PARTNERS IN CARE

RHY Project

Identifying Information Enrollment

*SSN:			*CaseWo	orker:		
☐ Full SSN reporte		lient doesn't know				
☐ Approximate or ☐ Client prefers not to		lient prefers not to	*Sex assigned at birth			
partial SSN	aı	nswer	□ Mo		☐ Client doesn't know	
*Birthdate:					☐ Client prefers not to answ	'er
☐ Full DOB report		lient doesn't know	★ NOT re head of	=	client is a minor and NOT nold	
□ Approximate or □ Clie partial DOB ans		lient prefers not to nswer	*★Are you intersex?			
·			□ Ye	S	☐ Client doesn't know	
*LastName:			□ No)	☐ Client prefers not to answ	⁄er
*FirstName:			*★ Sexua	al Orien	tation	
☐ Full name repo			□ Не	terosex	ual (Straight)	
·		ode name reported	□ Go	ay	☐ Client doesn't know	
☐ Client doesn't I		ao namo roponoa	☐ Le	sbian	☐ Client prefers not to answe	er:
☐ Client prefers r		ver	☐ Bis	exual		
Cilcin picicis i	101 10 GH3W	Ci	■ Questioning/Unsure			
Middle name:			☐ Other			
Nickname/Alias:			Citizensh	in Statu	s:	
	1 VI		Citizenship Status: US Citizen Eligible Non-Citizen			
	Client do					
	1 Client pre	efers not to answer	□ No	n-US Ci	tizen COFA**	
Preferred Pronouns _					al – Non Citizen	
☐ She / Her	1 Other		•		Samoa or Swains Island)	
☐ He / Him				_	Non-Citizen	
☐ They / Them	Client do	esn't know			esn't know	
□ Ze / Hir	Client pre	efers not to answer	Client prefers not to answer**COFACountries:			
				☐ Chu	uuk-Micronesia	
*Current Genderlder	ntity			□ Kosr	rae-Micronesia	
□ Woman/Girl		■ Non-Binary		■ Mar	rshall Islands	
□ Man/Boy		□ Transgender		☐ Pala	au .	
□ Culturally Spec Identity (e.g., 1		Questioning		☐ Poh	npei-Micronesian	
.33, (0.9., 1	opinij	☐ Client doesn't know		□ Yap	-Micronesia	
□ Different Ident	ity**	☐ Client prefers not to a	nswer	☐ Clie	nt doesn't know	
				□ Clie	nt prefers not to answer	

*Primary Language:		Veteran Status: □Yes** □No		
☐ Chinese		If yes, answer questions below: If no, skip all military questions		
☐ Chuukese		**Year entere	ed:	
□ English□ Ilocano		**Year separated:		
		**Branch of U.S. Mil	itary	
■ Japanese		☐ Army	☐ Coast Guard	
□ Korean□ Marshallese		☐ Air Force	☐ Space Force	
		■ Navy	☐ Client doesn't know	
□ Tagalog		■ Marines	☐ Client prefers not to answer	
□ Vietnamese		**Discharge Status		
■ Different Language_		□ Honorable		
☐ Client doesn't know		☐ Under hone	orable conditions	
☐ Client prefers not to	answer	☐ Under othe	er than honorable conditions (OTH)	
		☐ Bad Condu	uct	
*Translation Assistance Nee	eded?	Dishonoral	ole	
☐ Yes**		■ Uncharact	erized	
□ No		☐ Client doesn't know		
**It yes, specity trans	lation language needed:	☐ Client prefers not to answer		
*Race and Ethnicity Select	all that apply	*Theater of Operations:		
☐ American Indian, Ale	aska Native, or	☐ World War II		
Indigenous		☐ Korean War		
☐ Asian or Asian Amer	,	☐ Vietnam War		
☐ Black, African Ameri		□ Persian Gulf War□ Afghanistan		
■ Native Hawaiian or I below**	Pacific Islander, specify			
☐ White		□ Iraq (Iraqi Freedom)		
☐ Hispanic/Latina/e/o	/x	□ Iraq (New Dawn)□ Other Operations		
☐ Middle Eastern or No				
☐ Client doesn't know		□ Client doesn't	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:				
☐ Asian Indian	□ Filipino	☐ Korean		
☐ Chinese/Taiwanese	■ Japanese	■ Vietnamese	☐ Other Asian	
Additional race/ethnicity 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:			
Description of Interview Location:(ex "in my office, at the part	rk)		
Description of Interview Location:(ex "in my office, at the part			
HUD Universal	l Tust Section A below.		
HUD Universal *Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in juice Emergency shelter, including hotel or motel paid for with voucher, or Host Home Shelter □ Place not meant for habitation	ust Section A below. The emergency shelter		

HUD Universal (continued)

Transitional Hou	using Situation: If a selection is made i	from thi	s area, fill in just Section C below.
□ Transition	nal housing for homeless persons (incl	uding h	nomeless youth)
□ Resident	ial project or halfway house with no l	nomele	ss criteria
☐ Hotel or	Motel paid for without emergency sh	nelter vo	pucher
☐ Host Hor	ne (non-crisis)		
■ Staying of	or living in a friend's room, apartment,	or hou	se,
■ Staying of	or living in a family member's room, ap	oartmei	nt or house
<u>Permanent Ho</u>	ousing Situation: If a selection is made	from th	is area, fill in just Section C below.
□ Rental b	by client, no ongoing housing subsidy		
□ Rental b	by client, with ongoing housing subsic	dy** (ple	ease select rental subsidy type below)
□ Owned	by client, no ongoing housing subsid	У	
□ Owned	by client, with ongoing housing subsid	dy	
	☐ GPD TIP housing subsidy		☐ Housing Stability Voucher
	□ VASH Housing subsidy		☐ Family Unification Program Voucher (FUP)
**Rental	RRH or equivalent subsidy		☐ Foster Youth to Independent subsidy
Subsidy	☐ HCV voucher (tenant or project by	nasedl	☐ Foster Youth to Independence Initiative (FYI)
,	(not dedicated)		☐ Permanent Supportive Housing
Туре:	☐ Public Housing Unit		☐ Other permanent housing dedicated for
	☐ Housing Stability Voucher		formerly homeless persons
	Section A:	Home	less Situation
*Length of stay	y in prior living situation.	1101110	
☐ One nigh	t or less	lue 90 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	□ Client doesn't know□ Client prefers not to answer	
☐ One mon	th or more, but less than 90 days		
Approximate c	date this episode of homelessness start	ed	
	The state of the s	- £	*Total number of months homeless on the streets
_	where they stayed last night) Number t has been on the streets, in ES, or SH in		in Emergency Shelter, of Safe Haven in the past
	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 How
☐ Two times			many months? More than twelve months
☐ Three time	s		
☐ Four or mo	ore times		☐ Client doesn't know
☐ Client doe	sn't know		☐ Client prefers not to answer
□ Client pref	ers not to answer		

Section B: Institutional Situation

*Length of stay in prior l	iving situation.				
 One night or less Two to six nights One week or more, but less than one month 		than 90 days		☐ One year or longer	
				☐ Client doesn't know	
				☐ Client prefers not to answer	
_	es, continue. If no, go	to Disabling	rgency Shelter, or Saf g Conditions and Barri ed:	ers	
Regardless of where the	en on the streets, in Es		<u></u>	nths homeless on the streets, in of Safe Haven in the past three years.	
the past three years inc	cluding today.		☐ One month (this	is the first time)	
■ Never in 3 years	☐ Four or more time	es	☐ More than one n	nonth, less than twelve	
☐ One time	☐ Client doesn't kno	wc			
■ Two times	☐ Client prefers not	to answer	How many months?		
☐ Three times			☐ More than twelve		
			☐ Client doesn't kn	ow Client prefers not to answer	
;	Section C: Transi	tional or F	Permanent Housir	ng Situation	
*Length of stay in prior liv	ving situation.				
☐ One night or less				One year or longer	
☐ Two to six nights				Client doesn't know	
One week or more month	e, but less than one		s or more, but in one year	Client prefers not to answer	
*Did you stay less than	seven nights?				
□Yes □No If ye.	s, continue. If no, go	to Disabling	g Conditions and Barrie	ers	
*On the night before, c	did you stay on the st	reets, Emerg	gency Shelter, or Safe	Haven?	
□Yes □No If ye.	s, continue. If no, go	to Disabling	Conditions and Barrie	ers	
*Approximate date this	s episode of homeles	sness started	d:		
Regardless of where the times the client has be	en on the streets, in E			onths homeless on the streets, in of Safe Haven in the past three years	
the past three years in	cluding today.		☐ One month (this is the first time)		
■ Never in 3 years	☐ Four or more tim	es	☐ More than one r	month, less than twelve	
☐ One time	□ Client doesn't kr	now	How many man	ths?	
■ Two times	☐ Client prefers no	t to answer	☐ More than twelv		
☐ Three times			☐ Client doesn't know ☐ Client prefers not to answ		
			- CIICHI GOGSHI KI	1011 Picicis Horio diiswe	

Disabling Conditions

<u>Long Term defined</u> : ex live independently	pected to be of lor	ng-continued and	indefinite dura	ation and impairs the	ir ability to
Physical Disability:	□Yes** □No	☐ Client doesn't☐ Client prefers (**If yes, long term?	□Yes
	INO	- Client prefers	noi io answei		□ No
<u>Developmental</u>	□Yes	☐ Client doesn't	know		
<u>Disability</u>	□No	☐ Client prefers	not to answer		
Chronic Health	□Yes**	☐ Client doesn't	know	**!	
<u>Condition</u>	□No	☐ Client prefers	not to answer	**If yes, long term?	□Yes □ No
HIV - AIDS	□Yes	☐ Client doesn't	know		
	□No	☐ Client prefers	not to answer		
Mental Health Disorde	_Yes**	☐ Client doesn't	know	**If yes, long term?	□Yes
	□No	☐ Client prefers	not to answer		□ No
Substance Use Disorde		☐ Client doesn't	know	**If yes, long term?	□Yes
□Alcohol use** □Drug use**	□Neither	☐ Client prefers	not to answer		□ No
, and the second				**When DV experi	ence occurred:
<u>Domestic Violence</u> <u>Survivor</u>	□Yes**	Client prefers		□ Less than 3 mo	
<u> </u>	□No	□ Client doesn't	know	□ 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 k	_
				□ Client prefers n	iot to answer
	HU	JD Financial A	ssessment		
Income From Any So				Client prefers not to the amount earned	
□ \$Unemployme	ent		□ \$TAN	IF	
□ \$Earned Incor	me (employment)		□ \$Ge	neral Assistance	
□ \$SSI	□ \$\$\$DI		□ \$Ret	irement Income fron	n Social Security
□ \$VA Service C	connected Disability	Compensation	□ \$Per	nsion/Retirement fron	n a former job
□ \$VA non-servi	ce Connected Disa	bility Comp.	□ \$Chi	ld Support	
□ \$Private Disab	ility Insurance		□ \$Alin	nony/Spousal suppoi	rt
□ \$Worker's Con	npensation		□ \$Oth	ner income source	

Receiving Non-Cash Benefits? ☐ Yes** ☐ Client doesn't know			If yes,	select all that apply	y:	
				□ SNAP	☐ TANF Transportation	
□ No	☐ Client prefers no	t to answe	r	□ WIC	☐ Other TANF Services	
				□ TANF Childcare	☐ Other non-cash benefit source	
Covered b	y Health Insurance?	□Yes**	□ Client	doesn't know		
		□ No	□ Client	prefers not to answe	er	
**If yes, s	elect all that apply:					
•	DICAID			☐ Health Insurance Obtained Through COBRA		
☐ ME	DICARE			☐ Private Pay He	ealth Insurance	
□ Sta	te Children's Health Ir	nsurance P	rogram	□ State Health I	nsurance for Adults	
□ Ve	teran's Administration	(VA) Med	ical Service	s 🗖 Indian Health	Services Program	
☐ Employer-Provided Health Insurance			ce	□ Other Health	Insurance	
		Hav	vai'i Spec	rific Questions		
Did you arriv	e in Hawai'i during th	e past 12 r	nonths?	Marital Status		
□Yes**				□Single Never	- Married	
□No				□ Divorced		
□ Client do	oesn't know			■ Married		
□ Client pr	efers not to answer			■Separated/T	rial Separation/Partner Left	
**If yes, how	long have you been	in Hawai'i	Ş	□Illness		
•	Months			□ Widowed/De	eath	
☐ Client	doesn't know			□ Living with Po	artner/New Live-In Partner	
☐ Client	prefers not to answe	r		□ Other		
				□ Client doesn	't know	
How many y	ears TOTAL have you	lived in Ho	awai'i	□ Client prefer	rs not to answer	
				Criminal Justice Sta	atus	
Before your	18th birthday, were y	ou placed	in an out-	□ Parole		
of-home plc	cement and/or did y	•		□ Probation		
homelessne:				■ Supervised R	eleased	
Select all tha	,			☐ Formerly in system, completed requirements		
☐ Foster				☐ Drug court		
□Group				□None		
□ Juveni				☐ Client doesn't know		
□ Houseless				☐ Client prefers not to answer		

	t prior to project entry was	
Zip Code of last address	☐ Full or partial reported☐ Client doesn't know☐ Client prefers not to an	swer
How were you referred to	the agency doing your into	ıke?
☐ Homeless services age☐ Self	ency** Plea	ase specify:
□ Hospital	**Ho	omeless services agency
□ VA □ Criminal Justice Syster □ Aloha United Way □ Other*	m *Ot	her source of referral
☐ Client doesn't know☐ Client prefers not to a	nswer	
	ter Service-Intensive Transiti	onal Housing (SITH) for a Clinical need?
□ Yes**□ No□ Client doesn't know□ Client prefers not to a	ınswer	onal Housing (SITH) for a Clinical need?
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical no	inswer eed	
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical not How many times in the po	inswer eed	d the following emergency or medical services:
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical not How many times in the po	eed est 12 months have you used	d the following emergency or medical services: Access (Crisis) Hotline
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical no How many times in the po Hospital emerg	eed est 12 months have you used gency room services	d the following emergency or medical services: Access (Crisis) Hotline **Other emergency services
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical no How many times in the po Hospital emerg	eed sst 12 months have you used gency room services dical or psychiatric) ambulance services	d the following emergency or medical services: Access (Crisis) Hotline **Other emergency services
☐ Yes** ☐ No ☐ Client doesn't know ☐ Client prefers not to a **If yes, describe clinical no How many times in the po Hospital emerg Other hospital services (me	eed sst 12 months have you used gency room services dical or psychiatric) ambulance services	d the following emergency or medical services: Access (Crisis) Hotline **Other emergency services **Name of other emergency services ic Information

RHY Specific Information (not required for street outreach)

*Last Grade Completed	*School Status	*Employed?		
☐ Less than grade 5	☐ Attending school regularly	. ,		
☐ Grade 5 - 6	☐ Attending school	☐ Full time		
☐ Grade 7 - 8	irregularly	☐ Part time		
☐ Grade 9 - 11	☐ Graduated from high	☐ Seasonal / sporadic		
☐ Grade 12	school	(including day labor)		
	☐ Obtained GED	□ No, why not?		
School program does not have grade levels	□ Dropped out	☐ Looking for work		
☐ Some college	■ Suspended	☐ Unable to work		
☐ Associate degree	■ Expelled	☐ Not looking for work		
☐ Bachelor's degree	☐ Client doesn't know	☐ Client doesn't know		
☐ Graduate degree	☐ Client prefers not to	☐ Client prefers not to answe		
☐ Vocational certification	answer			
☐ Client doesn't know				
☐ Client prefers not to answer				
General Health Status □ Excellent	Dental Health Status □ Excellent	Mental Health Status		
☐ Very Good	☐ Very Good	□ Excellent		
☐ Good	☐ Good	☐ Very Good		
	☐ Fair	☐ Good		
□ Poor	□ Poor	☐ Fair		
☐ ClienhXcYgbffi_bck	☐ ClienhXcYgbffi_bck	□ Poor		
☐ 7]Y bhid fY ZY fgibc hhc 'Ubgk Yf	☐ 7 ')Y bhd fY ZY fg'bchhc 'Ubgk Yf	☐ ClienhXcYgbffi_bck ☐ 7 Whhidfy Wfarharing Hhak Vf		
T I blid Z Igbellie obg(1	T promunizing before objective	□ 7 `]Y bh'd fY ZY fg'bc h'hc 'Ubgk Y f		
*Formerly a Ward of Child Welfare/Fo	ster Care: *Formerly	a Ward of the Juvenile Justice System		
☐ Yes**	☐ Yes**			
□ No	□ No			
☐ Client doesn't know	☐ Client	☐ Client doesn't know		
☐ Client prefers not to answer	☐ Client	t prefers not to answer		
**If yes, Number of years	_ months **If yes, Nu	mber of years months		
*Family Critical Issues (select all that a				
☐ Family member - unemployed	☐ Family member	- alcohol or substance use disorder		
☐ Family member - mental health d	lisorder	- insufficient income to support youth		
☐ Family member - physical disabilit	ty 🔲 Incarcerated po	☐ Incarcerated parent of youth		

*Family Critical Issues (select all that apply)	*Referral source
☐ Family member - unemployed	☐ Self-Referral
☐ Family member - mental health disorder	$f\square$ Individual: Friend/Relative/Foster Relative/Other
☐ Family member - physical disability	☐ Outreach Project
☐ Family member - alcohol or substance use disorder	☐ Temporary Shelter
☐ Family member - insufficient income to support youth	☐ Residential Project
☐ Incarcerated parent of youth	☐ Hotline
	☐ Child Welfare/CFS
Times approached prior to entering project	☐ Juvenile Justice
	☐ Law Enforcement/Police
	☐ Mental Hospital
	□ School
	☐ Other organization
	☐ Client doesn't know
	☐ Client prefers not to answer
*Location details:	
Homeless Situation: If a selection is made from this area	, SKIP to the end
Emergency shelter, including hotel or motel paid for shelter voucher, or Host Home Shelter	with emergency Other: Client doesn't know
☐ Place not meant for habitation	Client prefers not to answer
□ Safe Haven	☐ 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 	

	Current Living	Situation (continued)			
Transitional Housing Situation	☐ Transitional housing for homeless persons (including homeless youth)				
g	☐ Residential project or halfway house with no homeless criteria				
	☐ Hotel or Motel paid for without emergency shelter voucher				
	☐ Host Home (non-cr	risis)			
	☐ 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, wi	ith ongoing housing subsidy**			
	☐ Owned by client, n	ongoing housing subsidy			
	☐ Owned by client, w	rith 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 formerly homeless persons			
□ Public Housing Unit					
☐ Rental by client, w	ith other ongoing hous	sing subsidy			
Is client going to have to leav	_	·			
☐ Yes ☐ No ☐ Client doe If yes, answer remaining que	esn't know □Client prestions. If no, skip to end				
,	dence been identified				
		Client prefers not to answer			
		·			
	•	upport networks to obtain other permanent housing? 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 l	ast 60 days?			
☐ Yes ☐ No ☐ C	lient doesn't know 🔲	Client prefers not to answer			