

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 (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 A gender that is not singularly 'Female' or 'Male'
 Female Client Doesn't Know
 Transgender Client Refused
 Questioning 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* Child Other Relative
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandchild

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

Ethnicity* (Select One)
 Non-Hispanic or Non-Latin(a)(o)(x) Client Doesn't Know
 Hispanic or Latin(a)(o)(x) 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* 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

Hawaii HMIS Add New Client: Identifying (Continued)

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 |

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

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 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 Disorder* (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)*

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained through Cobra |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children's Health Insurance | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> VA-Veteran's Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> 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