PATH – Child Entry / Assessment Form

Agency:_____ **Intake Date:**_____

Program:_____ **Case Manager:**_____

Add HMIS Family Member

1. **First Name*:** _____ **Last Name*:** _____
   Middle Name:_____ **Suffix:**_____
   Name Quality*: ☐ Full name ☐Partial, street/code name ☐ Client doesn't know ☐Client refused ☐Data not collected

2. **Birthdate*:** _____ **DOB Quality:** ☐ Full DOB ☐Partial (MM/YY) ☐Partial (DD/YY)
   ☐ Client doesn't know ☐ Client refused disclosure ☐ Data not collected

3. **Social Security#*:**_____ **SSN Quality:** ☐ Full SSN reported ☐Partial SSN reported
   ☐ Client doesn't know ☐ Client refused disclosure ☐ Data not collected

4. **Gender***
   ☐Female ☐ Transgender male to female ☐ Other _____ ☐Client refused disclosure
   ☐Male ☐ Transgender-identify as a male ☐ Client doesn't know ☐Data not collected

5. ***Primary Language Spoken****
   ☐ Chinese ☐ Chuukese ☐English ☐Ilocano ☐ Japanese ☐Korean
   ☐ Marshallese ☐ Samoan ☐ Spanish ☐Tagalog ☐ Vietnamese ☐Other

6. ***Ethnicity****
   ☐Non-Hispanic or Latino ☐Hispanic or Latino ☐Client doesn't know ☐Client Refused ☐Data not collected

7. ***Citizenship Status***
   ☐ U.S. Citizen ☐ Eligible Non-Citizen ☐ Client doesn't know
   ☐ Non-US Citizen COFA ☐ Ineligible Non-Citizen ☐ Client refused disclosure
   ☐ U.S. National (American Samoa or Swains Island) ☐ Undocumented ☐ Data not collected

   If Non-US Citizen COFA*
   ☐ Chuuk-Micronesia ☐ Kosrae-Micronesia ☐ Client doesn't know
   ☐ Marshall Islands ☐ Palau ☐ Client refused disclosure
   ☐ Pohnpei-Micronesia ☐ Yap-Micronesia ☐ Data not collected

8. ***Race**** *(Which of the following races do you self-identify with? You may name more than one.)*
   ☐American Indian or Alaska Native ☐Asian ☐Black/African American ☐Native Hawaiian/Other Pacific Islander
   ☐White ☐Client doesn't know ☐Client refused ☐Data not collected

   If Asian chosen above* *(You may name more than one.)*
   ☐ Asian Indian ☐ Chinese/Taiwanese ☐ Filipino ☐ Japanese
   ☐ Korean ☐ Vietnamese ☐ Other Asian

   If Native Hawaiian/Other Pacific Islander chosen above* *(You may name more than one.)*
   ☐ Hawaiian ☐ Guamanian/Chamorro ☐Marshallese ☐Micronesian
   ☐ Other Pacific Islander ☐ Samoan ☐Tongan

   What race do you identify with most?*
   ☐ American India/Alaskan Native ☐ Asian Indian ☐ Black/African American ☐ Chinese/Taiwanese
   ☐ Filipino ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Japanese
   ☐ Korean ☐ Marshallese ☐ Micronesian ☐ Other Asian
   ☐ Other Pacific Islander ☐ Portuguese ☐ Samoan ☐ Tongan
   ☐ Vietnamese ☐ White ☐ Client doesn't know ☐ Client refused ☐ Data not collected

9. ***Relationship to Head of Household****

☐ Child ☐ Step-child ☐ Grandchild ☐ Forster-child ☐ Other Relative ☐ Other Non-Relative

10. CONSENT

Was Consent given to share data? **:** ☐Yes ☐No **Date of Consent:** _____

Hawaii Enrollment Add/Edit

11. ***Enrollment Date*:*** _____ *(same as project entry date on page 1)*

12. ***Program**** **(PATH):**

☐ CARE - Care Hawaii AMHD Services Only Program
☐ CARE - Care Hawaii AMHD Street Outreach Program
☐ HNP - Hale Na`au Pono AMHD Services Only Program
☐ HNP - Hale Na`au Pono AMHD Street Outreach Program
☐ HOPE - PATH Street Outreach Program
☐ HINC - Hope Inc. AMHD Services Only Program
☐ HINC - Hope Inc. AMHD Street Outreach Program
☐ IHS - AMHD Services Only Program
☐ IHS - AMHD Street Outreach Program
☐ KPHC - PATH Services Only Program
☐ KPHC - PATH Street Outreach Program
☐ MHK - PATH Services Only Program
☐ MHK - PATH Street Outreach Program

13. Health Insurance*

Are you covered by health insurance?

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

14. ***Disabling Condition****

SUBSTANCE ABUSE*

☐ 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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

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

d) How Confirmed*

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report
☐ Confirmed through assessment and clinical evaluation

MENTAL HEALTH PROBLEM*

☐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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

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

d) How Confirmed*

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report
☐ Confirmed through assessment and clinical evaluation

e) Serious mental illness (SMI) and, if SMI, how confirmed* *(major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder)*

☐ No, not SMI ☐ Confirmed by prior evaluation or clinical records
☐ Unconfirmed; presumptive or self-report ☐ Client doesn't know
☐ Confirmed through assessment and clinical evaluation ☐ Client Refused

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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

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

CHRONIC HEALTH CONDITION*

☐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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

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

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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

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

PHYSICAL 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

b) Documentation of the Disability and severity on File: ☐No ☐Yes

c) Currently receiving services/treatment for this condition?

☐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 through Cobra
☐State Health Insurance for Adults
☐Private Insurance