

Agency: _____ **Project Entry Date:** _____

Project: _____ **Case Worker:** _____

Hawaii HMIS Add New Client: Identifying

		<input type="checkbox"/> Client refused		
Name Quality*:	<input type="checkbox"/> Full name	<input type="checkbox"/> Partial, street/code name	<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> Data Not Collected	
First Name*:	_____		Last Name*: _____	
Middle Name:	_____		Suffix _____ Deceased Date _____	
Birth Date*:	<input type="checkbox"/> Full DOB	<input type="checkbox"/> Partial (DD/YY)	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Partial (MM/YY)	<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Data Not Collected	
			Age: _____	
Social Security##:	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Data Not Collected	
Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Trans Female	<input type="checkbox"/> Gender Non-Conforming	
	<input type="checkbox"/> Female	(MTF or Male to Female)	(not exclusively male or female)	
	<input type="checkbox"/> Trans Male	(FTM or Female to Male)	<input type="checkbox"/> Client Refused	
			<input type="checkbox"/> Data Not Collected	
			<input type="checkbox"/> Client Doesn't Know	
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. National (American Samoa or Swains Island)	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Eligible Non-Citizen		<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Non-US Citizen COFA	<input type="checkbox"/> Ineligible Non-Citizen	<input type="checkbox"/> Data Not Collected	
		<input type="checkbox"/> Undocumented		
Primary Language*	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	If Non-US Citizen COFA*	
	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Marshallese		<input type="checkbox"/> Pohnpei-Micronesia
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish		<input type="checkbox"/> Yap-Micronesia
	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Tagalog		<input type="checkbox"/> Client Doesn't Know
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Client Refused
				<input type="checkbox"/> Data Not Collected
	Other: _____			
Relations to HOH*	<input type="checkbox"/> Self (H of H)	<input type="checkbox"/> Guardian	Veteran Status*	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	
	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Step Child	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Client Doesn't Know	
	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Unknown	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Data Not Collected	
Race* (Multiple may be Selected)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	Ethnicity* (Select One)	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Client Doesn't Know		<input type="checkbox"/> Non-Hispanic or Latino
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Refused		<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Data Not collected		<input type="checkbox"/> Client Doesn't Know
				<input type="checkbox"/> Client Refused
			<input type="checkbox"/> Data Not Collected	
			<i>(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)</i>	



Hawaii HMIS Add New Client: Identifying (Continued)

- If Asian Chosen Above**
- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| | <input type="checkbox"/> Korean | |

If Native Hawaiian/Other Pacific Islander chosen above*

- | | | | |
|---|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Other Pacific Islander | |

What race do you identify with most?*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> American India/Alaskan Native | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Client refused |
| | | | <input type="checkbox"/> 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**

Case Manager: _____ Individual

Family



Question: Type of Encounter

- Contact** (an interaction between a worker and client designed to engage the client – w/ services and/or referrals)
 - Go to [Contact/Encounter Form](#) to record services and referrals provided during outreach
- Initial Client Engagement** (initial interactive client relationship results in a deliberate client assessment or beginning case plan – In HMIS, this option allows you to complete an **entry assessment**)

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

A. HOMELESS SITUATION

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (ES)
- Place not meant for habitation - unsheltered, living on the street, beach, park, etc.
- Safe Haven (SH)
- Interim Housing

B. 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

C. 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
- Client doesn't know
- Client refused
- Data not collected

Approximate date homelessness started* _____

Length of Stay in the Prior Living Situation*

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- 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, in ES, or SH in the past three years including today*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2 6 10
- 3 7 11
- 4 8 12
- 5 9 More than 12
- Client doesn't know
- Client refused
- Data not collected



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 (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) HOPWA Programs Complete Page 8

- | | |
|---|--|
| <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*** 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: _____	\$ _____	TOTAL INCOME:	\$ _____

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 18th birthday, were you placed in an out of home placement and/or experience homelessness?

Check all that apply.

- | | | | |
|--------------------------------------|--|-----------------------------|--|
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Juvenile Home | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Homeless | | <input type="checkbox"/> Client refused |

Personal Information

Marital Status*:

- | | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> Single/never married | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Living with partner | <input type="checkbox"/> Separated/divorced | <input type="checkbox"/> Other | |

What is your current criminal justice status*

- | | | |
|---|--|--|
| <input type="checkbox"/> Parole | <input type="checkbox"/> Formerly in system & completed requirements | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Drug court | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Supervised release | <input type="checkbox"/> None | <input type="checkbox"/> Data not collected |
| | <input type="checkbox"/> 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

If currently working, # hours worked in past week? _____



Hawaii Specific Assessment (continued)

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: _____

ENCOUNTER

Encounter Date* _____

Encounter Location Type* Place Not Meant for Habitation Service Setting: Non-Residential Service Setting: Residential

PIT Region Where Slept Last Night*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Oahu R1: Downtown: Salt Lake to Piikoi St | <input type="checkbox"/> Maui R1: Central Maui | <input type="checkbox"/> Kauai R1: West | <input type="checkbox"/> HI R1: Kohala |
| <input type="checkbox"/> Oahu R2: E. Honolulu: Piikoi St to Hawaii Kai | <input type="checkbox"/> Maui R2: Lower Waiehu | <input type="checkbox"/> Kauai R2: South | <input type="checkbox"/> HI R2: Honokaa |
| <input type="checkbox"/> Oahu R3: Ewa: Aiea to Kapolei | <input type="checkbox"/> Maui R3: Up Country | <input type="checkbox"/> Kauai R3: South Central | <input type="checkbox"/> HI R3: Laupahoehoe |
| <input type="checkbox"/> Oahu R4: Kaneohe to Waimanalo | <input type="checkbox"/> Maui R4: Lahaina | <input type="checkbox"/> Kauai R4: East | <input type="checkbox"/> HI R4: Hilo |
| <input type="checkbox"/> Oahu R5: Wahiawa to North Shore | <input type="checkbox"/> Maui R5: Kihei | <input type="checkbox"/> Kauai R5: North | <input type="checkbox"/> HI R5: Waiakea |
| <input type="checkbox"/> Oahu R6: Upper Windward | <input type="checkbox"/> Maui R6: Hana | | <input type="checkbox"/> HI R6: Keaau |
| <input type="checkbox"/> Oahu R7: Waianae Coast | | | <input type="checkbox"/> HI R7: Pahoia |
| | | | <input type="checkbox"/> HI R8: Kau |
| | | | <input type="checkbox"/> HI R9: Konawaena |
| | | | <input type="checkbox"/> HI R10: Kealahou |

Where did you sleep last night?* _____

Actual Location of Encounter* _____

Encounter Location Zip Code* _____

Encounter Section A - General Services:

- Benefits application assistance
- Health education/lifestyle
- Translation services
- Budgeting/Money Management
- Housing/shelter enrollment assistance
- Transportation
- Case management
- ID assistance
- Food provision
- Mail pickup

Encounter Section B - Health Referrals:

- Acute/Urgent care
- Mental health services
- Substance use treatment
- Dental/Vision services
- Primary health services
- TB screening

Encounter Section C - Social Service Referrals:

- Educational services
- Permanent housing
- Employment assistance
- Transportation
- Legal services
- Veterans assistance