Agency:			Project Entry Date:					
Project:			Case Worker:					
Hawaii HMIS	Add New Clien	at: Identifying						
Name Quality*:	☐ Full name	☐ Partial, street/code na	ıme □ Client doesı	n't know	☐ Client refused ☐ Data Not Collected			
First Name*: _			Last Name*:_					
Middle Name:					Deceased Date			
Birth Date*:		☐ Full DOB ☐ Partial (MM/YY) ☐ C	artial (DD/YY) lient Doesn't Know		Refused Not Collected Age:	-		
Social Security#	** <u>*</u>	□ Full □ Client	☐ Partial Doesn't Know	☐ Client ☐ Data N	Refused Not Collected			
Gender*	☐ Male ☐ Female ☐ Transgender ☐ Questioning		 □ A gender that is not singularly 'Female' or 'Male' □ Client Doesn't Know □ Client Refused □ Data Not Collected 					
Citizenship Status	☐ U.S. Citizen☐ Eligible Non-C☐ Non-US Citize	Citizen or Swains I	on-Citizen	☐ Client Refused				
Primary Language*	☐ Chinese ☐ Chuukese ☐ English ☐ Ilocano ☐ Japanese Other:	☐ Korean☐ Marshallese☐ Spanish☐ Tagalog☐ Vietnamese	If Non-US Citizen COFA* ☐ Chuuk-Micronesia ☐ Kosrae-Micronesia ☐ Marshall Islands ☐ Palau		 □ Pohnpei-Micronesia □ Yap-Micronesia □ Client Doesn't Know □ Client Refused □ Data Not Collected 			
Relations to HOH*	☐ Self (H of H) ☐ Spouse ☐ Child ☐ Step Child ☐ Foster Child ☐ Grandparent	☐ Guardian☐ Grandchild☐ Other Relative☐ Other Non-Relative☐ Unknown	Veteran Status* □ No □Yes		☐ Client Doesn't Know☐ Client Refused☐ Data Not Collected☐			
Race* (Select all that apply) ☐ American Indian, Alaskan Native or Indigenous ☐ Asian or Asian American ☐ Black, African American, African ☐ Native Hawaiian or Pacific Islander		☐ Client Doesn't Know☐ Refused	Ethnicity* (Select One) Non-Hispanic or Non-Latino(a)(o)(x) Hispanic or Latin(a)(o)(x) (Hispanic/Latino ethnicity reference, South/Central American origin, regardless of race.)		rs to Cuban, Mexican, Puerto			

Emergency Housing Voucher Program

Adult Entry Assessment Form

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?* ☐ Tongan ☐ American India/Alaskan Native ☐ Micronesian ☐ Vietnamese ☐ Guamanian/Chamorro ☐ Asian Indian ☐ Native Hawaiian ☐ Other Asian ☐ White ☐ Black/African American ☐ Japanese ☐ Other Pacific Islander ☐ Client doesn't know ☐ Chinese/Taiwanese ☐ Korean ☐ Client refused ☐ Portuguese ☐ Filipino ☐ Marshallese ☐ Samoan ☐ Data not collected **Contact Information** Address*: Zip Code*:_____ Apt. Number:____ County: Country*: State: **Home Phone:** Cell Phone: ☐ Primary ☐ Secondary ☐ Tertiary ☐ Primary ☐ Secondary ☐ Tertiary Work Phone:_ Email Address: ☐ Primary ☐ Secondary ☐ Tertiary **Other Information - CONSENT** Was Consent given to share data? : \square Yes \square 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: ____ Voucher used on which Island?*: **EHV Eligibility Category*:** ☐ Recently homeless □ Kauai ☐ Homeless ☐ Maui ☐ Fleeing or attempting to flee DV ☐ Molokai

☐ Hawaii Island

☐ At risk of homelessness

HUD Universal Data

Client location*(provider) MATCH PROGRAM	Contin	Continuum of Care Code: (Self Populates in HMIS)					
Disabling Condition* □ No □ Yes □	Client does	n't know	□ Cli	ent refused		ata not collected	
LIVING SITUATION – Type of Residence Prior	r to Project	Entry					
 A. HOMELESS SITUATION □ Emergency shelter including hotel or motel paid emergency shelter voucher or RHY funded Host H □ Safe Haven 		☐ Place not meant for habitation – unsheltered, living on the street, beach, part, etc.					
B. INSTITUATIONAL SITUATION ☐ Foster care home or foster care group home ☐ Hospital or other residential non-psychiatric med ☐ 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 HOUSE ☐ Hotel or motel paid for without emergency shelt ☐ Owned by client, no ongoing housing subsidy ☐ Permanent housing (other than RRH) for former persons ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with other ongoing housing subsidy ☐ Staying or living in a family member's room, ap house ☐ Staying or living in a friend's room, apartment of Rental by client in a public housing unit ☐ Rental by client with RRH or equivalent subsidy	ter voucher rly homeless osidy partment or 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 ☐ Host Home					
A. If HOMELESS situation selected above, answ	ver these qu	estions: (if	not, ski	p to next que	stion)		
Approximate date homelessness started*	☐ One nigl ☐ Two to s ☐ One wee	ht or less six nights ek or more, b	ut less tl but less	ving Situation than one mont than 90 days n one year	h	☐ 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, if 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		the past three	e years*	Γhis is the 1st □ 10 □ 11 □ 12	mont	the streets, in ES, or SH in h) Client doesn't know Client refused Data not collected	

HUD Universal Data (continued)

B. If INSTITUTIONAL situation	on selected above, ar	nswer the	ese questio	ns: (if r	ot, skip to next	question)		
Did you stay less than 90 days?* Yes No If no, what was the Length of Stay in the Prior Living Situation*			ys or more, year or long t doesn't kn	er	☐ Client refused☐ Data not collected			
If yes, what was the Length of Stay in the Prior Living Situation*			•			more, but less than one month more, but less than 90 days		
If yes, On the night before, did you stay on the "streets", ES or SH?* ☐ Yes ☐ No			If yes, approximate date homelessness started*					
(Regardless of where the Number of times the c		· · · · · · · · · · · · · · · · · · ·						
ES, or SH in the past th	ree years including too	lay	□ One	month (This is the 1st me	onth)		
☐ Never in 3 years	☐ Four or more tim	es	\square 2	□ 6	□ 10	☐ Client doesn't know		
☐ One time	☐ Client doesn't kn	ow	\square 3	\Box 7	□ 11	☐ Client refused		
☐ Two times	☐ Client refused		$\Box 4$	□ 8	□ 12	☐ Data not collected		
☐ Three times	☐ Data not collecte	d	□ 5	□ 9	☐ More than	12		
C. If TRANSITIONAL AND PE		NG situat	ion selected	d, answo	er these question	as: (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 *			month or mo	ore, but but less	ess than one mon less than 90 days than one year			
If yes, what was the Length Living Situation*		night or less to six nights						
If yes, on the night before, di	d you stay on the							
"streets", ES or SH?* ☐ Yes ☐ No			If yes, approximate date homelessness started*					
If yes, (Regardless of where the Number of times the client has be	ES, or	Total number of months homeless on the streets, in past three years*						
SH in the past three years including today*			□ One	month (This is the 1st me	onth)		
☐ Never in 3 years	☐ Four or more time	S	\square 2	$\Box 6$	i □ 10	☐ Client doesn't know		
☐ One time	☐ Client doesn't kno	w	$\square 3$	\Box 7	□ 11	☐ Client refused		
☐ Two times	☐ Client refused		□ 4	□ 8	3 □ 12	☐ Data not collected		
☐ Three times	☐ Data not collected		□ 5	□ 9	☐ More tha	n 12		

Emergency Housing Voucher Program

Adult Entry Assessment Form

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Н	J D Prog r	ram Data							
He	alth Insur	ance* Are you c	overed by health insuran	ce?					
	\square No					ed			
HI	V / AIDS								
	□ No	☐ Yes	☐ Client doesn't kr	iow 🗆 (Client Refuse	d □ Data not collecte	ed		
He	alth Insu	irance Assess	sment (if yes to healt	h insurar	ice)				
	\square M	edicaid			☐ 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				
	□ En	nployer-Provide	d Health Insurance		☐ Other: Specify				
***	ID 171								
Щ	D Finan	icial Assessm	ent						
Ar	ea Median	Income*	☐ Big Island	□ Kaua	i □!	Maui			
Inc	ome from	Any Source*	□ No □ Yes □	l Client do	esn't know	☐ Client Refused	☐ Data not collected		
Ple	ase check	all resources a	nd enter the amount p	er MONT	Ή*				
Income Type Amount				Income Typ	oe .	Amount			
☐ Unemployment \$				☐ Retirement from Social Security: \$					
☐ Earned Income (employment):					☐ VA Non-Service Disability Pension \$				
	□ SSI:				☐ Pension or Retirement Income (job): \$				

\$_____

\$

☐ Child Support:

TOTAL INCOME:

☐ Other:

☐ Alimony or Other Spousal Support:

☐ Worker's Compensation:

☐ VA Service Disability Compensation: \$_

☐ Private Disability Insurance:

☐ General Assistance:

□ SSDI:

 \square TANF