

# BTG & HPO Funded Transitional or Permanent Supportive Housing Adult Entry/Assessment

Agency: \_\_\_\_\_ Project Entry Date: \_\_\_\_\_

Project: \_\_\_\_\_ Case Worker: \_\_\_\_\_

Please circle: TH (Transitional Housing) PSH (Permanent Supportive Housing)

## 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 ☐ Trans Female ☐ Gender Non-Conforming ☐ Client Refused  
☐ Female (MTF or Male to Female) (not exclusively male or female) ☐ Data Not Collected  
☐ Trans Male (FTM or Female to Male) ☐ Client Doesn't Know

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* <input type="checkbox"/> Chinese <input type="checkbox"/> Korean	<b>If Non-US Citizen COFA*</b> <input type="checkbox"/> Chuuk-Micronesia <input type="checkbox"/> Pohnpei-Micronesia <input type="checkbox"/> Chuukese <input type="checkbox"/> Marshallese <input type="checkbox"/> Yap-Micronesia <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Kosrae-Micronesia <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Ilocano <input type="checkbox"/> Tagalog <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Client Refused <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Palau <input type="checkbox"/> Data Not Collected
Other: _____	

Relations to HOH* <input type="checkbox"/> Self (H of H) <input type="checkbox"/> Guardian	<b>Veteran Status*</b> <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Spouse <input type="checkbox"/> Grandchild <input type="checkbox"/> Client Refused <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Yes <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Step Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Foster Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent
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Race\* (Multiple may be Selected)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Client D.K.
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Refused
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Not collected

**Ethnicity\* (Select One)**

<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)

☐ Other Pacific Islander \_\_\_\_\_

## BTG & HPO Funded Transitional or Permanent Supportive Housing Adult Entry/Assessment

### 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"/> Hawaiian           | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesian | <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"/> Micronesian            | <input type="checkbox"/> Tongan              |
| <input type="checkbox"/> Asian Indian                  | <input type="checkbox"/> Hawaiian           | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Vietnamese          |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Japanese           | <input type="checkbox"/> Other Asian            | <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: \_\_\_\_\_

Confirm Email Address: \_\_\_\_\_ ☐ 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**

### Add Family Member

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: \_\_\_\_\_

- ☐ Individual  
☐ Family

**BTG & HPO Funded Transitional or Permanent Supportive Housing Adult Entry/Assessment****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****A. HOMELESS SITUATION**

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher (ES)
- ☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc.

☐ Safe Haven (SH)☐ Interim Housing**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☐ 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\*** \_\_\_\_\_**Length of Stay in the Prior Living Situation\***☐ One night or less☐ One year or longer☐ Two to six nights☐ Client doesn't know☐ One week or more, but less than one month☐ Client refused☐ One month or more, but less than 90 days☐ Data not collected☐ 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\***Total number of months** homeless on the streets, in ES, or SH in the past three years\*☐ Never in 3 years☐ Four or more times☐ One month (This is the 1st month)☐ 2 ☐ 6 ☐ 10☐ One time☐ Client doesn't know☐ 3 ☐ 7 ☐ 11☐ Client doesn't know☐ Two times☐ Client refused☐ 4 ☐ 8 ☐ 12☐ Client refused☐ Three times☐ Data not collected☐ 5 ☐ 9 ☐ More than 12☐ Data not collected**B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)**Did you stay less than 90 days?\* ☐ Yes ☐ No

If no (and stay was more than 90 days), skip to HUD Program Data

If yes, what was the **Length of Stay in the Prior Living Situation\***☐ One night or less☐ One week or more, but less than one month☐ Two to six nights☐ One month or more, but less than 90 daysIf yes, on the night before, **did you stay on the "streets", ES or SH?\*** ☐ Yes ☐ No

Approximate date homelessness started\* \_\_\_\_\_

If yes, complete questions in B. Institutional Situation on next page

**BTG & HPO Funded Transitional or Permanent Supportive Housing Adult Entry/Assessment****HUD Universal Data - LIVING SITUATION (Continued)****B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)**

(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      ☐ Four or more times
- ☐ One time              ☐ Client doesn't know
- ☐ Two times            ☐ Client refused
- ☐ Three times          ☐ 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      ☐ Client doesn't know
- ☐ 4      ☐ 8      ☐ 12      ☐ Client refused
- ☐ 5      ☐ 9      ☐ More than 12      ☐ 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, skip to HUD Program Data section

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

If no, skip to HUD Program Data section

Approximate date homelessness started\* \_\_\_\_\_

(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      ☐ Four or more times
- ☐ One time              ☐ Client doesn't know
- ☐ Two times            ☐ Client refused
- ☐ Three times          ☐ 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      ☐ Client doesn't know
- ☐ 4      ☐ 8      ☐ 12      ☐ Client refused
- ☐ 5      ☐ 9      ☐ More than 12      ☐ 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 \_\_\_\_\_

**Health Insurance\* Are you covered by health insurance?**

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

# BTG & HPO Funded Transitional or Permanent Supportive Housing Adult Entry/Assessment

## HUD Program Data (continued)

### 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

#### a) Expected to substantially impair ability to live independently?

- ☐ 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)

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

#### a) Expected to substantially impair 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) HOPWA Programs Complete Page 8

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid                                     | <input type="checkbox"/> Health Insurance 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 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 _____                       |

### HUD Financial Assessment

Area Median Income\*    ☐ US 2012    ☐ Big Island    ☐ Kauai    ☐ Maui    ☐ Oahu

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> _____	\$ _____

# Transitional or Permanent Supportive Housing Adult Entry / Assessment Form

## 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

### 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 Data Quality Code: ☐ 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?\*

### Medical Information

Did Veteran enter Service-Intensive Transitional Housing (SITH) for a CLINICAL NEED? ☐ Yes ☐ No

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: \_\_\_\_\_