

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 Spouse Grandchild Child Other Relative Step Child Other Non-Relative Foster Child Unknown Grandparent

Veteran Status* Client Doesn't Know No Client Refused Yes Data Not Collected

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.)

Hawaii HMIS Add New Client: Identifying (Continued)

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

If Native Hawaiian or 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

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)

A. 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)

B. 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

C. 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

A. If HOMELESS situation selected above, answer these questions: (if not, skip to next question)

Approximate date homelessness started*	<u>Length of Stay in the Prior Living Situation*</u>	
<hr style="width: 100%;"/>	<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client refused
	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 90 days or more, but less than one year	

(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 Universal Data - LIVING SITUATION (Continued)

B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)

Did you stay less than 7 nights?* Yes No

If no, what was the **Length of Stay in the Prior Living Situation***

- 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

If yes, what was the **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

If yes, on the night before, **did you stay on the "streets", ES or SH?*** Yes No

Approximate date homelessness started* _____

If **"Yes"** (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

If **"Yes"**, 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

C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions: (if not, skip to HUD Program)

Did you stay less than 7 nights?* Yes No

If no, what was the **Length of Stay in the Prior Living Situation***

- 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

If yes, what was the **Length of Stay in the Prior Living Situation***

- One night or less
- Two to six nights

If yes, on the night before, **did you stay on the "streets", ES or SH?*** Yes No

Approximate date homelessness started* _____

If **"Yes"** (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

If **"Yes"**, 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

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
- Three to six months (excluding six months exactly)
- From six months to one year (excluding one year exactly)
- One year ago or more
- Client doesn't know
- Client refused
- Data not collected

Are you currently fleeing?*

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

HUD Program Data (continued)

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:

- | | |
|---|---|
| <input type="checkbox"/> SNAP (Previously known as Food Stamps) | <input type="checkbox"/> Other TANF-Funded Services |
| <input type="checkbox"/> WIC-Nutrition for Women, Infants, Children | <input type="checkbox"/> Section 8, Public Housing, Other Ongoing Rental Assistance |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> Temporary Rental Assistance |
| <input type="checkbox"/> TANF Transportation Services | <input type="checkbox"/> 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 Use Disorder* (If "NO" selected, skip to Mental Health)

- | | | |
|---|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Drug Use Disorder | <input type="checkbox"/> Both Alcohol and Drug Use Disorder |
| <input type="checkbox"/> Alcohol Use Disorder | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused |
| | | <input type="checkbox"/> 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

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)

- | | |
|---|--|
| <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:	\$ _____	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? _____

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?* _____

Hawaii Specific Assessment (continued)

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: _____