



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  Data Not Collected **Age:** \_\_\_\_\_  Partial (MM/YY)  Client Doesn't Know

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

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

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  Grandparent

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

Ethnicity\* (Select One)  Client Doesn't Know  Non-Hispanic or Latino  Client Refused  Hispanic or Latino  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\***  
 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     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     Primary     Secondary     Tertiary  
**Email Address:** \_\_\_\_\_    **Work Phone:** \_\_\_\_\_  
**Confirm Email Address:** \_\_\_\_\_     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**  
 Individual  
**Case Manager:** \_\_\_\_\_     Family





**HUD Program Data**

**Domestic violence – Domestic violence victim/survivor\***

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

**If yes, when experience occurred\***

- Within the past three months  Client doesn't know
- Three to six months (excluding six months exactly)  Client refused
- From six months to one year (excluding one year exactly)  Data not collected
- One year ago or more

**Are you currently fleeing?\***

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

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

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

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

**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

**a) Expected to substantially impair ability to live independently?**

- 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

**HIV / AIDS\* (If "NO" selected, skip to Physical Disability)**

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

**a) Expected to substantially impair 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
- 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 \_\_\_\_\_

**HUD Financial Assessment**

- Area Median Income\***     US 2012     Big Island     Kauai     Maui     Oahu
- 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: _____	\$ _____	<b>TOTAL INCOME:</b> _____	\$ _____

**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 18<sup>th</sup> 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 Data Quality Code:**  Full or Partial  
 client doesn’t know     Client refused



**Hawaii Specific Assessment (continued)**

**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?\*** \_\_\_\_\_

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: \_\_\_\_\_