

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 Data not collected Partial (MM/YY) Client doesn't know

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

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

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

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

Other: _____

Relationship to H0H* Self (H of H) Guardian Spouse Grandchild Child Other Relative Step Child Other Non-Relative Foster Child Unknown Grandparent

Veteran Status* Client doesn't know No Client prefers not to answer Yes Data not collected

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

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"/> Filipino	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> White
<input type="checkbox"/> Chinese/Taiwanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Filipino	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Samoan	<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**
 Individual
 Family
Case Manager: _____

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 Universal Data - LIVING SITUATION (Continued)

B. If INSTITUTIONAL situation selected above, answer questions: (if not, skip to next question)

Did you stay less than 90 days? Yes* No (If “No”, skip to HUD Program)

*If yes, what was the **Length of Stay in the Prior Living Situation:** One night or less One week or more, but less than one month
 Two to six nights One month or more, but less than 90 days

*If yes, on the night before, **did you stay on the “streets”, ES or SH?** Yes** No (If “No”, skip to HUD Program)

**Approximate date this episode of homelessness started: _____

If “Yes” (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:

- One time
- Two times
- Three times
- Four or more times
- Client doesn’t know
- Client prefers not to answer
- Data not collected

If “Yes”, Total **number of months homeless on the streets, in ES, or SH in the past three years:

- One month (this time is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn’t know
- Client prefers not to answer
- Data not collected

C, D or E. If TEMPORARY, PERMANENT, OTHER HOUSING situation, answer questions: (if not, skip to HUD Program)

Did you stay less than 7 nights? Yes* No*

*If No, what was the **Length of Stay in the Prior Living Situation** One week or more, but less than one month One year or longer
 One month or more, but less than 90 days Client doesn’t know
 90 days or more, but less than one year Client prefers not to answer
 Data not collected

*If yes, what was the **Length of Stay in the Prior Living Situation:** One night or less Two to six nights

*If yes, on the night before, **did you stay on the “streets”, ES or SH?** Yes** No (If “No”, skip to HUD Program)

**Approximate date this episode of homelessness started: _____

If “Yes” (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:

- One time
- Two times
- Three times
- Four or more times
- Client doesn’t know
- Client prefers not to answer
- Data not collected

If “Yes”, Total **number of months** homeless on the streets, in ES, or SH in the past three years:

- One month (this time is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn’t know
- Client prefers not to answer
- Data not collected

HUD Program Data

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 you currently fleeing?*

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

Hawaii Specific Assessment (continued)

What is your current criminal justice status*

- Parole
- Probation
- Supervised release
- Formerly in system & completed requirements
- Drug court
- None
- Other _____
- Client doesn't know
- Client prefers not to answer
- Data not collected

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 Code Data Quality*: Full or Partial
 Client doesn't know Client prefers not to answer

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

Referral Information* (How were you referred to this agency?)

- Aloha United Way
- Criminal justice
- Homeless services agency
- Hospital
- Self
- VA
- Client doesn't know
- Other _____

If homeless service agency, which one?* _____

Medical Information

Name of 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: _____

HUD RHY Data Assessment

Referral Source*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Law Enforcement/Police |
| <input type="checkbox"/> Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual | <input type="checkbox"/> Mental Hospital |
| <input type="checkbox"/> Outreach Project: *Number of times approached prior to entering project _____ | <input type="checkbox"/> School |
| <input type="checkbox"/> Temporary Shelter | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Child Welfare/CPS | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Juvenile Justice | |

School Status*

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Dropped out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Expelled | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Obtained GED | | |

Dental Health Status*

- | | | |
|------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Mental Health Status*

- | | | |
|------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Good | | <input type="checkbox"/> Data not collected |

Formerly a Ward of Child Welfare/Foster Care Agency*

- | | |
|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | |
|---|
| <input type="checkbox"/> Less than one year* * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 3 to 5 or more Years |

Formerly a Ward of the Juvenile Justice System*

- | | |
|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

If yes, Number of Years*:

- | |
|---|
| <input type="checkbox"/> Less than one year* * No. of months _____ |
| <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 3 to 5 or more Years |

HUD RHY Youth Critical Issues

*Choose all that apply:

Household Dynamics

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Sexual Orientation/Gender Identity - Youth

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Sexual Orientation/Gender Identity – Family Member

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Housing Issues - Youth

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Housing Issues – Family Member

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

Social or Education Issues - Youth

- | | | | | |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

HUD RHY Youth Critical Issues (continued)

Social or Education Issues – Family Member

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

Unemployment - Youth

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

Unemployment – Family Member

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

Mental Health Issues - Youth

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

Mental Health Issues – Family Member

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

Health Issues - Youth

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

Health Issues – Family Member

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

Physical Disability - Youth

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

Physical Disability – Family Member

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

Mental Disability - Youth

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

Mental Disability – Family Member

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

Abuse and Neglect - Youth

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

Abuse and Neglect – Family Member

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

Alcohol or other drug abuse - Youth

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

Alcohol or other drug abuse – Family Member

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

Insufficient Income to support youth – Family Member

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

Active Military Parent – Family Member

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

One parent/legal guardian of youth incarcerated

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

Both parents/legal guardian of youth incarcerated

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

Only parent/legal guardian of youth incarcerated

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