|  |  |
| --- | --- |
| **Agency:** | **Project Entry Date:** |
| **Project:** | **Case Worker:** |

**Add HMIS Family Member**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name Quality\*** | **First Name\*:** | | | | | | | | | | | **Middle:** | | | | **Last\*** | | | |
| ☐ Full name  ☐ Partial, street/code name ☐ Client refused  ☐ Client doesn’t know ☐ Data Not Collected | | | | | | | | | **Birth Date\*:**  **Age** | | | | | | | | | | |
| ☐ Full DOB  ☐ Partial (MM/YY) | | | | | ☐ Partial (DD/YY)  ☐ Client Doesn’t Know | | | | ☐ Client Refused  ☐ Data Not Collected | |
| **Gender\***  ☐ Male ☐ Female  ☐ Transgender Male to Female  ☐ Transgender Female to Male  ☐ Does not identify as male, female or transgendered  ☐ Client doesn’t know  ☐ Client Refused  ☐ Data Not Collected | | | | | | | | | **Social Security#\*** | | | | | | | | | | |
| ☐ Full  ☐ Partial | | | | ☐ Client Doesn’t Know  ☐ Client Refused | | | | | ☐ Data Not Collected | |
| **Primary Language\*** | | | | | | | | | | |
| ☐ Chinese  ☐ Chuukese  ☐ English  ☐ Ilocano | | | | | | ☐ Japanese  ☐ Korean  ☐ Marshallese | | | | ☐ Spanish  ☐ Tagalog  ☐ Vietnamese |
| **Ethnicity\* (Select One)**  ☐ Non-Hispanic or Latino  ☐ Hispanic or Latino | | | | ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Data Not Collected | | | | | Other | | | | |
|  | | | | | | | | | | |
| **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 | | |
| **Race\* (Multiple may be Selected)** | | | | | | | | |
| ☐ American Indian or Alaska Native  ☐ Asian | | | | | | | | |
| ☐ Black/African American  ☐ Native Hawaiian/Other Pacific Islander | | | | | | | | |
| ☐ White  ☐ Client Doesn’t Know  ☐ Client Refused  ☐ Other  ☐ 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 | | |
| **If Asian Chosen Above\***  ☐ Asian Indian  ☐ Chinese/Taiwanese | | | ☐ Filipino  ☐ Japanese  ☐ Korean | | | ☐ Vietnamese  ☐ Other Asian | | | | | | | | | | | | | |
| **If Native Hawaiian/Other Pacific Islander chosen above\*** | | | | | | | | | | | | | | | | | | | |
| ☐ Hawaiian  ☐ Guamanian/Chamorro | | | | ☐ Marshallese  ☐ Micronesian | | | ☐ Samoan | | | | ☐ Tongan | | | | | | | | |
| ☐ Other Pacific Islander | | | | | | | | | | | | |
| **Relations to HOH\*** | | ☐ Child | | | ☐ Step-child | | | ☐ Foster-child | | | | | | ☐ Other Relative | | | | ☐ Other Non-Relative | |

**Other Information - CONSENT**

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

**Date of Consent:**

**Hawaii Enrollment Add/Edit**

|  |  |
| --- | --- |
| **Enrollment Entry Date\*:** | **Program\*:** |
|  | **Family or Individual:** ☐ family |

**HUD Program Data - Child**

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

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

**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

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

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

**Developmental Disability\*** (If “NO” selected, skip to 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

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

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

**HUD Program Data – Child (Continued)**

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

☐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 | ☐ 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 |