

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*

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| | <input type="checkbox"/> Korean | |

If Native Hawaiian/Other Pacific Islander chosen above*

- | | | | |
|---|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesia | <input type="checkbox"/> 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"/> Micronesia | <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: _____

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

Domestic violence – Domestic violence victim/survivor*

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

Non-Cash Benefits from Any Sources*(Received non-cash benefits in the past 30 days; expect to receive them again next month?)

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

If yes, please mark all that are applicable:

SNAP (Previously known as Food Stamps) Other TANF-Funded Services
 WIC-Nutrition for Women, Infants, Children Section 8, Public Housing, Other Ongoing Rental Assistance
 TANF Child Care Services Temporary Rental Assistance
 TANF Transportation Services Other source: Specify _____

Health Insurance* Are you covered by health insurance?

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

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

HIV / AIDS* (If "NO" selected, skip to Physical Disability) (as applicable)

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 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:	\$ _____	TOTAL INCOME:	\$ _____

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 18th 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: _____

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: Pahoahoa 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 A - General Services:

- Benefits application assistance Health education/lifestyle Translation services
- Budgeting/Money Management Housing/shelter enrollment assistance Transportation
- Case management ID assistance
- Food provision Mail pickup

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