Oahu's Continuum of Care

For data entry purposes only: Client ID: _____

PARTNERS IN CARE

HOPWA Project Enrollment

Identifying Information

*SSN:			*CaseWork <u>er:</u>			
☐ Full SSN repor	☐ Full SSN reported ☐ Client doesn't know			*Sex assigned at birth		
Approximate partial SSN	or Client prefers not to answer		☐ Male ☐ Female	Client doesn't knowClient prefers not to answer		
*Birthdate:			_ : •:::::	·		
☐ Full DOB repo	orted 🔲 Cl	ient doesn't know	*Are you inters	ex?		
Approximate partial DOB		lient prefers not to	☐ Yes	☐ Client doesn't know		
ратагоов	QI	nswer	□ No	☐ Client prefers not to answer		
*LastName:						
*Eirathlama			*Sexual Oriento	ation		
*FirstName:			☐ Heterose	exual (Straight)		
☐ Full name rep		ida nama rapartad	☐ Gay	☐ Client doesn't know		
☐ Client doesn		de name reported	Lesbian	☐ Client prefers not to answer		
		or	■ Bisexual			
□ Client prefer	STIOT TO CITISW	CI	Questioning/Unsure			
Middle name:			☐ Other			
			Citizenship Sto	atus:		
			 □ US Citizen □ Eligible Non-Citizen □ Non-US Citizen COFA** □ US National – Non Citizen 			
□ Jr. □	□ VI	and the language				
□ Sr. □ III	☐ Client doe					
□ I □ IV	□ Client pre	fers not to answer				
Preferred Pronouns	S Other		(American Samoa or Swains Island)			
☐ She / Her			Ineligible Non-CitizenClient doesn't knowClient prefers not to answer			
☐ He / Him						
☐ They / Them	☐ Client doe	esn't know				
☐ Ze / Hir	☐ Client pre	fers not to answer	**COFACountries:			
			☐ Chuuk-Micronesia			
*Current GenderIdentity			☐ Kos	srae-Micronesia		
□ Woman/Girl□ Man/Boy		□ Non-Binary	■ Marshall Islands■ Palau			
		□ Transgender				
□ Culturally Specific		Questioning	☐ Pol	nnpei-Micronesian		
Identity (e.g	., IWO-SPINI)	☐ Client doesn't know	☐ Yap-Micronesia			
☐ Different Identity** ☐ Clie		☐ Client prefers not to a	nswer	ent doesn't know		
			☐ Clie	Client prefers not to answer		

*Primary Language:		Veteran Status: □Yes** □No			
☐ Chinese		If yes, answer questions below: If no, skip all military questions			
☐ Chuukese		**Year entered:			
☐ English		**Year separated:			
□ Ilocano	□ Ilocano		**Branch of U. S. Military		
□ Japanese		□ Army	□ Coast Guard		
■ Korean		☐ Air Force☐ Navy	☐ Space Force		
■ Marshallese			☐ Client doesn't know		
□ Tagalog					
□ Vietnamese		☐ Marines☐ Client prefers not to answer**Discharge Status			
☐ Different Language_		☐ Honorable			
☐ Client doesn't know			orable conditions		
☐ Client prefers not to	answer		er than honorable conditions (OT		
		☐ Bad Conduct			
*Translation Assistance Nee	eded?	☐ Dishonorable			
☐ Yes**		☐ Uncharacterized			
□ No		☐ Client doesn't know			
**If yes, specify trans	slation language needed:	☐ Client prefers not to answer			
		·			
*Race and Ethnicity Select		*Theater of Operations:			
American Indian, Al Indigenous	aska Native, or	□ World War II			
☐ Asian or Asian Amer	ican specify below**	☐ Korean War			
☐ Black, African Amer	. ,	☐ Vietnam War			
·	Pacific Islander, specify	☐ Persian Gulf War			
below**	racine islander, speeling	☐ Afghanistan			
■ White		□ Iraq (Iraqi Freedom)			
☐ Hispanic/Latina/e/c)/X	□ Iraq (New Dawn)			
☐ Middle Eastern or No	orth African	Other Operations			
☐ Client doesn't know	☐ Client doesn't know		☐ Client doesn't know		
☐ Client prefers not to answer		☐ Client prefers	not to answer		
**Native Hawaiian / Pacific	- Islander				
☐ Guamanian/Chamorro	☐ Micronesian	☐ Native Hawaiian	□ Tongan		
■ Marshallese	☐ Native Hawaiian	■ Samoan	_		
			□ Other Pacific Islander		
**Asian:	D Fills in a	D. K			
☐ Asian Indian	☐ Filipino	☐ Korean	☐ Other Asian		
□ Chinese/Taiwanese □ Japanese		■ Vietnamese			
Additional race/ethnicity of	detail?				

Assessment Location:	*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:			
HUD Universo	la		
* <u>Prior Living Situation</u> Project Start Date:			
Homeless Situation: If a selection is made from this area, fill in	just Section A below.		
Emergency shelter, including hotel or motel paid for wivoucher, or Host Home Shelter	ith emergency shelter		
☐ Place not meant for habitation			
□ Safe Haven			
Institutional Situation: If a selection is made from this area, fill	Il in just Section B below.		
☐ Foster care home/foster care group home			
☐ Hospital or other residential non psychiatric medical fa	ıcility		
☐ Jail, prison, juvenile detention facility	· - ···· /		
☐ Long-term care facility or nursing home			
☐ Psychiatric hospital or other psychiatric facility			
☐ Substance use treatment facility or detox center			

HUD Universal (continued)

<u> Transitional Ho</u>	using Situation: If a selection is made	from this	s area, fill in just Section C below.
□ Transition	nal housing for homeless persons (inc	luding h	nomeless youth)
■ Resident	ial project or halfway house with no	homele	ss criteria
☐ Hotel or	Motel paid for without emergency st	nelter vo	pucher
☐ Host Hor	me (non-crisis)		
■ Staying of	or living in a friend's room, apartment	, or hou	se,
☐ Staying (or living in a family member's room, a	partmei	nt or house
	ousing Situation: If a selection is made by client, no ongoing housing subsidy	from th	is area, fill in just Section C below.
		tv** Inle	ease select rental subsidy type below)
	by client, no ongoing housing subsic		rase select remai seesia, type belew,
	by client, with ongoing housing subsid	-	
	☐ GPD TIP housing subsidy	<i></i>	☐ Housing Stability Voucher
	■ VASH Housing subsidy		☐ Family Unification Program Voucher (FUP)
**Rental	**Rental RRH or equivalent subsidy Subsidy HCV voucher (tenant or project b		☐ Foster Youth to Independent subsidy
Subsidy			☐ Foster Youth to Independence Initiative (FYI)
Type: (not dedicated) Public Housing Unit Housing Stability Voucher			☐ Permanent Supportive Housing
			Other permanent housing dedicated for formerly homeless persons
	Section A:	——— Home	less Situation
*Length of sta	y in prior living situation.	1101110	
☐ One nigh	☐ One night or less		days or more, but less than one year
☐ Two to six nights		☐ One year or longer	
☐ One wee	k or more, but less than one month	☐ Clie	ent doesn't know
☐ One mon	th or more, but less than 90 days	☐ Client prefers not to answer	
Approximate o	date this episode of homelessness start	ed	
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 <u>months</u> homeless on the streets, in Emergency Shelter, of Safe Haven in the past three years.
☐ Never in 3 years			☐ One month (this is the first time)
☐ One time	•		☐ More than one month, less than twelve How many months?
☐ Two times			☐ More than twelve months
☐ Three times ☐ Four or more times			☐ Client doesn't know
		☐ Client prefers not to answer	
☐ Client doe			•
Client prof	fers 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. the past three years including today. ☐ One month (this is the first time)

□ One time
□ Client doesn't know
□ Two times
□ Client prefers not to answer
□ Three times
□ Client prefers not to answer
□ More than twelve months
□ Client doesn't know □ Client prefers not to answer

☐ More than one month, less than twelve

☐ Four or more times

■ Never in 3 years

Disabling Conditions

Long Term defined: ex live independently	pected to b	e of long	-continued and	l indefinite durc	ation and impairs the	eir ability to
Physical Disability:	□Yes**		☐ Client doesn't know		**1	ΠVoc
	□No		Client prefers	not to answer	**If yes, long term?	□Yes □ No
<u>Developmental</u>	□Yes		Client doesn't	know		
<u>Disability</u>	□No		Client prefers			
Chronic Health Condition	□Yes**		Client doesn't		**If yes, long term?	□Yes
	□No	_	Client prefers	not to answer		□ No
HIV - AIDS	□Yes		Client doesn't	know		
	□No		Client prefers	not to answer		
Mental Health Disorder	- □Yes**	☐ Client doesn't		know	**!	
	<u></u> □No		☐ Client prefers not to answer			□Yes □ No
Substance Use Disorde	r	_				
□Alcohol use**	_		Client doesn'tClient prefers		**If yes, long term?	□Yes
□Drug use**	□Neither	_	Client prefets	noi io answei		□ No
Domestic Violence	□Yes**	_	Client profess	not to annuar	**When DV experi	ence occurred:
Survivor	□No		Client prefersClient doesn't		□ Less than 3 mo	
0 11 51 1 5)/		_		KI 10 VV	□ 3 months - less	
Currently Fleeing DV	□Yes**		Client prefers		6 months - less1 year or more	man a year
	□No		Client doesn't	know	☐ Client doesn't k	know
					☐ Client prefers n	
		HUD	Financial As	ssessment		
Income From Any Sou					Client prefers not to the amount earned	
□ \$Unemployme		11 yC3, 30	sicci dii mai ap	STAN		pormonin.
□ \$Earned Incon	ne (employm	nent)		□ \$Ger	neral Assistance	
□ \$\$\$I	□ \$SS	SDI		□ \$Reti	rement Income from	Social Security
□ \$VA Service C	onnected Di	sability C	ompensation	□ \$Pen	sion/Retirement from	n a former job
□ \$VA non-service Connected Disability Comp.			□ \$Chil	d Support		
□ \$Private Disability Insurance			□ \$Alim	nony/Spousal suppor	t	
□ \$Worker's Compensation			□ \$Oth	er income source		
Receiving Non-Cash Ber	nefits?	☐ Yes**	□No □Clier	nt doesn't know	✓ □ Client prefers no	ot to answer
f yes, select all that apply:		□ SNAP	☐ TANF Chil	dcare	☐ Other TANF Serv	vices
		□ WIC	□ TANF Tran	nsportation	□ Other non-cash	n benefit source

Covered by Health Insurance?	☐ Yes**	□No	□Client doesn't know	w U Client prefers not to answer	
If yes, select all that apply:					
☐ MEDICAID ☐ MEDICARE			e Obtained Through COBRA		
	a Dua awasa		☐ Private Pay Hec		
□ State Children's Health Insuranc	_		□ State Health Ins	urance for Adults	
□ Veteran's Administration (VA) M		rvices	□ Indian Health Se	_	
☐ Employer-Provided Health Insura	ance		□ Other Health Ins	surance	
	Me	dical	Assistance		
Receiving AIDS Drug Assistance Program (ADAP)			Receiving Ryan White-Funded Medical or Dental Assistance		
☐ Yes			☐ Yes		
□ No**			□ No**		
☐ ClienhXcYgbffi_bck			☐ ClienhXcYg	offi_bck	
☐ 7 `JY bhid fY ZY fgʻbc hihc 'Ubgk Y f			□ 7)YbhdfYZYfgbchhc Ubgk Yf		
** If you answered N	o to any c	questior	ns above, please spe	cify the reason:	
□ 5dd`]YXž8YW]g]cb`dYbX]b[□ 5dd`]YXž8YW]g]cb`dYbX]b[
□ 5dd`]YXžW]YbhbchY`][]V`Y			□ 5dd`]YXžW]YbhbchY`][]V`Y		
□ 7 `]YbhX]X bchUdd`m			□ 7]YbhX]X bchUdd`m		
□ ±ogi fUbWY hmdY B#5 ZcfW]Ybh			□ +ogifUbWY hmodY B#5 Zcfc]Ybh		
□ 7]YbhXcYgbffi_bck			□ 7`]YbhXcYgbffii_bck		
□ 7 `JY bhid fY ZY fg'bc hhc 'Ubgk Y f			□ 7 `]YbhdfYZYfgbchhc Ubgk Yf		
T-cell (CD4) and Viral Load					
*T-cell (CD4) Count Available ☐ Yes**	**T-cell Count (0 - 1500)		(integer between	**How Was the Information Obtained	
□ No				■ Medical report	
☐ Client doesn't know				☐ Client report	
☐ Client prefers not to answer				□ Other	
*Viral Load Information Available	**Cour 1500)	nt (inte	ger between 0 –	**How Was the Information Obtained	
☐ Yes**	,			☐ Medical report	
□ No				·	
☐ Client doesn't know				☐ Client report	
☐ Client prefers not to answer				□ Other	

Prescribed Anti-Retroviral

110301180	a / (i iii i ko ii o v ii ai			
*Has the participant been prescribed anti-retroviro	al drugs?			
☐ Yes**	ClienhXcYgbffi_bck			
□ No	□ 7]YbhdfYZYfgbchhc Ubgk Yf			
Hawai'i Sp	ecific Questions			
Did you arrive in Hawai'i during the past 12 months?	Marital Status			
☐Yes**	☐ Single Never Married			
□No	□ Divorced			
☐ Client doesn't know	■ Married			
☐ Client prefers not to answer	☐ Separated/Trial Separation/Partner Left			
	□Illness			
**If yes, how long have you been in Hawai'i?	■ Widowed/Death			
Years Months Days	☐ Living with Partner/New Live-In Partner			
☐ Client doesn't know	□ Other			
☐ Client prefers not to answer	☐ Client doesn't know			
How many years TOTAL have you lived in Hawai'i	☐ Client prefers not to answer			
Before your 18th birthday, were you placed in an o	ut- Criminal Justice Status			
of-home placement and/or did you experience	□ Parole			
homelessness? Select all that apply	□ Probation			
зелест ан ттат арргу	☐ Supervised Released			
☐ Foster home	☐ Formerly in system, completed requirements			
☐ Group home	☐ Drug court			
☐ Juvenile home	□None			
□ Houseless	☐ Client doesn't know			
f the client's residence just prior to project entrywas	Client prefers not to answer			
	an ES, TH, or PSH project, please specify which one			
How were you referred to the agency doing your into				
☐ Homeless services agency** (Please specify ->)	Zip Code of last address:			
□ Self	☐ Full or partial Zip Code reported			
□ Hospital	☐ Client doesn't know			
□VA	☐ Client prefers not to answer			
☐ Criminal Justice System	**Plagra spacify:			
D Alaha United Way	*Please specify: *Homeless services agency:			
□ Other*(Please specify>)				
☐ Client doesn't know	**Other source of referral:			
☐ Client prefers not to answer				

If Veteran: Did Veteran	enter Service-Intensive Transitional Ho	ousing (SITH) for a Clinical need?
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not t		
**If yes, describe clinico	al need	
How many times in the	past 12 months have you used the fol	lowing emergency or medical services:
Hospi	tal emergency room services	
Other hospital serv	vices (medical or psychiatric)	<u> </u>
911/ aml	oulance emergency services	<u> </u>
	Access (Crisis) Hotline	<u> </u>
	**Other emergency services	<u> </u>
**Name	of other emergency services	
(Current Living Situation (required	for street outreach programs)
*Location details:		
Homeless Situation:	If a selection is made from this area, S	SKIP to the end
• ,	including hotel or motel paid for	Other:
with emergency shape □ Place not meant fo	elter voucher, or Host Home Shelter	☐ Client doesn't know
☐ Safe Haven		☐ Client prefers not to answer☐ Worker unable to determine
		- Worker ortable to determine
Institutional Situation:	☐ Foster care home/foster care grou	up home
	☐ Hospital or other residential non pa	sychiatric medical facility
	☐ Jail, prison, juvenile detention faci	lity
	☐ Long-term care facility or nursing h	nome
	☐ Psychiatric hospital or other psych	iatric facility
	□ Substance use treatment facility of	r detox center

	Current Living	Situation (continued)			
Transitional Housing Situation	☐ Transitional housing for homeless persons (including homeless youth)				
	☐ Residential project or halfway house with no homeless criteria				
	☐ Hotel or Motel paid	for without emergency shelter voucher			
	☐ Host Home (non-cr	isis)			
	☐ Staying or living in a friend's room, apartment, or house,				
	☐ Staying or living in a	a family member's room, apartment or house			
Permanent Housing Situation	☐ Rental by client, no	ongoing housing subsidy			
	☐ Rental by client, wi	th ongoing housing subsidy**			
	☐ Owned by client, no ongoing housing subsidy				
	☐ Owned by client, with ongoing housing subsidy				
**Rental Subsidy Type:					
☐ GPD TIP housing su	bsidy	☐ Housing Stability Voucher			
■ VASH Housing subs	idy	☐ Family Unification Program Voucher (FUP)			
☐ RRH or equivalent	subsidy	☐ Foster Youth to Independence Initiative (FYI)			
☐ HCV voucher (tend	ant or project based)	☐ Permanent Supportive Housing			
(not dedicated)		☐ Other permanent housing dedicated for former			
Public Housing Unit		homeless persons			
☐ Rental by client, wi	th other ongoing hous	sing subsidy			
Is client going to have to leave	e their current living situ	uation within 14 days?			
☐ Yes ☐ No ☐ Client doe If yes, answer remaining que	esn't know				
Has a subsequent resid	dence been identified	Ś			
□ Yes □No □C	ient doesn't know 🔲	Client prefers not to answer			
Does individual or fam	nily have resources or s	upport networks to obtain other permanent housing?			
□ Yes □No □C	ient doesn't know	Client prefers not to answer			
	•	rest in a permanent housing unit in the last 60 days? Client prefers not to answer			
Has the client moved :	2 or more times in the lo	ast 60 days?			
☐ Yes ☐ No ☐ C	ient doesn't know \Box 0	Client prefers not to answer			