



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 (DD/YY) Client Refused
- Partial (MM/YY) Client Doesn't Know 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 Client Doesn't Know Data Not Collected
- Partial Client Refused

Ethnicity* (Select One)

- Client Doesn't Know
- Non-Hispanic or Latino Client Refused
- Hispanic or Latino Data Not Collected

Primary Language*

- Chinese Japanese Spanish
- Chuukese Korean Tagalog
- English Marshallese Vietnamese
- Ilocano Other _____

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

Citizenship Status

- U.S. Citizen Ineligible Non-Citizen
- Eligible Non-Citizen Undocumented
- Non-US Citizen COFA Client Doesn't Know
- U.S. National (American Samoa or Swains Island) Client Refused
- Data Not Collected

If Non-US Citizen COFA*

- Chuuk-Micronesia Pohnpei-Micronesia
- Kosrae-Micronesia Yap-Micronesia
- Marshall Islands Client Doesn't Know
- Palau Client Refused
- Data Not Collected

If Asian Chosen Above*

- Filipino Vietnamese
- Asian Indian Japanese
- Chinese/Taiwanese Korean Other Asian _____

If Native Hawaiian/Other Pacific Islander chosen above*

- Hawaiian Marshallese Samoan Tongan
- Guamanian/Chamorro Micronesian 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

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

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



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

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