**Agency:** **Intake Date:**

**Program:** **Case Manager:**

**Add HMIS Family Member**

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

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

1. **Social Security#\*:** **SSN Quality:** ☐ Full SSN reported ☐Partial SSN reported

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

1. **Gender\***

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

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

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

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

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

1. ***Ethnicity\****

☐Non-Hispanic or Latino ☐Hispanic or Latino ☐Client doesn’t know ☐Client Refused ☐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. ***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

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

☐ Child ☐ Step-child ☐ Grandchild ☐ Forster-child ☐ Other Relative ☐ Other Non-Relative

1. **CONSENT**

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

**Hawaii Enrollment Add/Edit**

1. ***Enrollment Date\*:*** *(same as project entry date on page 1)*
2. ***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. ***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