

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 refused
 Data Not Collected

First Name*: _____ Last Name*: _____

Middle Name: _____ Suffix _____ Deceased Date _____

Birth Date*: _____ Full DOB Partial (DD/YY) Client Refused
 Partial (MM/YY) Client Doesn't Know Data Not Collected Age: _____

Social Security#*: _____ Full Partial Client Refused
 Client Doesn't Know Data Not Collected

Gender* Male A gender that is not singularly 'Female' or 'Male'
 Female Client Doesn't Know
 Transgender Client Refused
 Questioning Data Not Collected

Citizenship Status U.S. Citizen U.S. National (American Samoa or Swains Island) Client Doesn't Know
 Eligible Non-Citizen Client Refused
 Non-US Citizen COFA Ineligible Non-Citizen Data Not Collected
 Undocumented

<p>Primary Language* <input type="checkbox"/> Chinese <input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Chuukese <input type="checkbox"/> Marshallese</p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Ilocano <input type="checkbox"/> Tagalog</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese</p> <p>Other: _____</p>	<p>If Non-US Citizen COFA* <input type="checkbox"/> Pohnpei-Micronesia</p> <p><input type="checkbox"/> Chuuk-Micronesia <input type="checkbox"/> Yap-Micronesia</p> <p><input type="checkbox"/> Kosrae-Micronesia <input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Marshall Islands <input type="checkbox"/> Client Refused</p> <p><input type="checkbox"/> Palau <input type="checkbox"/> Data Not Collected</p>
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Relations to HOH* Self (H of H) Guardian Veteran Status* Client Doesn't Know
 Spouse Grandchild No Client Refused
 Child Other Relative Yes Data Not Collected
 Step Child Other Non-Relative
 Foster Child Unknown
 Grandparent

Race* (Select all that apply)

American Indian, Alaskan Native or Indigenous White

Asian or Asian American Client Doesn't Know

Black, African American, African Refused

Native Hawaiian or Pacific Islander Data Not collected

Other _____

Ethnicity* (Select One)

Non-Hispanic or Non-Latino(a)(o)(x) Client Doesn't Know

Hispanic or Latin(a)(o)(x) Client Refused

Data Not Collected

(Hispanic/Latino ethnicity refers to Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture of origin, regardless of race.)

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 refused Data not collected

LIVING SITUATION – Type of Residence Prior to Project Entry

A. HOMELESS SITUATION

- Emergency shelter including hotel or motel paid with emergency shelter voucher or RHY funded Host Home Shelter
- Safe Haven
- Place not meant for habitation – unsheltered, living on the street, beach, part, etc.

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. TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Rental by client in a public housing unit
- Rental by client with RRH or equivalent subsidy
- Transitional housing for homeless persons (including homeless youth)
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Residential project or halfway house with no homeless criteria
- Host Home
- Rental by client with HCV voucher (tenant or project based)
- Client doesn't know
- Client refused
- Data not collected

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

<p>Approximate date homelessness started* _____</p>	<p><u>Length of Stay in the Prior Living Situation*</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year 	<ul style="list-style-type: none"> <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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(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*

- Never in 3 years Four or more times
- One time Client doesn't know
- Two times Client refused
- Three times Data not collected

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

- One month (This is the 1st month)
- 2 6 10
- 3 7 11 Client doesn't know
- 4 8 12 Client refused
- 5 9 More than 12 Data not collected

HUD Universal Data (continued)

B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)

Did you stay less than 90 days?* Yes No

If **no**, what was the **Length of Stay in the Prior Living Situation***

- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- Client refused
- Data not collected

If **yes**, what was the **Length of Stay in the Prior Living Situation***

- 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

If **yes**, On the night before, **did you stay on the "streets", ES or SH?*** Yes No

If yes, approximate date homelessness started* _____

(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*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions: (if not, skip to HUD Program)

Did you stay less than 7 nights?* Yes No

If **no**, what was the **Length of Stay in the Prior Living Situation***

- 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 refused
- Data not collected

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 yes, approximate date 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*

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client refused
- Data not collected

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

- One month (This is the 1st month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12
- Client doesn't know
- Client refused
- Data not collected

HUD Program Data

Health Insurance* *Are you covered by health insurance?*

- No Yes Client doesn't know Client Refused Data not collected

HIV / AIDS

- No Yes Client doesn't know Client Refused Data not collected

Health Insurance Assessment (if yes to health insurance)

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Health Insurance obtained through Cobra |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> State Children's Health Insurance | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> VA-Veteran's Administration Medical Services | <input type="checkbox"/> Indian Health Services Program |
| <input type="checkbox"/> Employer-Provided Health Insurance | <input type="checkbox"/> Other: Specify _____ |

HUD Financial Assessment

Area Median Income* Big Island Kauai Maui

Income from Any Source* No Yes Client doesn't know Client Refused 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:	\$ _____