

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 Data not collected Age: _____

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

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

Hawaii HMIS Add New Client: Identifying (Continued)

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

If Native Hawaiian or 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: _____

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

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

B. INSTITUTIONAL SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

C. TEMPORARY HOUSING SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Host home (non-crisis) | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |

D. PERMANENT HOUSING SITUATION

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

E. OTHER

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

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

Length of Stay in the Prior Living Situation:

- | | | |
|---|--|---|
| Approximate date this episode of homelessness started: _____ | <input type="checkbox"/> One night or less | <input type="checkbox"/> One year or longer |
| | <input type="checkbox"/> Two to six nights | <input type="checkbox"/> Client doesn't know |
| | <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Data not collected |
| | <input type="checkbox"/> 90 days or more, but less than one year | |

(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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Data not collected |

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

- | | |
|---|---|
| <input type="checkbox"/> One month (this time is the 1st month) | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 11 | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 12 | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> 5 <input type="checkbox"/> 9 | |

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)		**If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> 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”, skip to HUD Program)

*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)		If “Yes”, Total number of months homeless on the streets, in ES, or SH in the past three years:			
Number of times the client has been on the streets, in ES, or SH in the past three years including today:		<input type="checkbox"/> One month (this time is the 1st month)			
<input type="checkbox"/> One time	<input type="checkbox"/> Four or more times	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn’t know	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn’t know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client prefers not to answer	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 5	<input type="checkbox"/> 9		<input type="checkbox"/> 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

HUD Program Data (continued)

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:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Medicare:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- State Children's Health Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Employer Provided Health Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Health Insurance through COBRA:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- State Health Insurance for Adults:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Veterans Health Administration (VHA):** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Private Insurance:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Indian Health Services Program:** Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer
- Other:** _____ Yes No*
 If "No": Applied: decision pending Applied: client not eligible Client did not apply
 Insurance type N/A for client Client doesn't know Client prefers not to answer

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

Personal Information

Marital Status*:

- Single/never married Married Widowed Client prefers not to ans
 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?

Zip code of last permanent address* _____

Zip Code Data Quality*: Full or Partial
 Client doesn't know Client refused

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: _____

HUD HOPWA Data Assessment (only applicable if clients answered “Yes” to the HIV/AIDS disabling condition question above)

HUD HOPWA:

Receiving AIDS Drug Assistance Program (ADAP)*

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

If “No”, reason*:

- Applied: Decision pending Client doesn't know
 Applied: Client not eligible Client prefers not to answer
 Client did not apply Data not collected
 Insurance type N/A for this client

Receiving Ryan White-funded medical or dental assistance*

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

If “No”, reason*:

- Applied: Decision pending Client doesn't know
 Applied: Client not eligible Client prefers not to answer
 Client did not apply Data not collected
 Insurance type N/A for this client

Has the client been prescribed anti-retroviral drugs?*

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

T-Cell (CD4) and Viral Load:

T-Cell (CD4) Count Available*

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

If “Yes”, T-Cell count*: _____

How was the T-Cell count information obtained?*

- Medical report Client report Other

Viral Load Information Available*

- Not available Client doesn't know
 Available* Client prefers not to answer
 Undetectable Data not collected
 Closed Change in capacity
 Alternate schedule

If “Available”, Viral Load count*: _____

How was the viral load information obtained?*

- Medical report Client report Other