

Identifying Information

*SSN: _____

- Full SSN reported Client doesn't know
- Approximate or partial SSN Client prefers not to answer

*Birthdate: _____

- Full DOB reported Client doesn't know
- Approximate or partial DOB Client prefers not to answer

*LastName: _____

*FirstName: _____

- Full name reported
- Partial, street name, or code name reported
- Client doesn't know
- Client prefers not to answer

Middle name: _____

Nickname/Alias: _____

- Jr. II VI
- Sr. III Client doesn't know
- I IV Client prefers not to answer

Preferred Pronouns

- She / Her Other _____
- He / Him
- They / Them Client doesn't know
- Ze / Hir Client prefers not to answer

*Current Gender Identity

- Woman/Girl Non-Binary
- Man/Boy Transgender
- Culturally Specific Identity (e.g., Two-Spirit) Questioning
- Different Identity** Client doesn't know
- Client prefers not to answer

*Case Worker: _____

*Sex assigned at birth

- Male Client doesn't know
- Female Client prefers not to answer

*Are you intersex?

- Yes Client doesn't know
- No Client prefers not to answer

*Sexual Orientation

- Heterosexual (Straight)
- Gay Client doesn't know
- Lesbian Client prefers not to answer
- Bisexual
- Questioning/Unsure
- Other _____

Citizenship Status:

- US Citizen
- Eligible Non-Citizen
- Non-US Citizen COFA**
- US National – Non Citizen (American Samoa or Swains Island)
- Ineligible Non-Citizen
- Client doesn't know
- Client prefers not to answer

**COFA Countries:

- Chuuk-Micronesia
- Kosrae-Micronesia
- Marshall Islands
- Palau
- Pohnpei-Micronesian
- Yap-Micronesia
- Client doesn't know
- Client prefers not to answer

*Primary Language:

- Chinese
- Chuukese
- English
- Ilocano
- Japanese
- Korean
- Marshallese
- Tagalog
- Vietnamese
- Different Language _____
- Client doesn't know
- Client prefers not to answer

*Translation Assistance Needed?

- Yes**
- No
- **If yes, specify translation language needed:

*Race and Ethnicity *Select all that apply*

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American, specify below**
- Black, African American, or African
- Native Hawaiian or Pacific Islander, specify below**
- White
- Hispanic/Latina/e/o/x
- Middle Eastern or North African
- Client doesn't know
- Client prefers not to answer

**Native Hawaiian / Pacific Islander

- Guamanian/Chamorro
- Micronesian
- Marshallese
- Native Hawaiian

**Asian:

- Asian Indian
- Filipino
- Chinese/Taiwanese
- Japanese

Veteran Status: Yes** No

If yes, answer questions below: If no, skip all military questions

**Year entered: _____

**Year separated: _____

**Branch of U. S. Military

- Army
- Coast Guard
- Air Force
- Space Force
- Navy
- Client doesn't know
- Marines
- Client prefers not to answer

**Discharge Status

- Honorable
- Under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Dishonorable
- Uncharacterized
- Client doesn't know
- Client prefers not to answer

*Theater of Operations:

- World War II
- Korean War
- Vietnam War
- Persian Gulf War
- Afghanistan
- Iraq (Iraqi Freedom)
- Iraq (New Dawn)
- Other Operations
- Client doesn't know
- Client prefers not to answer

- Native Hawaiian
- Tongan
- Samoan
- Other Pacific Islander

- Korean
- Vietnamese
- Other Asian

Additional race/ethnicity detail? _____

Assessment Location:

- East Honolulu - Piikoi St. to Hawaii Kai, including Waikiki
- Downtown Honolulu - Salt Lake to Piikoi St.
- Ewa - Aiea to Kapolei
- Windward: Kaneohe to Waimanalo
- Upper Windward - Kahalu'u to Kahuku
- North - Wahiawa to North Shore
- Waianae Coast

*Assessment Type

- Phone
- Virtual
- In person

*Consent to share?

- Yes
- No

*Date of Consent _____

*Consent Documentation

- Electronic Signature
- Attached PDF
- Signed Paper Document
- Verbal Consent
- Outside Agency Verified
- Household
- Group Member

Interviewer's Name: _____ Interviewer's Agency: _____

Description of Interview Location:(ex "in my office, at the park): _____

*Relationship to Head of Household:

- Self
 - Spouse/Partner
 - Child
 - Other
- _____

*Connection with SOAR

- Yes
- Client doesn't know
- No
- Client prefers not to answer

HUD Universal

*Prior Living Situation 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 with emergency shelter voucher, or Host Home Shelter
- Place not meant for habitation
- Safe Haven

Institutional Situation: *If a selection is made from this area, fill in just Section B below.*

- Foster care home/foster care group home
- Hospital or other residential non psychiatric medical facility
- 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

Transitional Housing Situation: *If a selection is made from this area, fill in just Section C below.*

- 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-crisis)
- Staying or living in a friend's room, apartment, or house,
- Staying or living in a family member's room, apartment or house

Permanent Housing Situation: *If a selection is made from this area, fill in just Section C below.*

- Rental by client, *no* ongoing housing subsidy
- Rental by client, *with* ongoing housing subsidy** (*please select rental subsidy type below*)
- Owned by client, *no* ongoing housing subsidy
- Owned by client, *with* ongoing housing subsidy

- | | | |
|------------------------|---|--|
| **Rental Subsidy Type: | <input type="checkbox"/> GPD TIP housing subsidy
<input type="checkbox"/> VASH Housing subsidy
<input type="checkbox"/> RRH or equivalent subsidy
<input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)
<input type="checkbox"/> Public Housing Unit
<input type="checkbox"/> Housing Stability Voucher | <input type="checkbox"/> Housing Stability Voucher
<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> Foster Youth to Independent subsidy
<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)
<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|------------------------|---|--|

Section A: Homeless Situation

*Length of stay in prior living situation.

- | | |
|---|--|
| <input type="checkbox"/> One night or less
<input type="checkbox"/> Two to six nights
<input type="checkbox"/> One week or more, but less than one month
<input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer |
|---|--|

*Approximate date this episode of homelessness started _____

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.

- Never in 3 years
- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer

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

- One month (this is the first time)
- More than one month, less than twelve How many months? _____
- More than twelve months
- Client doesn't know
- Client prefers not to answer

Section B: Institutional Situation

*Length of stay in prior living situation.

- | | | |
|--|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One week or more, but less than one month | | <input type="checkbox"/> Client prefers not to answer |

On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven?

- Yes No *If yes, continue. If no, go to Disabling Conditions and Barriers*

*Approximate date this episode of homelessness started: _____

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.

- | | |
|---|---|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Three times | |

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

- One month (this is the first time)
 More than one month, less than twelve

How many months? _____

- More than twelve months
 Client doesn't know Client prefers not to answer

Section C: Transitional or Permanent Housing Situation

*Length of stay in prior living situation.

- | | | |
|--|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One week or more, but less than one month | | <input type="checkbox"/> Client prefers not to answer |

*Did you stay less than seven nights?

- Yes No *If yes, continue. If no, go to Disabling Conditions and Barriers*

*On the night before, did you stay on the streets, Emergency Shelter, or Safe Haven?

- Yes No *If yes, continue. If no, go to Disabling Conditions and Barriers*

*Approximate date this episode of homelessness started: _____

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.

- | | |
|---|---|
| <input type="checkbox"/> Never in 3 years | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> One time | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Three times | |

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

- One month (this is the first time)
 More than one month, less than twelve

How many months? _____

- More than twelve months
 Client doesn't know Client prefers not to answer

HUD PATH

*Date of Status Determination: _____

**Reason Not Enrolled

Client was found ineligible for PATH

*Client Became Enrolled in PATH

Client was not enrolled for other reasons

Yes No**

Unable to locate client

Disabling Conditions

Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently

Physical Disability:

Yes**

Client doesn't know

**If yes, long term?

Yes

No

Client prefers not to answer

No

Developmental Disability

Yes

Client doesn't know

No

Client prefers not to answer

Chronic Health Condition

Yes**

Client doesn't know

**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

**If yes, long term?

Yes

No

Client prefers not to answer

No

Substance Use Disorder

Alcohol use** Both **

Client doesn't know

**If yes, long term?

Yes

Drug use** Neither

Client prefers not to answer

No

Domestic Violence Survivor

Yes**

Client prefers not to answer

**When DV experience occurred:

No

Client doesn't know

Less than 3 months

3 months - less than 6 months

Currently Fleeing DV

Yes**

Client prefers not to answer

6 months - less than a year

No

Client doesn't know

1 year or more

Client doesn't know

Client prefers not to answer

HUD Financial Assessment

Income From Any Source?

Yes**

No

Client doesn't know

Client prefers not to answer

**If yes, select all that apply, and enter the amount earned per MONTH.

\$_____ Unemployment

\$_____ TANF

\$_____ Earned Income (employment)

\$_____ General Assistance

\$_____ SSI

\$_____ SSDI

\$_____ Retirement Income from Social Security

\$_____ VA Service Connected Disability Compensation

\$_____ Pension/Retirement from a former job

\$_____ VA non-service Connected Disability Comp.

\$_____ Child Support

\$_____ Private Disability Insurance

\$_____ Alimony/Spousal support

\$_____ Worker's Compensation

\$_____ Other income source_____

HUD Financial Assessment

Receiving Non-Cash Benefits? Yes** No Client doesn't know Client prefers not to answer

If yes, select all that apply: SNAP TANF Childcare Other TANF Services
 WIC TANF Transportation Other non-cash benefit source _____

Covered by Health Insurance? Yes** No Client doesn't know Client prefers not to answer

If yes, select all that apply:

<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Health Insurance Obtained Through COBRA
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Other Health Insurance _____

Hawai'i Specific Questions

Did you arrive in Hawai'i during the past 12 months?

- Yes**
- No
- Client doesn't know
- Client prefers not to answer

**If yes, how long have you been in Hawai'i?

Years _____ Months _____ Days _____

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

How many years TOTAL have you lived in Hawai'i

Before your 18th birthday, were you placed in an out-of-home placement and/or did you experience homelessness?

Select all that apply

- Foster home
- Group home
- Juvenile home
- Houseless

Marital Status

- Single Never Married
- Divorced
- Married
- Separated/Trial Separation/Partner Left
- Illness
- Widowed/Death
- Living with Partner/New Live-In Partner
- Other
- Client doesn't know
- Client prefers not to answer

Criminal Justice Status

- Parole
- Probation
- Supervised Released
- Formerly in system, completed requirements
- Drug court
- None
- Client doesn't know
- Client prefers not to answer

If the client's residence just prior to project entry was an ES, TH, or PSH project, please specify which one

How were you referred to the agency doing your intake?

- Homeless services agency** (Please specify below)
- Self
- Hospital
- VA
- Criminal Justice System
- Aloha United Way
- Other* (Please specify below)
- Client doesn't know
- Client prefers not to answer

Zip Code of last address:

-
- Full or partial Zip Code reported
 - Client doesn't know
 - Client prefers not to answer

**Please specify:

**Homeless services agency: _____

**Other source of referral: _____

If Veteran: Did Veteran enter Service-Intensive Transitional Housing (SITH) for a Clinical need?

- Yes**
- No
- Client doesn't know
- Client prefers not to answer

**If yes, describe clinical need _____

How many times in the past 12 months have you used the following emergency or medical services:

Hospital emergency room services _____

Other hospital services (medical or psychiatric) _____

911/ ambulance emergency services _____

Access (Crisis) Hotline _____

**Other emergency services _____

**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, SKIP to the end*

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter | <u>Other:</u> |
| <input type="checkbox"/> Place not meant for habitation | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Client prefers not to answer |
| | <input type="checkbox"/> Worker unable to determine |
-

- Institutional Situation:
- Foster care home/foster care group home
 - Hospital or other residential non psychiatric medical facility
 - 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

- 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-crisis)
 - Staying or living in a friend's room, apartment, or house,
 - Staying or living in a family member's room, apartment or house

- Permanent Housing Situation
- Rental by client, **no** ongoing housing subsidy
 - Rental by client, **with** ongoing housing subsidy**
 - Owned by client, **no** ongoing housing subsidy
 - Owned by client, **with** ongoing housing subsidy

**Rental Subsidy Type:

- | | |
|--|--|
| <input type="checkbox"/> GPD TIP housing subsidy | <input type="checkbox"/> Housing Stability Voucher |
| <input type="checkbox"/> VASH Housing subsidy | <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| <input type="checkbox"/> RRH or equivalent subsidy | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Public Housing Unit | <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | |

*Services

- Case management
- Clinical Assessment
- Community mental health
- Habilitation/rehabilitation
- Housing minor renovation
- Housing moving assistance
- Housing eligibility determination
- One-time rent for eviction prevention
- Re-engagement
- Residential supportive services
- Screening/assessment
- Security deposits
- Substance use treatment

Referrals

To enter referrals, complete the workflow and then follow this navigation path:

Case Management →PATH →Referrals

*Referrals

	Referral Date		
Community Mental Health	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Educational Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Employment Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Housing Placement Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Income Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Job Training	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Medical Assistance	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Primary Health Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Relevant Housing Services	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained
Substance Use Treatment	_____	<input type="checkbox"/> Referred	<input type="checkbox"/> Attained