

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) 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/Other 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 - 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) 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 Health Insurance obtained through COBRA
 Medicare State Health Insurance for Adults
 State Children's Health Insurance Private Pay Health Insurance
 Veteran's Health Administration (VHA) Indian Health Services Program
 Employer-Provided Health Insurance 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*

Income Type	Amount	Income Type	Amount
<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 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 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 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? _____

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?* _____

Hawaii Specific Assessment (continued)

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: _____