

Report Period..... 7/1/2016 - 9/30/2016
 Program..... All Emergency - Balance of State
 Organization(s)..... Select All



Aggregate Information

Program Type	Total Count
Distinct Clients	<u>725</u>

Universal Data Element	Client Doesn't Know Or Refused		Data Not Collected or Missing	
	Count	Percent of Total	Count	Percent of Total
First Name	<u>0</u>	0.0%	<u>0</u>	0.0%
Last Name	<u>0</u>	0.0%	<u>0</u>	0.0%
SSN	<u>16</u>	2.2%	<u>5</u>	0.7%
Date of Birth	<u>1</u>	0.1%	<u>0</u>	0.0%
Ethnicity	<u>4</u>	0.6%	<u>1</u>	0.1%
Race	<u>3</u>	0.4%	<u>2</u>	0.3%
Gender	<u>0</u>	0.0%	<u>0</u>	0.0%
Veteran Status - Adults Only	<u>2</u>	0.3%	<u>4</u>	0.6%
Disabling Condition	<u>0</u>	0.0%	<u>17</u>	2.3%
Client Location	<u>0</u>	0	<u>6</u>	0.8%
Client entering from the streets, ES, or SH	<u>2</u>	0.3%	<u>32</u>	4.4%
Residence Prior to Program Entry	<u>1</u>	0.1%	<u>17</u>	2.3%
Length of Stay at Prior Residence	<u>1</u>	0.1%	<u>20</u>	2.8%
Relationship to Head of Household	<u>0</u>	0	<u>0</u>	0.0%
Number of Times the Client has been Homeless in the Past Three Years	<u>6</u>	0.0%	<u>17</u>	2.3%
Total Number of Months Homeless in the Past Three Years	<u>0</u>	0.0%	<u>0</u>	0.0%
Exit Destination	<u>3</u>	0.4%	<u>13</u>	1.8%

Program-Specific Data Element	Client Doesn't Know Or Refused		Data Not Collected or Missing	
	Count	Percent of Total	Count	Percent of Total
Housing Status - At Entry	<u>0</u>	0.0%	<u>0</u>	0.0%
Received Income	<u>0</u>	0.0%	<u>22</u>	3.0%
Received Non-Cash Benefits	<u>2</u>	0.3%	<u>19</u>	2.6%
Health Insurance	<u>10</u>	1.4%	<u>86</u>	11.9%
Physical Disability	<u>0</u>	0.0%	<u>71</u>	9.8%
Developmental Disabled	<u>1</u>	0.1%	<u>71</u>	9.8%
Chronic Illness	<u>0</u>	0.0%	<u>71</u>	9.8%
HIV AIDS	<u>1</u>	0.1%	<u>71</u>	9.8%
Mental Illness	<u>10</u>	1.4%	<u>72</u>	9.9%
Substance Abuse	<u>0</u>	0.0%	<u>71</u>	9.8%
Domestic Violence	<u>2</u>	0.3%	<u>20</u>	2.8%
Is Employed	<u>0</u>	0.0%	<u>0</u>	0.0%
Highest Grade Completed	<u>0</u>	0.0%	<u>0</u>	0.0%
General Health Status	<u>0</u>	0.0%	<u>0</u>	0.0%
Pregnancy Status	<u>0</u>	0.0%	<u>0</u>	0.0%

Report Options

Report Period	07/01/2016 to 09/30/2016
Program(s) Selected	EHCH - Kiheipua Emergency Shelter, FLC - Ho'olanani, HOPE - Kiheipua, HOPE - West Hawaii Emergency Housing Program, KEO - Mana'olana Emergency, KHAKO - Central ES, KHAKO - Westside ES, USVETS - Kauai HOPTel Program
Organization(s) Selected	Select All