Emergency Housing Voucher Program   **Child Entry Assessment Form**

Enrollment Entry Date*:_____   **Program*:**_____

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

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

Primary Language*
☐ Chinese   ☐ Korean
☐ Chuukese   ☐ Marshallese
☐ English   ☐ Spanish
☐ llocano   ☐ Tagalog
☐ Japanese   ☐ Vietnamese
Other: _____

If Non-US Citizen COFA*
☐ Chuuk-Micronesia
☐ Kosrae-Micronesia
☐ Marshall Islands
☐ Palau
☐ Pohnpei-Micronesia
☐ Yap-Micronesia
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Relations to HOH*
☐ Child   ☐ Other Relative
☐ Step Child   ☐ Other Non-Relative
☐ Foster Child   ☐ Unknown
☐ Grandchild

Race* (Select all that apply)
☐ American Indian, Alaskan Native or Indigenous
☐ Asian or Asian American
☐ Black, African American, African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Refused
☐ Data Not collected
☐ Other_____

Ethnicity* (Select One)
☐ Non-Hispanic or Non-Latino(a)(o)(x)
☐ Hispanic or Latin(a)(o)(x)
☐ Client Doesn't Know
☐ 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.)

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

If Native Hawaiian/Other Pacific Islander chosen above*
☐ Native Hawaiian   ☐ Marshallese   ☐ Samoan   ☐ Tongan
☐ Guamanian/Chamorro   ☐ Micronesian   ☐ Other Pacific Islander

Hawaii HMIS Add New Client: Identifying (Continued)

What race do you identify with most?*

☐ Tongan

☐ American India/Alaskan Native	☐ Guamanian/Chamorro	☐ Micronesian	☐ Vietnamese
☐ Asian Indian	☐ Native Hawaiian	☐ Other Asian	☐ White
☐ Black/African American	☐ Japanese	☐ Other Pacific Islander	☐ Client doesn't know
☐ Chinese/Taiwanese	☐ Korean	☐ Portuguese	☐ Client refused
☐ Filipino	☐ Marshallese	☐ Samoan	☐ Data not collected

Other Information - CONSENT

Minor Children cannot give consent. Consent will be based on the Head of Household

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

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)*

☐ Medicaid	☐ Health Insurance obtained through Cobra
☐ Medicare	☐ State Health Insurance for Adults
☐ State Children's Health Insurance	☐ Private Pay Health Insurance
☐ VA-Veteran's Administration Medical Services	☐ Indian Health Services Program
☐ Employer-Provided Health Insurance	☐ Other: Specify _____