

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)  Different identity \* \_\_\_\_\_  Client prefers not to answer  
 Transgender  Non-Binary  Data not collected  
 Questioning

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 HOH\*  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/Latin(a)(o)  Client prefers not to answer  
 Middle Eastern/North African  Data not collected

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





**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

**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: \_\_\_\_\_