

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 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/Latina/e/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     Micronesia     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"/> Micronesia	<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

- [ ] 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 [ ] Permanent supportive housing
[ ] Family Unification Program voucher (FUP) [ ] Public housing unit
[ ] Foster Youth to Independence Initiative (FYI) [ ] Rental by client, with other ongoing housing subsidy
[ ] HCV voucher (tenant or project based) [ ] RRH or equivalent
[ ] GIP TPD housing subsidy [ ] VASH housing subsidy
[ ] Other permanent housing dedicated for formerly homeless persons

E. OTHER

- [ ] Client doesn't know
[ ] Client prefers not to answer
[ ] Data not collected

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

Approximate date this episode of homelessness started: \_\_\_\_\_
Length of Stay in the Prior Living Situation:
[ ] One night or less [ ] One year or longer
[ ] Two to six nights [ ] Client doesn't know
[ ] One week or more, but less than one month [ ] Client prefers not to answer
[ ] One month or more, but less than 90 days [ ] Data not collected
[ ] 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:
[ ] One time [ ] Four or more times [ ] Two [ ] Six [ ] Ten [ ] More than 12 months
[ ] Two times [ ] Client doesn't know [ ] Three [ ] Seven [ ] Eleven [ ] Client doesn't know
[ ] Three times [ ] Client prefers not to answer [ ] Four [ ] Eight [ ] Twelve [ ] Client prefers not to answer
[ ] Data not collected [ ] Five [ ] Nine [ ] 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: **\*\*If “Yes”, Total number of months** homeless on the streets, in ES, or SH in the past three years:

- |                                      |   |                            |                            |                             |   |
|--------------------------------------|---|----------------------------|----------------------------|-----------------------------|---|
| <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) **Number of times** the client has been on the streets, in ES, or SH in the past three years including today: **If “Yes”, Total number of months** homeless on the streets, in ES, or SH in the past three years:

- |                                      |   |                            |                            |                             |   |
|--------------------------------------|---|----------------------------|----------------------------|-----------------------------|---|
| <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\***

- |   |   |
|---|---|
| <input type="checkbox"/> Within the past three months                             | <input type="checkbox"/> Client doesn’t know          |
| <input type="checkbox"/> Three to six months (excluding six months exactly)       | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> From six months to one year (excluding one year exactly) | <input type="checkbox"/> Data not collected           |
| <input type="checkbox"/> 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)
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded 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

**Sexual Orientation\***

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Other \_\_\_\_\_
- 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:** \_\_\_\_\_

**HUD Program Data (continued)**

**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 Refused

**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 refused

**Personal Information**

**Marital Status\*:**

- Single/never married     Married     Widowed     Client refused
- 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 refused
- 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? \_\_\_\_\_

**Hawaii Specific Assessment (continued)**

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