Enrollment Entry Date*:________________________________ **Program*:**________________________________

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 (MM/YY) ☐ Partial (DD/YY) ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected **Age:** _____

Social Security#*:__________________________ ☐ Full ☐ Partial ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected

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

Citizenship Status
☐ U.S. Citizen
☐ Eligible Non-Citizen
☐ Non-US Citizen COFA
☐ U.S. National (American Samoa or Swains Island)
☐ Ineligible Non-Citizen
☐ Undocumented
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Primary Language*
☐ Chinese
☐ Chuukese
☐ English
☐ Ilocano
☐ Japanese
☐ Korean
☐ Marshallese
☐ Spanish
☐ Tagalog
☐ Vietnamese
Other: ________________________________

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*
☐ Child
☐ Step Child
☐ Foster Child
☐ Grandchild
☐ Other Relative
☐ Other Non-Relative
☐ Unknown

Race* (Select all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Refused
☐ Data Not collected

Ethnicity* (Select One)
☐ Non-Hispanic or Latino
☐ Hispanic or Latino
☐ Client Doesn't Know
☐ 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.)

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

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

Hawaii HMIS Add New Client: Identifying (Continued)

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
☐ Micronesian
☐ Other Asian
☐ Other Pacific Islander
☐ Portuguese
☐ Samoan
☐ Tongan
☐ Vietnamese
☐ White
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Other Information - CONSENT

****Minor Children cannot give consent. Consent will be based on the Head of Household****

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

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)*

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance
☐ VA-Veteran's Administration Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance obtained through Cobra
☐ State Health Insurance for Adults
☐ Private Pay Health Insurance
☐ Indian Health Services Program
☐ Other: Specify ____