

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\*
 Asian Indian
 Chinese/Taiwanese
 Filipino
 Korean
 Japanese
 Vietnamese
 Other Asian

If Native Hawaiian/Other Pacific Islander chosen above\*

Native Hawaiian
 Guamanian/Chamorro
 Marshallese
 Micronesia
 Samoan
 Other Pacific Islander
 Tongan

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
 Micronesia
 Other Asian
 Other Pacific Islander
 Portuguese
 Samoan
 Tongan
 Vietnamese
 White
 Client doesn't know
 Client refused
 Data not collected

Contact Information

Address\*:
Zip Code\*:
City:
Country\*:
Cell Phone:
Email Address:
Apt. Number:
County:
State:
Home Phone:
Work Phone:

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\*:
Program\*:
Case Manager:
Enrollment Exit Date: DO NOT CHANGE
Provider\*: MATCH PROGRAM NAME

**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
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- 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     Other

**Pregnancy Status\* (females only)**

- No     Client doesn't know  
 Yes\*     Client refused  
 Data not collected

If Yes, Due Date\* \_\_\_\_\_

**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)*

- |   |  |
|---|--|
| <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 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

**Medical Information**

**Name of Medical Insurer:** \_\_\_\_\_

**ENCOUNTER**

**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: Paho  HI R8: Kau  HI R9: Konawaena  HI R10: Kealahou

**Where did you sleep last night?\*** \_\_\_\_\_

**Actual Location of Encounter\*** \_\_\_\_\_

**Encounter Location Zip Code\*** \_\_\_\_\_

**Encounter Section B - Health Referrals:**

- Acute/Urgent care  Mental health services  Substance use treatment  
 Dental/Vision services  Primary health services  TB screening

**Encounter Section C - Social Service Referrals:**

- Educational services  Permanent housing  
 Employment assistance  Transportation  
 Legal services  Veterans assistance