

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
 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 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.)

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 [] Long-term care facility or nursing home
[] Hospital or other residential non-psychiatric medical facility [] Psychiatric hospital or other psychiatric facility
[] Jail, prison or juvenile detention facility [] Substance abuse treatment facility or detox center

C. TRANSITIONAL AND PERMANENT HOUSING SITUATION

- [] Hotel or motel paid for without emergency shelter voucher [] Rental by client, with VASH subsidy
[] Owned by client, no ongoing housing subsidy [] Rental by client, with GPD TIP subsidy
[] Owned by client, with ongoing housing subsidy [] Residential project or halfway house with no homeless criteria
[] Permanent housing (other than RRH) for formerly homeless persons [] Rental by client with RRH or equivalent subsidy
[] Rental by client, no ongoing housing subsidy [] Host Home (non-crisis)
[] Rental by client, with other ongoing housing subsidy (including RRH) [] Rental by client with HCV voucher (tenant or project based)
[] Staying or living in a family member's room, apartment or house [] Rental by client in a public housing unit
[] Staying or living in a friend's room, apartment or house [] Client doesn't know
[] Transitional housing for homeless persons (including homeless youth) [] 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*
[] 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 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

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

Health Insurance* Are you covered by health insurance?

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

HUD Program Data (continued)

Education: Last Grade Completed (4.24)*

- Less than Grade 5 Grade 12 / High school diploma Associate’s degree Client doesn’t know
- Grades 5-6 School program does not have grade levels Bachelor’s degree Client refused
- Grades 7-8 GED Graduate degree Data not collected
- Grades 9-11 Some college Vocational certification

Employment Information: Employed*

- No Yes Client doesn’t know Client Refused Data not collected
- *If “Yes”,** Employment type: Full time Part time Seasonal/sporadic (including day labor)
- *If “No”,** Why not employed: Looking for work Unable to work Not looking for work

Sexual Orientation*

- Heterosexual Bisexual Client refused
- Gay Questioning/Unsure Data not collected
- Lesbian Client doesn’t know

General Health Status*

- Excellent Fair Client doesn’t know
- Very Good Poor Client refused
- Good Data not collected

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)

- Medicaid Health Insurance obtained through Cobra
- Medicare State Health Insurance for Adults
- State Children’s Health Insurance Private Pay Health Insurance
- VA-Veteran’s Administration Medical Services Indian Health Services Program
- Employer-Provided Health Insurance 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:_____

HUD RHY Data Assessment

Referral Source*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Outreach Project:*Number of times approached prior to entering project_____ | <input type="checkbox"/> School |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Child Welfare/CPS | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Juvenile Justice | |

School Status*

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Graduated from high school_ | <input type="checkbox"/> Expelled | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Obtained GED | | |

Dental Health Status*

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Mental Health Status*

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Formerly a Ward of Child Welfare/Foster Care Agency*

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | |
|---|
| <input type="checkbox"/> Less than one year* * No. of months_____ |
| <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 3 to 5 or more Years |

Formerly a Ward of the Juvenile Justice System*

- | | |
|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | |
|---|
| <input type="checkbox"/> Less than one year* * No. of months_____ |
| <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 3 to 5 or more Years |

HUD RHY Family Critical Issues Assessment (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Household Dynamics | <input type="checkbox"/> Physical Disability-Youth |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Youth | <input type="checkbox"/> Physical Disability-Family Member |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Family Member | <input type="checkbox"/> Mental Disability-Youth |
| <input type="checkbox"/> Housing Issues-Youth | <input type="checkbox"/> Mental Disability-Family Member |
| <input type="checkbox"/> Housing Issues-Family Member | <input type="checkbox"/> Abuse and Neglect-Youth |
| <input type="checkbox"/> School or Educational Issues-Youth | <input type="checkbox"/> Abuse and Neglect-Family Member |
| <input type="checkbox"/> School or Education Issues-Adult | <input type="checkbox"/> Alcohol or Other Drug Abuse-Youth |
| <input type="checkbox"/> Unemployment-Youth | <input type="checkbox"/> Alcohol or Other Drug Abuse-Family Member |
| <input type="checkbox"/> Unemployment-Family Member | <input type="checkbox"/> Insufficient Income to Support Youth-Family Member |
| <input type="checkbox"/> Mental Health Issues-Youth | <input type="checkbox"/> Active Military Parent-Family Member |
| <input type="checkbox"/> Mental Health Issues-Family Member | <input type="checkbox"/> One Parent/Legal Guardian is Incarcerated |
| <input type="checkbox"/> Health Issues-Youth | <input type="checkbox"/> Both Parents/Legal Guardians are Incarcerated |
| <input type="checkbox"/> Health Issues-Family Member | <input type="checkbox"/> The Only Parent/Legal Guardian is Incarcerated |