**Agency:** **Project Entry Date:**

**Project:** **Case Manager:**

**HMIS New Client Demographics: Identifying**

1. **First Name\*:**  **Last Name\*:**

**Middle Name:** **Suffix:**

**Name Quality\*:** ☐ Full name ☐Partial, street/code name ☐ Client doesn’t know ☐Client refused ☐Data not collected

1. ***Personal Information* SSN Quality:** ☐ Full SSN reported ☐Partial SSN reported

**Social Security#\*:** ☐ Client doesn’t know ☐ Client refused disclosure ☐ Data not collected

**Birthdate\*:**  **DOB Quality:** ☐ Full DOB ☐Partial (MM/YY) ☐Partial (DD/YY)

☐ Client doesn’t know ☐ Client refused disclosure ☐ Data not collected

**Gender\***

☐Female ☐ Transgender male to female ☐ Other ☐ Client refused disclosure

☐Male ☐ Transgender-identify as a male ☐ Client doesn’t know ☐ Data not collected

1. ***Citizenship Status***

☐ U.S. Citizen ☐ Eligible Non-Citizen ☐ Client doesn’t know

☐ Non-US Citizen COFA ☐ Ineligible Non-Citizen ☐ Client refused disclosure

☐ U.S. National (American Samoa or Swains Island) ☐ Undocumented ☐ Data not collected

**If Non-US Citizen COFA\***

☐ Chuuk-Micronesia ☐ Kosrae-Micronesia ☐ Client doesn’t know

☐ Marshall Islands ☐ Palau ☐ Client refused disclosure

☐ Pohnpei-Micronesia ☐ Yap-Micronesia ☐ Data not collected

1. ***Primary Language Spoken\****

☐ Chinese ☐ Chuukese ☐English ☐Ilocano ☐ Japanese ☐Korean

☐ Marshallese ☐ Samoan ☐ Spanish ☐Tagalog ☐ Vietnamese ☐Other

1. ***Relationship to Head of Household\****

☐ Self (H of H) ☐ Spouse ☐ Grandparent ☐ Other Relative ☐ Other Non-Relative ☐ Unknown

1. ***Veteran Status\**** *(Have you ever been on active duty in the military?)*

☐No ☐Yes ☐Client doesn’t know ☐Client Refused ☐ Data not collected

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

☐Non-Hispanic or Latino ☐Hispanic or Latino ☐Client doesn’t know ☐Client Refused ☐Data not collected

1. ***Race\**** *(Which of the following races do you self-identify with? You may name more than one.)*

☐American Indian or Alaska Native ☐Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

☐ White ☐Client doesn’t know ☐Client refused ☐Data not collected

***If Asian chosen above\**** *(You may name more than one.)*

☐ Asian Indian ☐ Chinese/Taiwanese ☐ Filipino ☐ Japanese

☐ Korean ☐ Vietnamese ☐ Other Asian

***If Native Hawaiian/Other Pacific Islander chosen above\**** *(You may name more than one.)*

☐ Hawaiian ☐ Guamanian/Chamorro ☐Marshallese ☐Micronesian

☐ Other Pacific Islander ☐ Samoan ☐Tongan

***What race do you identify with most?\****

☐ American India/Alaskan Native ☐ Asian Indian ☐ Black/African American ☐ Chinese/Taiwanese

☐ Filipino ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Japanese

☐ Korean ☐ Marshallese ☐ Micronesian ☐ Other Asian

☐ Other Pacific Islander ☐ Portuguese ☐ Samoan ☐ Tongan

☐ Vietnamese ☐ White ☐ Client doesn’t know ☐ Client refused ☐ Data not collected

**Contact Information**

1. ***Address, Phone and Email***

**Street Address\*:** **Apt. Number:**

**Zip Code\*:**

**City:**   **State:**

**Country\*:**

**Cell Phone:**  ☐ Primary ☐ Secondary ☐ Tertiary

**Home Phone:**  ☐ Primary ☐ Secondary ☐ Tertiary

**Work Phone:**  ☐ Primary ☐ Secondary ☐ Tertiary

**Email Address:**   **Confirm Email Address:**

**Other Information - CONSENT**

1. ***Was Consent given to share data?* :** ☐Yes ☐No **Date of Consent:**

**(Use HMIS Consent Form)**

**Add Family Member**

If more than one adult in household, complete additional form (#1-10); if child, complete child form

**Hawaii Enrollment Add/Edit**

1. ***Enrollment Date\*:*** *(same as project entry date on page 1)*

1. ***Program\** (PATH):**

☐ CARE - Care Hawaii AMHD Services Only Program

☐ CARE - Care Hawaii AMHD Street Outreach Program

☐ HNP - Hale Na`au Pono AMHD Services Only Program

☐ HNP - Hale Na`au Pono AMHD Street Outreach Program

☐ HOPE - PATH Street Outreach Program

☐ HINC - Hope Inc. AMHD Services Only Program

☐ HINC - Hope Inc. AMHD Street Outreach Program

☐ IHS - AMHD Services Only Program

☐ IHS - AMHD Street Outreach Program

☐ KPHC - PATH Services Only Program

☐ KPHC - PATH Street Outreach Program

☐ MHK - PATH Services Only Program

☐ MHK - PATH Street Outreach Program

1. ***Question: Type of Encounter***

☐ **Contact** (*an interaction between a worker and a client designed to engage the client*)

You may skip sections: HUD Universal, HUD Program, Health Insurance Assessment, HUD Financial Assessment, HI Specific Assessment *(Note: For HMIS data quality purposes, completing these sections during program enrollment or as soon as possible is best)*

Go to: PATH Contact Form

☐ **Initial client engagement** *(initial interactive client relationship results in a deliberate client assessment or beginning case plan)* Continue to page 3 to collect all data

**HUD Universal Data**

1. ***Engagement Date (Outreach or Service only):***  *(HUD data element 4.13)*
2. ***Client location\*(provider)***  ***Continuum of Care Code:***
3. ***Disabling Condition\****  ☐No ☐ Yes ☐ Client doesn’t know ☐Client refused ☐ Data not collected
4. ***Residence Prior to Program entry –***

**Type of Residence\***

☐ Place not meant for habitation - unsheltered, living on the street, beach, park, etc.

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Safe Haven

☐ Foster care home or foster care group home

☐ Hospital or residential medical facility (non-psychiatric)

☐ 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

☐ Staying or living in a family member’s room, apartment or house

☐ Staying or living in a friend’s room, apartment or house

☐ Hotel or motel paid for without emergency shelter voucher

☐ Transitional housing for homeless persons (including homeless youth)

☐ Owned by client, no ongoing housing subsidy

☐ Owned by client, with ongoing housing subsidy

☐ Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)

☐ Rental by client, with GPD TIP subsidy

☐ Rental by client, with VASH subsidy

☐ Rental by client, with other ongoing housing subsidy

☐ Rental by client, no ongoing housing subsidy

☐ Residential project or halfway house with no homeless criteria

☐ Other

☐ Client doesn’t know

☐ Client refused

☐ Data not collected

**Residence Prior to Program entry – Length of Stay\***

☐ One day or less

☐ Two days to one week

☐ More than one week, but less than one month

☐ One to three months

☐ More than three months but less than one year

☐ One year or longer

☐ Client doesn’t know

☐ Client refused

☐ Data not collected

1. ***Length of Time on Street, in an Emergency Shelter (ES) or Safe Haven (SH)\****

**Client entering from streets, emergency shelter or safe haven**

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**If yes, approximate date started\***

**Number of times the client has been on the streets, in ES or SH in past three years including today**

☐ One time ☐ Three times ☐ Four or more times ☐ Client refused

☐ Two times ☐ Four times ☐ Client doesn’t know ☐ 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 ☐ 5 ☐ 8 ☐ 11 ☐ Client doesn’t know

☐ 3 ☐ 6 ☐ 9 ☐ 12 ☐ Client refused

☐ 4 ☐ 7 ☐ 10 ☐ More than 12 ☐ Data not collected

**Chronically Homeless** *(Self-Populates in HMIS)*

**HUD Program Data**

1. ***Housing Status\****

☐ Category 1: Homeless ☐At-risk of homelessness

☐ Category 2: At imminent risk of losing housing ☐ Stably housed

☐ Category 3: Homeless only under other federal statutes ☐ Client doesn’t know

☐ Category 4: Fleeing domestic violence ☐ Client refused

☐ Data not collected

1. ***Non-Cash Benefits – Current at Intake Date\****

Have you received any non-cash benefits in the past 30 days and expect to receive them again next month?

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**If yes, please mark all that are applicable:**

☐ SNAP (Food Stamps) ☐ Other TANF-Funded Services

☐ WIC-Nutrition for Women, Infants, Children ☐ Section 8, Public Housing, Other Ongoing Rental Assistance

☐ TANF Child Care Services ☐ Temporary Rental Assistance

☐ TANF Transportation Services ☐ Other source:

1. ***Health Insurance\****

Are you covered by health insurance?

☐ No ☐ Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. ***Disabling Condition\****

**SUBSTANCE ABUSE\***

☐ No ☐ Alcohol Abuse ☐ Drug Abuse

☐ Both Alcohol and Drug Abuse ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **How Confirmed\***

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report

☐ Confirmed through assessment and clinical evaluation

**MENTAL HEALTH PROBLEM\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **How Confirmed\***

☐ Confirmed by prior evaluation or clinical records ☐ Unconfirmed; presumptive or self-report

☐ Confirmed through assessment and clinical evaluation

1. **Serious mental illness (SMI) and, if SMI, how confirmed*\**** *(major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder)*

☐ No, not SMI ☐ Confirmed by prior evaluation or clinical records

☐ Unconfirmed; presumptive or self-report ☐ Client doesn’t know

☐ Confirmed through assessment and clinical evaluation ☐ Client Refused

**DEVELOPMENTAL DISABILITY\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**CHRONIC HEALTH CONDITION\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**HIV / AIDS\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**PHYSICAL DISABILITY\***

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

1. **Documentation of the Disability and severity on File:** ☐No ☐Yes
2. **Currently receiving services/treatment for this condition?**

☐No ☐Yes ☐ Client doesn’t know ☐ Client Refused ☐ Data not collected

**Health Insurance Assessment** (*if yes to health insurance)*

☐ Medicaid

☐ Medicare

☐ State Children’s Health Insurance

☐ VA-Veteran’s Administration Medical Services

☐ Employer-Provided Health Insurance

☐ Health Insurance through Cobra

☐ State Health Insurance for Adults

☐ Private Insurance

**Continue to next page for HUD Financial Assessment**

**HUD Financial Assessment**

1. ***Area Median Income\**** ☐US 2012 ☐Big Island ☐Kauai ☐Maui ☐ Oahu
2. ***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\***

**Income Type Amount Income Type Amount**

☐ Earned Income (employment):

☐ Unemployment

☐ SSI:

☐ SSDI:

☐ VA Service Disability Compensation:

☐ VA Non-Service Disability Pension

☐ Private Disability Insurance:

☐ Worker’s Compensation:

☐ TANF

☐ Government Assistance:

☐ Social Security Retirement:

☐ Pension or Retirement Income (job):

☐ Child Support:

☐ Alimony or Other Spousal Support:

☐ Other:

**TOTAL INCOME: $**

**Hawaii Specific Assessment**

1. ***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: # 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 ☐ Group Home ☐ Homeless ☐ Juvenile Home

☐No ☐ Client doesn’t know ☐ Client refused

1. ***Personal Information***

**a. Marital Status\*:**

☐ Single/never married ☐ Living with partner ☐ Married ☐ Separated/divorced

☐Widowed ☐ Other ☐ Client refused

**b. What is your current criminal justice status\*?**

☐ Parole ☐ Drug court ☐ Other ☐ Client doesn’t know

☐ Probation ☐ Formerly in system & ☐ None ☐ Client refused

☐ Supervised release completed requirements ☐ Data not collected

**c. If the client’s residence just prior to project entry was an ES, TH, or PSH project, please specify which one?**

**d. Zip code of last permanent address\***

**e. Zip Data Quality Code:** ☐ Full or Partial ☐ client doesn’t know ☐ Client refused disclosure

**f. If currently working, # hours worked in past week?**

1. ***Referral Information\**** *(How were you referred to this agency?)*

☐ Aloha United Way ☐ Criminal justice ☐ Homeless services agency ☐ Hospital

☐ Self ☐ VA ☐ Other ☐ Client doesn’t know

**If other, source of referral**

**If homeless service agency, which one?**

1. ***Medical Information\**** *(Do you have any of the following medical problems)*

☐ Asthma ☐ Back/Spinal impairment ☐ Other medical problems

☐ Cancer ☐ Diabetes ☐ None

☐ Emphysema ☐ Heart disease, high BP, Stroke history

☐ Kidney, renal disease ☐ Liver disease, cirrhosis, Hep C

**Medical Insurer:**

1. ***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 PATH**

**Date of Status Determination**   **Client became enrolled in PATH** Yes No

*(HUD data element 4.20)*

**If No selected, reason not enrolled\*** ☐ Client ineligible for PATH ☐ Not enrolled for other reason(s)

**Go to Path Contact/Encounter Form**