Enrollment Entry Date*:_____ **Program*:**_____

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 (MM/YY) ☐ Partial (DD/YY) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected **Age:** ____

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

Gender* ☐ Male ☐ Female ☐ Trans Female (MTF or Male to Female) ☐ Trans Male (FTM or Female to Male) ☐ Gender Non-Conforming (not exclusively male or female) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

Citizenship Status ☐ U.S. Citizen ☐ Eligible Non-Citizen ☐ Non-US Citizen COFA ☐ U.S. National (American Samoa or Swains Island) ☐ Ineligible Non-Citizen ☐ Undocumented ☐ Client Doesn't Know ☐ Client Refused ☐ 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 Refused ☐ Data Not Collected

Relations to HOH* ☐ Child ☐ Step Child ☐ Foster Child ☐ Grandchild ☐ Other Relative ☐ Other Non-Relative ☐ Unknown

Race* (Select all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Refused
☐ Data Not collected

Ethnicity* (Select One)
☐ Non-Hispanic or Latino
☐ Hispanic or Latino
☐ Client Doesn't Know
☐ 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.)

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

If Native Hawaiian/Other Pacific Islander chosen above*
☐ Native Hawaiian
☐ Guamanian/Chamorro
☐ Marshallese
☐ Micronesian
☐ Samoan
☐ Other Pacific Islander _____
☐ Tongan

Hawaii HMIS Add New Client: Identifying (Continued)

What race do you identify with most?*

☐ American India/Alaskan Native	☐ Guamanian/Chamorro	☐ Micronesian	☐ Tongan
☐ Asian Indian	☐ Native Hawaiian	☐ Other Asian	☐ Vietnamese
☐ Black/African American	☐ Japanese	☐ Other Pacific Islander	☐ White
☐ Chinese/Taiwanese	☐ Korean	☐ Portuguese	☐ Client doesn't know
☐ Filipino	☐ Marshallese	☐ Samoan	☐ Client refused
			☐ Data not collected

Other Information - CONSENT

****Minor Children cannot give consent. Consent will be based on the Head of Household****

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

HUD Program Data

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

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

Sexual Orientation*

☐ Heterosexual	☐ Bisexual	☐ Client refused
☐ Gay	☐ Questioning/Unsure	☐ Data not collected
☐ Lesbian	☐ Client doesn't know	

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

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 RHY Data Assessment *(*for BCP ES and HP programs only*)

Date of Status Determination* _____

Youth Eligible for RHY* ☐ No ☐ Yes

If "Yes", is youth Runaway

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

If "No", reason why services not funded by BCP grant ☐ Out of age range ☐ Other ☐ Ward of the State – Immediate Reunification ☐ Ward of the Criminal Justice System – Immediate Reunification