

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  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  
 Chuukese  Marshallese  
 English  Spanish  
 Ilocano  Tagalog  
 Japanese  Vietnamese  
 Other: \_\_\_\_\_

**If Non-US Citizen COFA\***  Pohnpei-Micronesia  
 Chuuk-Micronesia  Yap-Micronesia  
 Kosrae-Micronesia  Client Doesn't Know  
 Marshall Islands  Client Refused  
 Palau  Data Not Collected

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, Alaskan 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  
 Other \_\_\_\_\_

**Ethnicity\* (Select One)**  
 Non-Hispanic or Non-Latino(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.)*



**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**

**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 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 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:** \_\_\_\_\_

**Current Living Situation (Summary)**

**Information Date\*:** \_\_\_\_\_

**Program\*:** \_\_\_\_\_

**Current Living Situation (Select only one answer)**

**HOMELESS SITUATIONS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter | <input type="checkbox"/> Place not meant for habitation – unsheltered, living on the street, beach, part, etc. |
|   | <input type="checkbox"/> Safe Haven  |

**INSTITUTIONAL SITUATIONS:\***

- |   |   |
|---|---|
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility             | <input type="checkbox"/> Long-term care facility or nursing home      |
| <input type="checkbox"/> Substance abuse treatment facility or detox center             | <input type="checkbox"/> Foster care home or foster care group home   |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Jail, prison, or juvenile detention facility |

**TEMPORARY AND PERMANENT SITUATIONS:\***

- |  |   |
|--|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher           | <input type="checkbox"/> Rental by client, with VASH subsidy                                  |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy                         | <input type="checkbox"/> Rental by client, with GPD TIP subsidy                               |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy                       | <input type="checkbox"/> Residential project or halfway house with no homeless criteria       |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons    | <input type="checkbox"/> Rental by client with RRH or equivalent subsidy                      |
| <input type="checkbox"/> Staying or living in a friend’s room, apartment or house            | <input type="checkbox"/> Host Home (non-crisis)   |
| <input type="checkbox"/> Staying or living in a family member’s room, apartment or house     | <input type="checkbox"/> Rental by client with HCV voucher (tenant or project based)          |
| <input type="checkbox"/> Transitional housing for homeless person (including homeless youth) | <input type="checkbox"/> Rental by client in a public housing unit                            |
|  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                         |
|  | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy (including RRH) |

**OTHER:**

- |   |   |
|---|---|
| <input type="checkbox"/> Worker unable to determine | <input type="checkbox"/> Client refused     |
| <input type="checkbox"/> Client doesn’t know        | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Other _____                |   |

**\*If INSTITUTIONAL or TRANSITIONAL AND PERMANENT HOUSING SITUATION chosen:**

**Is client going to have to leave their current living situation within 14 days?\***

- No       Yes\*       Client doesn’t know       Client Refused       Data not collected

**If “Yes” to the above, please answer the following\***

**Has a subsequent residence been identified?\***

- No       Yes\*       Client doesn’t know       Client Refused       Data not collected

**Does the individual or family have resources or support networks to obtain other permanent housing?\***

- No       Yes\*       Client doesn’t know       Client Refused       Data not collected

**Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?\***

- No       Yes\*       Client doesn’t know       Client Refused       Data not collected

**Has the client moved two or more times in the last 60 days?\***

- No       Yes\*       Client doesn’t know       Client Refused       Data not collected

**Location Details\*:** \_\_\_\_\_

**Service Type\*:** \_\_\_\_\_