



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 Micronesia Other Pacific Islander _____

What race do you identify with most?*

American India/Alaskan Native Guamanian/Chamorro Micronesia Tongan Asian Indian Hawaiian Other Pacific Islander White Black/African American Japanese Other Asian Client doesn't know Chinese/Taiwanese Korean Portuguese Client refused Filipino Marshallese Samoan 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*: HKIPA - Apaa Women's Shelter (TH) HKIPA - Scattered Sites TLP
 HKIPA - Keeaumoku/Aawa TLP SARMY - Big Island RHY TLP
 HKIPA - Maka`aloa TLP 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

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



HUD Universal Data (Continued)

A. If HOMELESS situation selected above, answer these questions: (if not, skip to next question)

Approximate date homelessness started*
Length of Stay in the Prior Living Situation*
(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*
Total number of months homeless on the streets, in ES, or SH in the past three years*

B. If INSTITUTIONAL situation selected above, answer these questions: (if not, skip to next question)

Did you stay less than 90 days?*
If yes, what was the Length of Stay in the Prior Living Situation*
If yes, on the night before, did you stay on the "streets", ES or SH?*
(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*
Total number of months homeless on the streets, in ES, or SH in the past three years*

C. If TRANSITIONAL AND PERMANENT HOUSING situation selected, answer these questions:

(if not, skip to HUD Program Data section)

Did you stay less than 7 nights?*
If yes, what was the Length of Stay in the Prior Living Situation*
If yes, on the night before, did you stay on the "streets", ES or SH?*
(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*
Total number of months homeless on the streets, in ES, or SH in the past three years*



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

Are you currently fleeing?*

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

Non-Cash Benefits from Any Sources* (Received non-cash benefits in the past 30 days; 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) Section 8, Public Housing, Other Ongoing Rental Assistance
 WIC-Nutrition for Women, Infants, Children TANF Child Care Services
 Other source: _____ TANF Transportation Services
 Other TANF-Funded Services Temporary Rental Assistance

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*

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

If yes, type of employment:*

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

If no, why not employed:*

- Looking for Work Not Looking for Work
 Unable to Work

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 If Yes, Due Date* _____
 Yes Client refused
 Data not collected



HUD Program Data (Continued)

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

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
- 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
- Indian Health Services Program
- 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: _____	\$ _____	TOTAL INCOME: _____	\$ _____

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 18th 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?* _____



Hawaii Specific Assessment (Continued)

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

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

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 _____
- Access (Crisis) hotline; # of times _____
- Other hospital services (medical or psychiatric); # of times _____
- Other emergency service; ; # of times _____
- 911/ambulance emergency services; # of times _____
- Name of Service: _____

HUD RHY Data

- 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
- Residential Project: Drug Treatment Center
- Individual: Parent/Guardian
- Residential Project: Treatment Center
- Individual: Relative or Friend
- Residential Project: Educational Institute
- Individual: Other Adult or Youth
- Residential Project: Other Agency project
- Individual: Partner/Spouse
- Residential Project: Other Project
- Individual: Foster Parent
- Hotline: National Runaway Switchboard
- Outreach Project: FYSB
- Hotline: Other
- Outreach Project: Other
- Other Agency: Child Welfare/CPS
- Temporary Shelter: FYSB Basic Center Project
- Other Agency: Non-Residential Independent Living Project
- Temporary Shelter: Other Youth Only Emergency Shelter
- Other Project Operated by your Agency
- Temporary Shelter: Emergency Shelter for Families
- Other Youth Services Agency
- Temporary Shelter: Emergency Shelter for Individuals
- Juvenile Justice
- Temporary Shelter: Domestic Violence Shelter
- Law Enforcement/ Police
- Temporary Shelter: Safe Place
- Religious Organization
- Temporary Shelter: Other
- Mental Hospital



HUD RHY Data – Referral Source (Continued)

- 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
- School
- Other Organization
- Client doesn't know
- Client refused
- Data not collected

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

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

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

If Yes, In the last three months*

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

If Yes, How many times?*

- 1-3
- 4-7
- 8-11
- 12 or more
- Client doesn't know
- Client refused
- Data not collected

If Yes, Ever made/persuaded to have sex in exchange for something*

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

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

- In the last 3 months?** No Yes Client doesn't know Client refused Data not collected

Labor Exploitation*

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

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

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

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

If Yes to either 1 OR 2 above, Felt forced, pressured or tricked into continuing the job?*

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

- In the last 3 months?*** No Yes Client doesn't know Client Refused Data not collected

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

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