Enrollment Entry Date*:________________________________ **Program*:**________________________________

Hawaii HMIS Add New Client: Identifying

Name Quality*: ☐ Full name ☐ Partial, street/code name ☐ Client doesn't know ☐ Prefers not to answer ☐ Data not collected

First Name*: ________________________________ **Last Name*:**________________________________

Middle Name:________________________________ **Suffix**______________

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

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

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

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

Citizenship Status
☐ U.S. Citizen ☐ Eligible Non-Citizen ☐ Non-US Citizen COFA ☐ U.S. National (American Samoa or Swains Island) ☐ Ineligible Non-Citizen ☐ Undocumented ☐ Client Doesn't Know ☐ Client Prefers not to answer ☐ Data Not Collected

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

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

Relationship to HOH*
☐ Child ☐ Step Child ☐ Foster Child ☐ Grandchild ☐ Other Relative ☐ Other Non-Relative ☐ Unknown

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

Additional Race and Ethnicity detail: ____

If Asian Chosen Above*
☐ Asian Indian ☐ Chinese/Taiwanese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ______________________________

If Native Hawaiian/Other Pacific Islander chosen above*
☐ Native Hawaiian ☐ Guamanian/Chamorro ☐ Marshallese ☐ Micronesian ☐ Samoan ☐ Other Pacific Islander ______________________________ ☐ Tongan

Hawaii HMIS Add New Client: Identifying (Continued)

What race do you identify with most?*

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

Other Information - CONSENT

****Minor Children cannot give consent. Consent will be based on the Head of Household****

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 Prefers not to Answer ☐ Data not collected

HUD Program Data

Health Insurance* *Are you covered by health insurance?*
☐ No ☐ Yes ☐ Client doesn't know ☐ 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 HIV / AIDS)
☐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

HIV / AIDS* (If "NO" selected, skip to Physical Disability) (*as applicable*)
☐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 ___________________________________