

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*
 Filipino Vietnamese
 Asian Indian Japanese Other Asian
 Chinese/Taiwanese Korean

If Native Hawaiian/Other Pacific Islander chosen above*
 Native Hawaiian Marshallese Samoan Tongan
 Guamanian/Chamorro Micronesian Other Pacific Islander

What race do you identify with most?*:
 American India/Alaskan Native Guamanian/Chamorro Micronesian Tongan
 Asian Indian Native Hawaiian Other Asian Vietnamese
 Black/African American Japanese Other Pacific Islander White
 Chinese/Taiwanese Korean Portuguese Client doesn't know
 Filipino Marshallese Samoan Client refused
 Data not collected

Contact Information

Address*:
Zip Code*: Apt. Number:
City: County:
Country*: State:
Cell Phone: Home Phone:
 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:

EHV Eligibility Category*

- Recently Homeless
- Homeless
- Fleeing or attempting to flee DV
- At Risk of Homelessness

Voucher Used on Which Island?*

- Kauai
- Maui
- Molokai
- Hawaii Island

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*

- | | |
|--|--|
| <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*

- | | |
|---|--|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Data not collected |

Total **number of months** homeless on the streets, in ES, or SH in the past three years*

- | | | | |
|--|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> One month (This is the 1st month) | | | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> More than 12 | |

HUD Program Data

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

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

HIV / AIDS

- 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: | \$ _____ |