

Identifying Information Enrollment

*SSN: _____

- | | |
|---|---|
| <input type="checkbox"/> Full SSN reported | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Approximate or partial SSN | <input type="checkbox"/> Client prefers not to answer |

*Birthdate: _____

- | | |
|---|---|
| <input type="checkbox"/> Full DOB reported | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Approximate or partial DOB | <input type="checkbox"/> 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: _____

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> Jr. | <input type="checkbox"/> II | <input type="checkbox"/> VI |
| <input type="checkbox"/> Sr. | <input type="checkbox"/> III | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> I | <input type="checkbox"/> IV | <input type="checkbox"/> Client prefers not to answer |

Preferred Pronouns

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> She / Her | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> He / Him | |
| <input type="checkbox"/> They / Them | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Ze / Hir | <input type="checkbox"/> Client prefers not to answer |

*Current Gender Identity

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

*Case Worker: _____

*Sex assigned at birth

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Female | <input type="checkbox"/> Client prefers not to answer |

★ *NOT required if client is a minor and NOT head of household*

*★ Are you intersex?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> 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-Micronesia
- 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

Interviewer's Name: _____

Interviewer's Agency: _____

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

*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

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

Receiving Non-Cash Benefits?

If yes, select all that apply:

- Yes**
- Client doesn't know
- No
- Client prefers not to answer
- SNAP
- WIC
- TANF Childcare
- TANF Transportation
- Other TANF Services
- Other non-cash benefit source

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

**If yes, select all that apply:

- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Health Insurance Obtained Through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- 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

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

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

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 address _____
_____ Full or partial reported
 Client doesn't know
 Client prefers not to answer

How were you referred to the agency doing your intake?

- Homeless services agency**
- Self
- Hospital
- VA
- Criminal Justice System
- Aloha United Way
- Other*
- 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 _____

Access (Crisis) Hotline _____

Other hospital services (medical or psychiatric) _____

**Other emergency services _____

911 / ambulance services _____

**Name of other emergency services _____

RHY Specific Information

*Pregnancy Status Yes --Due Date _____ Client doesn't know
(Required for street outreach) No Client prefers not to answer

RHY Specific Information *(not required for street outreach)*

*Last Grade Completed

- Less than grade 5
- Grade 5 - 6
- Grade 7 - 8
- Grade 9 - 11
- Grade 12
- School program does not have grade levels
- Some college
- Associate degree
- Bachelor's degree
- Graduate degree
- Vocational certification
- Client doesn't know
- Client prefers not to answer

*School Status

- Attending school regularly
- Attending school irregularly
- Graduated from high school
- Obtained GED
- Dropped out
- Suspended
- Expelled
- Client doesn't know
- Client prefers not to answer

*Employed?

- Yes, Employment type?
 - Full time
 - Part time
 - Seasonal / sporadic (including day labor)
- No, why not?
 - Looking for work
 - Unable to work
 - Not looking for work
- Client doesn't know
- Client prefers not to answer

General Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Dental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

Mental Health Status

- Excellent
- Very Good
- Good
- Fair
- Poor
- Client doesn't know
- Client prefers not to answer

*Formerly a Ward of Child Welfare/Foster Care:

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

**If yes, Number of years _____ months _____

*Formerly a Ward of the Juvenile Justice System

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

**If yes, Number of years _____ months _____

*Family Critical Issues *(select all that apply)*

- Family member - unemployed
- Family member - mental health disorder
- Family member - physical disability
- Family member - alcohol or substance use disorder
- Family member - insufficient income to support youth
- Incarcerated parent of youth

*Family Critical Issues (select all that apply)

- Family member - unemployed
- Family member - mental health disorder
- Family member - physical disability
- Family member - alcohol or substance use disorder
- Family member - insufficient income to support youth
- Incarcerated parent of youth

Times approached prior to entering project _____

*Referral source

- Self-Referral
- Individual: Friend/Relative/Foster Relative/Other
- Outreach Project
- Temporary Shelter
- Residential Project
- Hotline
- Child Welfare/CFS
- Juvenile Justice
- Law Enforcement/Police
- Mental Hospital
- School
- Other organization _____
- Client doesn't know
- 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 paid for with emergency shelter voucher, or Host Home Shelter
- Place not meant for habitation
- Safe Haven

Other:

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

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

Is client going to have to leave their current living situation within 14 days?

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

If yes, answer remaining questions. If no, skip to end

Has a subsequent residence been identified?

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

Does individual or family have resources or support networks to obtain other permanent housing?

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

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

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

Has the client moved 2 or more times in the last 60 days?

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