



Agency: _____ Project Entry Date: _____

Program: _____ 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

2. **Personal Information**
Social Security#*: _____ **SSN Quality:** Full SSN reported Partial SSN reported
 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

3. **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

4. **Primary Language Spoken***
 Chinese Chuukese English Ilocano Japanese Korean
 Marshallese Samoan Spanish Tagalog Vietnamese Other

5. **Relationship to Head of Household***
 Self (H of H) Spouse Grandparent Other Relative Other Non-Relative Unknown

6. **Veteran Status* (Have you ever been on active duty in the military?)**
 No Yes Client doesn't know Client Refused Data not collected

7. **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

8. **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?*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> American India/Alaskan Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Chinese/Taiwanese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected |
| | | <input type="checkbox"/> Client refused | |

Contact Information

9. 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

10. 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

11. Enrollment Date*: _____ (Same as project entry date)

12. Program* (PATH):

- | | |
|---|--|
| <input type="checkbox"/> CARE - Care Hawaii AMHD Services Only Program | <input type="checkbox"/> IHS - AMHD Services Only Program |
| <input type="checkbox"/> CARE - Care Hawaii AMHD Street Outreach Program | <input type="checkbox"/> IHS - AMHD Street Outreach Program |
| <input type="checkbox"/> HNP - Hale Na`au Pono AMHD Services Only Program | <input type="checkbox"/> KPHC - PATH Services Only Program |
| <input type="checkbox"/> HNP - Hale Na`au Pono AMHD Street Outreach Program | <input type="checkbox"/> KPHC - PATH Street Outreach Program |
| <input type="checkbox"/> HOPE - PATH Street Outreach Program | <input type="checkbox"/> MHK - PATH Services Only Program |
| <input type="checkbox"/> HINC - Hope Inc. AMHD Services Only Program | <input type="checkbox"/> MHK - PATH Street Outreach Program |
| <input type="checkbox"/> HINC - Hope Inc. AMHD Street Outreach Program | |

13. 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

14. **Outreach Engagement Date:** _____ (HUD data element 4.13)

15. **Client location*(provider)** _____ **Continuum of Care Code:** _____

16. **Disabling Condition*** No Yes Client doesn't know Client refused Data not collected

17. **Residence Prior to Program entry –**

Type of Residence*

- | | |
|--|---|
| <input type="checkbox"/> Place not meant for habitation - unsheltered, living on the street, beach, park, etc. | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH) |
| <input type="checkbox"/> Hospital or residential medical facility (non-psychiatric) | <input type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Substance abuse treatment facility or detox center | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Client refused |
| | <input type="checkbox"/> Data not collected |

Residence Prior to Program entry – Length of Stay*

- | | |
|--|--|
| <input type="checkbox"/> One day or less | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two days to one week | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> More than three months but less than one year | |

18. **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

<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Two times	<input type="checkbox"/> Four times	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected

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

<input type="checkbox"/> One month (This is the 1st month)				
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> Client refused
<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> More than 12	<input type="checkbox"/> Data not collected

Chronically Homeless (Self-Populates in HMIS)



HUD Program Data

19. Housing Status*

- Category 1: Homeless
- Category 2: At imminent risk of losing housing
- Category 3: Homeless only under other federal statutes
- Category 4: Fleeing domestic violence
- At-risk of homelessness
- Stably housed
- Client doesn't know
- Client refused
- Data not collected

20. 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)
- WIC-Nutrition for Women, Infants, Children
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Section 8, Public Housing, Other Ongoing Rental Assistance
- Temporary Rental Assistance
- Other source: _____

21. Health Insurance*

Are you covered by health insurance?

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

22. Disabling Condition*

SUBSTANCE ABUSE*

- No
- Both Alcohol and Drug Abuse
- Alcohol Abuse
- Client doesn't know
- Drug Abuse
- Client Refused
- 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 Refused
- Data not collected

b) Documentation of the Disability and severity on File:

- No
- Yes

c) Currently receiving services/treatment for this condition?

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

d) How Confirmed*

- Confirmed by prior evaluation or clinical records
- Confirmed through assessment and clinical evaluation
- Unconfirmed; presumptive or self-report

MENTAL HEALTH PROBLEM*

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

b) Documentation of the Disability and severity on File:

- No
- Yes

c) Currently receiving services/treatment for this condition?

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

d) How Confirmed*

- Confirmed by prior evaluation or clinical records
- Confirmed through assessment and clinical evaluation
- Unconfirmed; presumptive or self-report

e) 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
- Unconfirmed; presumptive or self-report
- Confirmed through assessment and clinical evaluation
- Confirmed by prior evaluation or clinical records
- Client doesn't know
- Client Refused



DEVELOPMENTAL DISABILITY*

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

b) Documentation of the Disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the Disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the Disability and severity on File: No Yes

c) 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

a) 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

b) Documentation of the Disability and severity on File: No Yes

c) 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)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Employer-Provided Health Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Insurance through Cobra |
| <input type="checkbox"/> State Children's Health Insurance | <input type="checkbox"/> State Health Insurance for Adults |
| <input type="checkbox"/> VA-Veteran's Administration Medical Services | <input type="checkbox"/> Private Insurance |

Continue to next page for HUD Financial Assessment



HUD Financial Assessment

23. *Area Median Income** US 2012 Big Island Kauai Maui Oahu

24. *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"/> Earned Income (employment):	_____	<input type="checkbox"/> TANF	_____
<input type="checkbox"/> Unemployment	_____	<input type="checkbox"/> Government Assistance:	_____
<input type="checkbox"/> SSI:	_____	<input type="checkbox"/> Social Security Retirement:	_____
<input type="checkbox"/> SSDI:	_____	<input type="checkbox"/> Pension or Retirement Income (job):	_____
<input type="checkbox"/> VA Service Disability Compensation:.....	_____	<input type="checkbox"/> Child Support:	_____
<input type="checkbox"/> VA Non-Service Disability Pension	_____	<input type="checkbox"/> Alimony or Other Spousal Support: ...	_____
<input type="checkbox"/> Private Disability Insurance:	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Worker's Compensation:	_____		
		TOTAL INCOME: \$	_____

Hawaii Specific Assessment

25. 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

26. 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? _____

27. 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? _____



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

- Asthma
- Cancer
- Emphysema
- Kidney, renal disease
- Back/Spinal impairment
- Diabetes
- Heart disease, high BP, Stroke history
- Liver disease, cirrhosis, Hep C
- Other medical problems
- None

Medical Insurer: _____

29. 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