

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 prefers not to answer
 Data not collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix: _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client prefers not to answer
 Partial (MM/YY) Client doesn't know Data not collected Age: _____

Social Security#*: _____ Full Partial Client prefers not to answer
 Client doesn't know Data not collected

Sex* Male Client doesn't know
 Female Client prefers not to answer
 Data not collected

Gender Man (Boy, if child) Non-Binary
 Woman (Girl, if child) Client doesn't know
 Transgender Client prefers not to answer
 Questioning Data not collected

Citizenship Status* U.S. Citizen Ineligible Non-Citizen Client doesn't know
 U.S. National - Non-Citizen from American Samoa or Swains Island Non-US Citizen COFA Client prefers not to answer
 Eligible Non-Citizen Undocumented Data not collected

If Non-US Citizen COFA*

Chuuk-Micronesia Palau Client doesn't know
 Kosrae-Micronesia Pohnpei-Micronesia Client prefers not to answer
 Marshall Islands Yap-Micronesia Data not collected

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

Relationship to HOH* Self (H of H) Guardian Veteran Status* Client doesn't know
 Spouse Grandchild No Client prefers not to answer
 Child Other Relative Yes Data not collected
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandparent

Race* (Select all that apply)

American Indian, Alaskan Native or Indigenous Hispanic/Latin(a)(o) Client doesn't know
 Asian or Asian American* Middle Eastern/North African Client prefers not to answer
 Black, African American, African Native Hawaiian or Pacific Islander* Data not collected
 White

Additional Race and Ethnicity detail: _____

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*

Native Hawaiian Marshallese Samoan Tongan
 Guamanian/Chamorro Micronesian 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"/> Native 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:** _____
 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: _____

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**)

Date of Engagement: _____
 (Date a client became engaged by a street outreach project in the development of a plan to address their situation. Only one date of engagement is allowed between project entry and exit.)

VETERAN Assessment (*If yes to Veteran)

- | | | | |
|-------------------------|------------------------------------|--------------------------------------|---|
| Military Branch* | <input type="checkbox"/> Army | <input type="checkbox"/> Marines | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Navy | <input type="checkbox"/> Space Force | <input type="checkbox"/> Data not collected |

- | | | | |
|--------------------------|--|--|---|
| Discharge Status* | <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Under other than honorable conditions | <input type="checkbox"/> Uncharacterized | <input type="checkbox"/> Data not collected |

Date Entered Service* _____

Date Separated from Service*: _____

Theatre of Operations* (options will populate based on dates of service above):

- | | | | | | |
|--|-----------------------------|------------------------------|--|---|---|
| World War II | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Korean War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Vietnam War | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Persian Gulf War (Operation Desert Storm) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Afghanistan (Operation Enduring Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation Iraqi Freedom) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Iraq (Operation New Dawn) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
| Other Peace-keeping Operations or Military Interventions (i.e. Lebanon, Panama, Somalia, Bosnia, Kosovo) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |

HUD Program Data

Domestic violence – Survivor of Domestic Violence*

- No Yes* Client doesn't know Client prefers not to answer 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 prefers not to answer
 From six months to one year (excluding one year exactly) Data not collected
 One year ago or more

Are your currently fleeing?*

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

If yes, please mark all that are applicable:

- SNAP (Food Stamps) TANF Transportation Services
 WIC-Nutrition for Women, Infants, Children Other TANF-Funded Services
 TANF Child Care Services Other source: _____

Health Insurance* Are you covered by health insurance?

- No Yes Client doesn't know Client prefers not to answer Data not collected

Sexual Orientation*

- Heterosexual Bisexual Client prefers not to answer
 Gay Questioning/Unsure Data not collected
 Lesbian Client doesn't know Other

Pregnancy Status*

- No Client doesn't know **If "Yes", due date* _____**
 Yes* Client prefers not to answer
 Data not collected

Disabling Condition*

Substance Use Disorder* (If "NO" selected, skip to Mental Health)

- No Drug Use Disorder Both Alcohol and Drug Use Disorder
 Alcohol Use Disorder Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

Mental Health Disorder* (If "NO" selected, skip to Developmental Disability)

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)

- No Yes Client doesn't know Client prefers not to answer Data not collected

Chronic Health Condition* (If "NO" selected, skip to Physical Disability)

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)

- No Yes Client doesn't know Client prefers not to answer 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 prefers not to answer Data not collected

Health Insurance Assessment *(if yes to health insurance)*

- Medicaid
- Medicare
- State Children’s Health Insurance
- Veteran’s Health Administration (VHA)
- 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* Big Island Kauai Maui

Income from Any Source* No Yes Client doesn’t know Client prefers not to answer 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 Prefers not to answer

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.

- Foster Care Juvenile Home No Client doesn’t know
- Group Home Homeless Client prefers not to answer

Medical Information

Name of Medical Insurer: _____

Current Living Situation (Summary)

Information Date*: _____

Current Living Situation (Select only one answer)

A. HOMELESS SITUATION

- Emergency shelter, including hotel or motel paid with emergency shelter voucher, Host Home Shelter
- Safe Haven
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

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. TEMPORARY HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Host home (non-crisis)
- 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)
- Residential project or halfway house with no homeless criteria

D. PERMANENT HOUSING SITUATION

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy*** (select below):
 - * **Subsidy type** Housing stability voucher
 - Family unification program voucher (FUP)
 - Foster Youth to Independence Initiative (FYI)
 - HCV voucher (tenant or project based)
 - GIP TPD housing subsidy
 - Other permanent housing dedicated for formerly homeless persons
 - Permanent supportive housing
 - Public housing unit
 - Rental by client, with other ongoing housing subsidy
 - RRH or equivalent
 - VASH housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

E. OTHER

- Client doesn’t know
- Client prefers not to answer
- No exit interview completed
- Data not collected

***If INSTITUTIONAL or TRANSITIONAL AND PERMANENT HOUSING SITUATION chosen:**

Is client going to have to leave their current living situation within 14 days?*

- No
- Yes*
- Client doesn’t know
- Client prefers not to answer
- Data not collected

If “Yes” to the above, please answer the following*

Has a subsequent residence been identified?*

- No
- Yes*
- Client doesn’t know
- Client prefers not to answer
- Data not collected

Does the individual or family have resources or support networks to obtain other permanent housing?*

- No
- Yes*
- Client doesn’t know
- Client prefers not to answer
- Data not collected

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?*

- No
- Yes*
- Client doesn’t know
- Client prefers not to answer
- Data not collected

Has the client moved two or more times in the last 60 days?*

- No
- Yes*
- Client doesn’t know
- Client prefers not to answer
- Data not collected

Location Details*: _____