Number of times</b> 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 <b>number of months</b> homeless on the streets, in ES, or SH in the past three years:			
<b>Number of times</b> 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



**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:	\$ _____	<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: \_\_\_\_\_