



**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  Data Not Collected **Age:** \_\_\_\_\_  Partial (MM/YY)  Client Doesn't Know

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

**Gender\***  Male  Transgender Male to Female  Client Doesn't Know  Female  Transgender Female to Male  Client Refused  Client Doesn't identify as male, female or transgendered  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

**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

**Primary Language\***  Chinese  Japanese  Spanish  Chuukese  Korean  Tagalog  English  Marshallese  Vietnamese  Ilocano  Other: \_\_\_\_\_

**Veteran Status\* (if 18+)**  Client Doesn't Know  No  Client Refused  Yes  Data Not Collected

**Relations to HOH\***  Self (H of H)

**Race\* (Multiple may be Selected)**

American Indian or Alaska Native  White  Asian  Client Doesn't. Know  Black/African American  Client Refused  Native Hawaiian/Other Pacific Islander  Data Not collected

**Ethnicity\* (Select One)**

Non-Hispanic or Latino  Client Doesn't Know  Hispanic or Latino  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**  Filipino  Vietnamese  Asian Indian  Japanese  Other Asian  Chinese/Taiwanese  Korean

**If Native Hawaiian/Other Pacific Islander chosen above\***

Hawaiian  Marshallese  Samoan  Tongan  Guamanian/Chamorro  Micronesian  Other Pacific Islander \_\_\_\_\_



**Hawaii HMIS Add New Client: Identifying (Continued)**

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

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

**Contact Information**

**Address\*:** \_\_\_\_\_

**Zip Code\*:** \_\_\_\_\_ **Apt. Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Country\*:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Primary  Secondary  Tertiary  Primary  Secondary  Tertiary

**Email Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Confirm Email Address:** \_\_\_\_\_  Primary  Secondary  Tertiary

**Other Information - CONSENT**

**Was Consent given to share data? :**  Yes  No **(Use HMIS Consent Form)**

**Date of Consent:** \_\_\_\_\_

**Add Family Member**

If more than one person in household, complete additional entry form; if child, complete child form

**Hawaii Enrollment Add/Edit**

**Enrollment Entry Date\*:** \_\_\_\_\_ **Provider\*:** \_\_\_\_\_

**Program\*:**

<input type="checkbox"/> MYFS - BCP Emergency Shelter Program	<input type="checkbox"/> HKIPA - Boys Shelter BCP ES
<input type="checkbox"/> MYFS - BCP Homelessness Prevention Program	<input type="checkbox"/> HKIPA - Girls Shelter BCP ES
<input type="checkbox"/> FSH - BCP Homelessness Prevention Program	Other: _____

**Case Manager:** \_\_\_\_\_  Individual  Family

**HUD Universal Data**

**Client location\*(provider)** (Self Populates in HMIS) \_\_\_\_\_ **Continuum of Care Code:** Self Populates in HMIS)

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



**HUD Universal Data**

**LIVING SITUATION – Type of Residence Prior to Project Entry**

**A. HOMELESS SITUATION**

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (ES)
- Place not meant for habitation - unsheltered, living on the street, beach, park, etc.
- Safe Haven (SH)
- Interim Housing

- 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, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living in a family member’s room, apartment or house

**B. INSTITUTIONAL SITUATION**

- 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 friend’s room, apartment or house
- 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

**C. TRANSITIONAL AND PERMANENT HOUSING SITUATION**

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy

- Client doesn’t know
- Client refused
- Data not collected

**Length of Stay in the Prior Living Situation\***

**Approximate date**

**homelessness started\*** \_\_\_\_\_

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

(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

**Chronically Homeless**

- (Self-Populates in HMIS when client meets HUD’s criteria for **disabling condition** and **length of homelessness**)
- See Hawaii HMIS website and supplemental training material for more information about the definition of chronic homelessness and how to determine length of homelessness.

**HUD Program Data**

**Domestic violence – Domestic violence victim/survivor\***

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

**Domestic violence victim/survivor – If yes, when experience occurred\***

- Within the past three months
- Three to six months (excluding six months exactly)
- From six months to one year (excluding one year exactly)
- One year ago or more
- Client doesn’t know
- Client refused
- Data not collected

**Are you currently fleeing?\***

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



**HUD Program Data (Continued)**

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

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

**Education: Last Grade Completed (4.24)**

- Less than Grade 5       Grade 12 / High school diploma       Associate's degree       Client doesn't know
- Grades 5-6       School program does not have grade levels       Bachelor's degree       Client refused
- Grades 7-8       GED       Graduate degree       Data not collected
- Grades 9-11       Some college       Vocational certification

**Employment Information:**

**Employed\***

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

**If no, why not employed\*:**

- Looking for Work       Not Looking for Work
- Unable to Work

**If yes, type of employment\*:**

- Full-Time
- Part-Time
- Seasonal / Sporadic (including day labor)

**General Health Status\***

- Excellent       Fair       Client doesn't know
- Very Good       Poor       Client refused
- Good       Data not collected

**Pregnancy Status\***

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

**If Yes, Due Date\*** \_\_\_\_\_

**Disabling Condition**

**Substance Abuse\*** (If "NO" selected, skip to Mental Health)

- No       Alcohol Abuse       Drug Abuse
- Both Alcohol and Drug Abuse       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

**Mental Health Problem\*** (If "NO" selected, skip to 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

**Developmental Disability\*** (If "NO" selected, skip to 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



**HUD Program Data (Continued)**

**Chronic Health Condition\*** (If "NO" selected, skip to 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

**HIV / AIDS\*** (If "NO" selected, skip to 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

**Physical Disability\*** (If "NO" selected, skip to Health Insurance Assessment)

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)**

- Medicaid  Health Insurance through Cobra
- Medicare  State Health Insurance for Adults
- State Children's Health Insurance  Private Insurance
- VA-Veteran's Administration Medical Services  Indian Health Services Program
- Employer-Provided Health Insurance  Other \_\_\_\_\_

**HUD Financial Assessment**

**Area Median Income\***  US 2012  Big Island  Kauai  Maui  Oahu

**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: _____	\$ _____	<b>TOTAL INCOME:</b> _____	\$ _____



**Hawaii Specific Assessment**

**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: \_\_\_\_\_ If in Hawaii less than one month, # of days: \_\_\_\_\_

How long have you lived in Hawaii over your lifetime? \* # of years: \_\_\_\_\_

Before your 18<sup>th</sup> birthday, were you placed in an out of home placement and/or experience homelessness? Check all that apply.

- Foster Care  Juvenile Home  No  Client doesn't know
- Group Home  Homeless  Client refused

**Personal Information**

**Marital Status\*:**

- Single/never married  Married  Widowed  Client refused
- Living with partner  Separated/divorced  Other

**What is your current criminal justice status\*:**

- Parole  Formerly in system & completed requirements  Client doesn't know
- Probation  Drug court  Client refused
- Supervised release  None  Data not collected
- Other \_\_\_\_\_

If the client's residence just prior to project entry was an ES, TH, or PSH project, please specify which one? \_\_\_\_\_

Zip code of last permanent address\* \_\_\_\_\_ Zip Data Quality:  Full or Partial  client D.K  Refused

If currently working, # hours worked in past week? \_\_\_\_\_

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

- Aloha United Way  Homeless services agency  Self  Client doesn't know
- Criminal justice  Hospital  VA  Other \_\_\_\_\_

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

**Medical Information\* (Do you have any of the following medical problems – check all that apply)**

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

Diabetes Medical Insurer: \_\_\_\_\_

**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 RHY Data**

**Date of Status Determination**

FSB Youth  No  Yes

If "No", reason for not providing Services

Out of age range  Other

Ward of the State – Immediate Reunification

Ward of the Criminal Justice System – Immediate Reunification

**Sexual Orientation\***

Heterosexual

Lesbian

Questioning / Unsure

Client refused

Gay

Bisexual

Client doesn't know

Data not collected

**School Status\***

Attending school regularly

Dropped out

Client doesn't know

Attending school irregularly

Suspended

Client refused

Graduated from high school

Expelled

Data not collected

Obtained GED

**Dental Health Status\***

Excellent

Fair

Client doesn't know

Very Good

Poor

Client refused

Good

Data not collected

**Mental Health Status\***

Excellent

Fair

Client doesn't know

Very Good

Poor

Client refused

Good

Data not collected

**Formerly a Ward of Child Welfare/Foster Care Agency\***

No

Client doesn't know

Yes

Client refused

Data not collected

**If yes, Number of Years:**

Less than one year

1 to 2 Years

3 to 5 Years

**Formerly a Ward of the Juvenile Justice System\***

No

Client doesn't know

Yes

Client refused

Data not collected

**If yes, Number of Years:**

Less than one year

1 to 2 Years

3 to 5 Years

**Referral Source\***

Self-Referral

Individual: Parent/Guardian

Individual: Relative or Friend

Individual: Other Adult or Youth

Individual: Partner/Spouse

Individual: Foster Parent

Outreach Project: FYSB

Outreach Project: Other

Temporary Shelter: FYSB Basic Center Project

Temporary Shelter: Other Youth Only Emergency Shelter

Temporary Shelter: Emergency Shelter for Families

Temporary Shelter: Emergency Shelter for Individuals

Temporary Shelter: Domestic Violence Shelter

Temporary Shelter: Safe Place

Temporary Shelter: Other

Residential Project: FYSB Transitional Living Project

Residential Project: Other Transitional Living Project

Residential Project: Group Home

Residential Project: Independent Living Project

Residential Project: Job Corps

Residential Project: Drug Treatment Center

Residential Project: Treatment Center

Residential Project: Educational Institute

Residential Project: Other Agency project

Residential Project: Other Project

Hotline: National Runaway Switchboard

Hotline: Other

Other Agency: Child Welfare/CPS

Other Agency: Non-Residential Independent Living Project

Other Project Operated by your Agency

Other Youth Services Agency

Juvenile Justice

Law Enforcement/ Police

Religious Organization

Mental Hospital

School

Other Organization

Client doesn't know

Client refused

Data not collected



**HUD RHY Data (Continued)**

**Sexual Exploitation** *(If no selected, skip to Labor Exploitation)*

**Ever received anything in exchange for sex (e.g. money, food, drugs, shelter) \***

- |                              |  |  |  |
|------------------------------|--|--|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Client doesn't know | <i>If Yes, In the last three months*</i> |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client refused      | <input type="checkbox"/> No              | <input type="checkbox"/> Client doesn't know |
|                              | <input type="checkbox"/> Data not collected  | <input type="checkbox"/> Yes             | <input type="checkbox"/> Client refused      |
|                              |  |  | <input type="checkbox"/> Data not collected  |

*If Yes, to Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)*

**How many times?\***

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> 1-3        | <input type="checkbox"/> Client doesn't know | <i>If Yes, Ever made/persuaded to have sex in exchange for something*</i> |  |
| <input type="checkbox"/> 4-7        | <input type="checkbox"/> Client refused      | <input type="checkbox"/> No   | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 8-11       | <input type="checkbox"/> Data not collected  | <input type="checkbox"/> Yes  | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> 12 or more |  |   | <input type="checkbox"/> Data not collected  |

*If Yes for "Ever pressured (made/persuaded) to have sex in exchange for something?"*

**In the last three months?**

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Labor Exploitation**

**1) Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends?\***

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**2) Ever promised work where work or payment was different than you expected?\***

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

*If Yes to either question 1 OR 2 above,*

**Felt forced, pressured or tricked into continuing the job?\***

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

*If Yes to either question 1 OR 2 above,*

**In the last 3 months?\***

- |                             |                              |  |   |   |
|-----------------------------|------------------------------|--|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client Refused | <input type="checkbox"/> Data not collected |
|-----------------------------|------------------------------|--|---|---|

**Young Person's Critical Issues (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Household Dynamics                               | <input type="checkbox"/> Physical Disability-Youth                          |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Youth         | <input type="checkbox"/> Physical Disability-Family Member                  |
| <input type="checkbox"/> Sexual Orientation/Gender Identity-Family Member | <input type="checkbox"/> Mental Disability-Youth                            |
| <input type="checkbox"/> Housing Issues-Youth                             | <input type="checkbox"/> Mental Disability-Family Member                    |
| <input type="checkbox"/> Housing Issues-Family Member                     | <input type="checkbox"/> Abuse and Neglect-Youth                            |
| <input type="checkbox"/> School or Educational Issues-Youth               | <input type="checkbox"/> Abuse and Neglect-Family Member                    |
| <input type="checkbox"/> School or Education Issues-Adult                 | <input type="checkbox"/> Alcohol or Other Drug Abuse-Youth                  |
| <input type="checkbox"/> Unemployment-Youth                               | <input type="checkbox"/> Alcohol or Other Drug Abuse-Family Member          |
| <input type="checkbox"/> Unemployment-Family Member                       | <input type="checkbox"/> Insufficient Income to Support Youth-Family Member |
| <input type="checkbox"/> Mental Health Issues-Youth                       | <input type="checkbox"/> Active Military Parent-Family Member               |
| <input type="checkbox"/> Mental Health Issues-Family Member               | <input type="checkbox"/> One Parent/Legal Guardian is Incarcerated          |
| <input type="checkbox"/> Health Issues-Youth                              | <input type="checkbox"/> Both Parents/Legal Guardians are Incarcerated      |
| <input type="checkbox"/> Health Issues-Family Member                      | <input type="checkbox"/> The Only Parent/Legal Guardian is Incarcerated     |