

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

Gender\*  Man (Boy, if child)  Culturally specific identity (e.g. Two-spirit)  Client doesn't know  
 Woman (Girl, if child)  Non-Binary  Client prefers not to answer  
 Transgender  Data not collected  
 Questioning  Different identity \* \_\_\_\_\_

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 Head of Household\*  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\*  White  
 Black, African American, African  Client doesn't know  
 Hispanic/Latina/e/o  Client prefers not to answer  
 Middle Eastern/North African  Data not collected

Additional Race and Ethnicity detail: \_\_\_\_\_

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

Hawaii HMIS Add New Client: Identifying (Continued)

If Native Hawaiian/Other Pacific Islander chosen above\*

- Native Hawaiian, Marshallese, Samoan, Tongan, Guamanian/Chamorro, Micronesia, Other Pacific Islander

What race do you identify with most?\*

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

Contact Information

Address\*, Zip Code\*, City\*, Country\*, Cell Phone\*, Email Address, Apt. Number, County, State, Home Phone\*, Work Phone\*

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\*, Case Manager, Provider\*: MATCH PROGRAM NAME

Question: Type of Encounter

- Contact (an interaction between a worker and client designed to engage the client - w/ services and/or referrals)
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.)

**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

**LIVING SITUATION – Type of Residence Prior to Project Entry (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
- Data not collected

**Length of Stay in the Prior Living Situation:**

- Approximate date this episode of homelessness started:** \_\_\_\_\_
- 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 prefers not to answer
  - 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:

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

**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**

**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 you 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

**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

**Translation Assistance: Translation Assistance Needed\***

- No     Client doesn't know     Client prefers not to answer     Data not collected     Different preferred language  
 Yes\* **If "Yes", Preferred language:** \_\_\_\_\_

**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:	\$ _____	<b>TOTAL INCOME:</b>	\$ _____

**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 18<sup>th</sup> 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

**Personal Information**

**Marital Status\*:**

- Single/never married     Married     Widowed     Client prefers not to answer
- Living with partner     Separated/divorced     Other \_\_\_\_\_

**What is your current criminal justice status\*:**

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

**If the client’s residence just prior to project entry was an ES, TH, or PSH project, please specify which one?**

\_\_\_\_\_

**Hawaii Specific Assessment (continued)**

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             Homeless services agency     Self                             Client doesn't know
- Criminal justice             Hospital                             VA                             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: \_\_\_\_\_

**ENCOUNTER**

Encounter Date\*: \_\_\_\_\_

**Encounter Location Type\***

- Place Not Meant for Habitation
- Service Setting: Non-Residential
- Service Setting: Residential

**PIT Region Where Slept Last Night\***

**Maui County**

- Maui R1:** Central Maui
- Maui R2:** Lower Waiehu
- Maui R3:** Up Country
- Maui R4:** Lahaina
- Maui R5:** Kihei
- Maui R6:** Hana

**Kauai County**

- Kauai R1:** West
- Kauai R2:** South
- Kauai R3:** South Central
- Kauai R4:** East
- Kauai R5:** North

**Hawaii County**

- Hawaii R1:** North Kohala
- Hawaii R2:** Hamakua
- Hawaii R3:** North Hilo
- Hawaii R4:** South Hilo
- Hawaii R5:** Puna
- Hawaii R6:** Kau
- Hawaii R7:** South Kona
- Hawaii R8:** North Kona
- Hawaii R9:** South Kohala

**Where did you sleep last night?** (Actual location. Please do not enter generic locations, e.g., park, beach, tent, car, street, etc.)\*

Actual Location of Encounter\* \_\_\_\_\_

**Services Provided (select all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Benefits application assistance | <input type="checkbox"/> Health education/Lifestyle            | <input type="checkbox"/> Mail pickup          |
| <input type="checkbox"/> Budgeting/Money Management      | <input type="checkbox"/> Housing/Shelter enrollment assistance | <input type="checkbox"/> Translation services |
| <input type="checkbox"/> Case management                 | <input type="checkbox"/> ID assistance                         | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Food provision                  |  |   |

**Referrals (select all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acute/Urgent care      | <input type="checkbox"/> Legal services          | <input type="checkbox"/> Substance use treatment |
| <input type="checkbox"/> Dental/Vision services | <input type="checkbox"/> Mental health services  | <input type="checkbox"/> TB screening            |
| <input type="checkbox"/> Educational services   | <input type="checkbox"/> Permanent housing       | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Employment assistance  | <input type="checkbox"/> Primary health services | <input type="checkbox"/> Veterans assistance     |

**Please provide the exact GPS coordinates of where this encounter interview took place in decimal format to six decimal places:**  
(e.g., Latitude: 21.993230, Longitude: -159.342046)

Latitude\* \_\_\_\_\_

Longitude\* \_\_\_\_\_

After manually entering the Latitude/Longitude data into the HMIS, DO NOT CLICK ON THE GEO TRACKING BUTTON.  
Please verify that this location accurately represents where the encounter interview took place and not the location of data entry.