Oahu's Continuum of Care

For data entry purposes only: Client ID: \_\_

**PARTNERS IN CARE** 

Adult Outreach - Initial Outreach Engagement
Not for HPO Programs

## **Identifying Information**

*SSN:		*CaseWork <u>er:</u>	
☐ Full SSN reported	☐ Client doesn't know	*Race and Ethnicity S	elect all that apply
<ul><li>Approximate or partial SSN</li></ul>	Client prefers not to answer	American Indic Indigenous	ın, Alaska Native, or
*Birthdate:		☐ Asian or Asian	American
☐ Full DOB reported	☐ Client doesn't know	☐ Black, African A	American, or African
<ul><li>Approximate or partial DOB</li></ul>	<ul><li>Client prefers not to answer</li></ul>	■ Native Hawaiia	n or Pacific Islander
		■ White	
*LastName:		☐ Hispanic/Latina/e/o/x	
		☐ Middle Eastern or North African	
*FirstName:		☐ Client doesn't know	
☐ Full name reported		Client prefers not to answer	
☐ Partial, street name, or code name reported		Veteran Status: □KWe**	<b>□</b> @a
☐ Client doesn't know			**Year separated:
☐ Client prefers not to answer		**Branch of U. S. Milit	•
*Current GenderIdentity			☐ Coast Guard
☐ Woman/Girl		☐ Air Force	☐ Space Force
□ Man/Boy		■ Navy	☐ Client doesn't know
☐ Culturally Specific Identity (e.g., Two-Spirit)		■ Marines	☐ Client prefers not to answer
☐ Different Identity**		**Discharge Status	
■ Non-Binary		☐ Honorable	
□ Transgender		☐ Under honorable conditions	
Questioning		☐ Under other than honorable conditions (OTH)	
☐ Client doesn't know		□ Bad Conduct	☐ Client doesn't know
☐ Client prefers not to answer		■ Dishonorable	☐ Client prefers not to
*Sex assigned at birth		☐ Uncharacterized	answer
■ Male	☐ Client doesn't know	*Theater of Operations:	
□ Female	Client prefers not to answer	☐ World War II	☐ Iraq (Iraqi Freedom)
		■ Korean War	☐ Iraq (New Dawn)
*Do you identify as intersex?		□ Vietnam War	Other Operations
□ Yes	☐ Client doesn't know	☐ Persian Gulf W	ar 🗖 Client doesn't know
□ No	Client prefers not to answer	☐ Afghanistan	Client prefers not to answer

	*Consent to share?	
☐ East Honolulu - Piikoi St. to Hawaii Kai, including Waikiki	☐ Yes ☐ No	
□ Downtown Honolulu - Salt Lake to Piikoi St.		
☐ Ewa - Aiea to Kapolei	*Date of Consent	
☐ Windward: Kaneohe to Waimanalo		
Upper Windward - Kahalu'u to Kahuku	*Consent Documentation	
☐ North - Wahiawa to North Shore	☐ Electronic Signature	
■ Waianae Coast	☐ Attached PDF	
	☐ Signed Paper Document	
*Assessment Type	☐ Verbal Consent	
☐ Phone	☐ Outside Agency Verified	
□ Virtual	☐ Household	
☐ In person	☐ Group Member	
Interviewer's Name:		
Interviewer's Agency:		
G ,		
Description of Interview Location:( ex "in my office, at the park	<i>:</i> )	
Enrollment		
Enrollment  *Prior Living Situation Project Start Date:	_ Date of Engagement:	
*Prior Living Situation Project Start Date:		
*Prior Living Situation Project Start Date:	t Section A below.	
*Prior Living Situation Project Start Date:	t Section A below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just  Emergency shelter, including hotel or motel paid for with voucher, or RHY-funded Host Home Shelter  Place not meant for habitation	t Section A below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just  Emergency shelter, including hotel or motel paid for with voucher, or RHY-funded Host Home Shelter	t Section A below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just  Emergency shelter, including hotel or motel paid for with voucher, or RHY-funded Host Home Shelter  Place not meant for habitation	t Section A below. h emergency shelter	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just  Emergency shelter, including hotel or motel paid for with voucher, or RHY-funded Host Home Shelter  Place not meant for habitation Safe Haven	t Section A below. h emergency shelter	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just Demonstration: If a selection is made from this area, fill in just voucher, or RHY-funded Host Home Shelter  Place not meant for habitation Safe Haven  Institutional Situation: If a selection is made from this area, fill in project Start Date:  The project Start Date:  Institutional Situation: If a selection is made from this area, fill in project Start Date:  The project Start Date:  Institutional Situation: If a selection is made from this area, fill in pust of the project Start Date:  The project Start Date:  Homeless Situation: If a selection is made from this area, fill in pust of the project Start Date:  Homeless Situation: If a selection is made from this area, fill in pust of the project Start Date:  Hospital or other residential non psychiatric medical factors.	t Section A below. The emergency shelter  in just Section B below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just voucher, or RHY-funded Host Home Shelter  Place not meant for habitation  Safe Haven  Institutional Situation: If a selection is made from this area, fill in prison, juvenile detention facility	t Section A below. The emergency shelter  in just Section B below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just voucher, or RHY-funded Host Home Shelter  Place not meant for habitation  Safe Haven  Institutional Situation: If a selection is made from this area, fill in prison, juvenile detention facility  Long-term care facility or nursing home	t Section A below. The emergency shelter  in just Section B below.	
*Prior Living Situation Project Start Date:  Homeless Situation: If a selection is made from this area, fill in just voucher, or RHY-funded Host Home Shelter  Place not meant for habitation  Safe Haven  Institutional Situation: If a selection is made from this area, fill in prison, juvenile detention facility	t Section A below. The emergency shelter  in just Section B below.	

<u>Transitional Housing Situation:</u> If a selection is made	from this area, fill in just Section C below.	
☐ Transitional housing for homeless persons (incl ☐ Residential project or halfway house with no l ☐ Hotel or Motel paid for without emergency sh ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment, ☐ Staying or living in a family member's room, apartment,	nomeless criteria nelter voucher or house,	
Permanent Housing Situation: If a selection is made t	from this area, fill in just Section C below.	
<ul> <li>□ Rental by client, no ongoing housing subsidy</li> <li>□ Rental by client, with ongoing housing subside</li> <li>□ Owned by client, no ongoing housing subside</li> <li>□ Owned by client, with ongoing housing subside</li> <li>**Rental Subsidy Type</li> <li>□ GPD TIP housing subsidy</li> <li>□ VASH Housing subsidy</li> <li>□ RRH or equivalent subsidy</li> <li>□ HCV voucher (tenant or project to the property of the public Housing Unit</li> <li>□ Rental by client, with other ongoine Housing Stability Voucher</li> <li>□ Family Unification Program Voucher</li> <li>□ Foster Youth to Independence Initial Permanent Supportive Housing</li> <li>□ Other permanent housing dedicated</li> </ul>	pased) (not dedicated)  ng housing subsidy  ner (FUP)  itiative (FYI)	
Section A: H	Homeless Situation	
*Length of stay in prior living situation.		
☐ One night or less	□ 90 days or more, but less than one year	
☐ Two to six nights	☐ One year or longer	
☐ One week or more, but less than one month	☐ Client doesn't know ☐ Client prefers not to answer	
☐ One month or more, but less than 90 days		
Approximate date this episode of homelessness starte	ed	
Regardless of where they stayed last night) Number o		
imes the client has been on the streets, in ES, or SH in	*Total number of <u>months</u> homeless on the streets in Emergency Shelter, of Safe Haven in the past	
he past three years including today.	three years.	
☐ Never in 3 years	☐ One month (this is the first time)	
☐ One time	☐ More than one month, less than twelve	
☐ Two times		
☐ Three times	How many months?	
☐ Four or more times	☐ More than twelve months	
☐ Client doesn't know	☐ Client doesn't know	
☐ Client prefers not to answer	Client prefers not to answer	

## Section B: Institutional Situation \*Length of stay in prior living situation. ☐ One month or more, but less □ One year or longer ☐ One night or less than 90 days ☐ Client doesn't know ☐ Two to six nights ■ 90 days or more, but less than ☐ Client prefers not to answer ☐ One week or more, but less than one year one month On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven? ■Yes If yes, continue. If no, go to Disabling Conditions and Barriers □No \*Approximate date this episode of homelessness started: \_\_\_\_ Regardless of where they stayed last night) Number of \*Total number of months homeless on the streets, in times the client has been on the streets, in ES, or SH in Emergency Shelter, of Safe Haven in the past three years. the past three years including today. ☐ One month (this is the first time) ■ Never in 3 years ☐ Four or more times ☐ More than one month, less than twelve ☐ One time ☐ Client doesn't know How many months? \_\_\_\_\_ □ Two times ☐ Client prefers not to answer ☐ More than twelve months ☐ Three times ☐ Client doesn't know ☐ Client prefers not to answer Section C: Transitional or Permanent Housing Situation \*Length of stay in prior living situation. ☐ One night or less ☐ One month or more. □ One year or longer but less than 90 days ☐ Two to six nights ☐ Client doesn't know ■ 90 days or more, but ☐ One week or more, but less than one ☐ Client prefers not to answer less than one year month \*Did you stay less than seven nights? If yes, continue. If no, go to Disabling Conditions and Barriers □Yes □No \*On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven? If yes, continue. If no, go to Disabling Conditions and Barriers ■Yes **□**No \*Approximate date this episode of homelessness started: \_\_\_\_\_ Regardless of where they stayed last night) Number of \*Total number of months homeless on the streets, in times the client has been on the streets, in ES, or SH in Emergency Shelter, of Safe Haven in the past three years.

Regardless of where they stayed last night) Number of <a href="mailto:times">times</a> the client has been on the streets, in ES, or SH in the past three years including today.

I Never in 3 years

I Four or more times

I Client doesn't know
I Two times

I Three times

\*Total number of months homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.

I More than one month, less than twelve

How many months?

I More than twelve months

I More than twelve months

I Client doesn't know

I Client doesn't know
I Client prefers not to answer

I Client doesn't know
I Client prefers not to answer

I Client doesn't know
I Client prefers not to answer

## Current Living Situation (required for street outreach programs)

*Location details:			
Homeless Situation: If a selection is made from	this area, SKIP to the end		
☐ Emergency shelter, including hotel or motel power with emergency shelter voucher, or RHY-funder Home Shelter	<u> </u>		
☐ Place not meant for habitation	☐ Worker unable to determine		
□ Safe Haven			
Institutional Situation:  □ Foster care home/foster care group home	Transitional Housing Situation  Transitional housing for homeless persons (including homeless youth)		
□ Hospital or other residential non psychiatric medical facility	Residential project or halfway house with no homeless criteria		
<ul><li>□ Jail, prison, juvenile detention facility</li><li>□ Long-term care facility or nursing home</li></ul>	Hotel or Motel paid for without emergency shelter voucher		
<ul> <li>Psychiatric hospital or other psychiatric facility</li> </ul>	☐ Host Home (non-crisis)		
□ Substance use treatment facility or detox center	<ul> <li>Staying or living in a friend's room, apartment, or house</li> <li>Staying or living in a family member's room, apartment or house</li> </ul>		
Permanent Housing Situation **Rental Subsi	idy Type:		
housing subsidy  Rental by client, with ongoing housing subsidy, please specify type>**  Owned by client, no ongoing housing subsidy  Owned by client, with ongoing housing subsidy  Pamily Unificing Foster Youth Permanent	<ul> <li>□ GPD TIP housing subsidy</li> <li>□ ASH Housing subsidy</li> <li>□ RRH or equivalent subsidy</li> <li>□ HCV voucher (tenant or project based) (not dedicated)</li> <li>□ Public Housing Unit</li> <li>□ Rental by client, with other ongoing housing subsidy</li> <li>□ Housing Stability Voucher</li> <li>□ Family Unification Program Voucher (FUP)</li> <li>□ Foster Youth to Independence Initiative (FYI)</li> <li>□ Permanent Supportive Housing</li> <li>□ Other permanent housing dedicated for formerly homeless persons</li> </ul>		
Is client going to have to leave their current living sit  Yes  No Client doesn't know Client pr  If yes, answer remaining questions. If no, skip to end	refers not to answer		
Has a subsequent residence been identified  Yes  No Client doesn't know			
Does individual or family have resources or s  Yes  No Client doesn't know	support networks to obtain other permanent housing? Client prefers not to answer		
Has the client had a lease or ownership inter  Yes No Client doesn't know Has the client moved 2 or more times in the least to the client moved 2 or more times in the least to the least t	rest in a permanent housing unit in the last 60 days? Client prefers not to answer		