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

# PARTNERS IN CARE

## VA Project Enrollment

Identifying Information						
*SSN:			*CaseW	*CaseWorker:		
<ul> <li>Full SSN repor</li> <li>Approximate</li> </ul>	Full SSN reported  □ Client doesn't know		*Sex assigned at birth			
partial SSN	ai	lient prefers not to nswer		1ale emale	<ul> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>	
*Birthdate:						
Full DOB repo			*Are you intersex?			
Approximate partial DOB		Client prefers not to nswer		es	Client doesn't know	
*LastName:				0	Client prefers not to answer	
Eusiname			*Sexual	Orientatio	on	
*FirstName:			ПH	eterosexu	ual (Straight)	
🗅 Full name rep	oorted			Say	Client doesn't know	
Partial, street	name, or co	ode name reported		esbian	Client prefers not to answer	
🛛 Client doesn	't know		🗖 Bi	isexual		
Client prefers not to answer			Questioning/Unsure			
Middle name:			Other			
Nickname/Alias:			Citizenship Status: □ US Citizen			
□ Jr. □    □ V		Eligible Non-Citizen				
🗆 Sr. 🗖 III	<ul> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>		Non-US Citizen COFA**			
			US National – Non Citizen			
Preferred Pronouns	5		(American Samoa or Swains Island)			
🗅 She / Her	Other		Ineligible Non-Citizen			
🗖 He / Him			Client doesn't know			
🗅 They / Them	Client doe	esn't know	Client prefers not to answer			
🗅 Ze / Hir	Client pre	efers not to answer		**COFACountries:		
			Chuuk-Micronesia			
*Current GenderIdentity			Kosrae-Micronesia			
<ul><li>Woman/Girl</li><li>Man/Boy</li></ul>		Non-Binary		Marshall Islands		
		Transgender		Palau		
Culturally Sp		Questioning		Pohnpei-Micronesian		
Identity (e.g.		Client doesn't know	,	□ Yap-Micronesia		
<ul> <li>Different Identity**</li> <li>Client</li> </ul>		Client prefers not to	answer	Client doesn't know		
				Client prefers not to answer		

*PrimaryLanguage:		Veteran Status: 🛛 Yes** 🗖 No		
Chinese		If yes, answer questions below: If no, skip all military questions		
<ul> <li>Chuukese</li> <li>English</li> <li>Ilocano</li> </ul>		**Year entered:		
		**Year separated: _		
		**Branch of U. S. Military		
Japanese		Army Coast Guard		
🗖 Korean		Air Force	Space Force	
Marshallese			Client doesn't know	
🗖 Tagalog		Marines	<ul> <li>Client prefers not to answer</li> </ul>	
Vietnamese		**Discharge Status		
Different Language_		Honorable		
Client doesn't know		🖵 Under hone	orable conditions	
Client prefers not to	answer		er than honorable conditions (OTH	
		🗖 Bad Condu	·	
*Translation Assistance Nee	eded?	Dishonorable		
□ Yes**		Uncharacterized		
No **If yes, specify translation language needed:		Client doesn't know		
		Client prefers not to answer		
*Race and EthnicitySelect all that apply		*Theater of Operati	ons:	
American Indian, Alaska Native, or		World War II		
Indigenous		🛛 Korean War		
Asian or Asian American, specify below**		🛛 Vietnam War		
Black, African American, or African		Persian Gulf V	Var	
Native Hawaiian or Pacific Islander, specify		🛛 Afghanistan		
below**		<ul> <li>Iraq (Iraqi Freedom)</li> <li>Iraq (New Dawn)</li> <li>Other Operations</li> <li>Client doesn't know</li> </ul>		
U White	,			
Hispanic/Latina/e/c				
Middle Eastern or No				
Client doesn't know		Client prefers not to answer		
Client prefers not to	answer			
**Native Hawaiian / Pacific				
	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:			<ul> <li>Electro</li> <li>Attach</li> <li>Signed</li> <li>Verbal</li> <li>Outside</li> <li>Housel</li> </ul>	<ul> <li>No</li> <li>Donsent</li> <li>Documentation</li> <li>Documentation</li> <li>Document</li> <li>Paper Document</li> <li>Consent</li> <li>e Agency Verified</li> </ul>	
Interviewer'	sName:	Interviewer's	Agency:		
Description	of Interview Location	:( ex ''in my office, at the par	k):		
*Relationship to Head of Household: *Connection with SOAR				ction with SOAR	
🗅 Self	Spouse/Partner		🗅 Yes	Client doesn't know	
Child	□ Other		🗖 No	Client prefers not to answer	
		HUD Universo			
* <u>Prior Living</u>	<u>Situation</u> Project Sta	rt Date:			
<u>Homeless Si</u>	tuation: If a selection	is made from this area, fill in	just Section A	below.	
	gency shelter, includi her, or Host Home She	ng hotel or motel paid for w	ith emergency	shelter	
🗖 Place	e not meant for habite	ation			
🗅 Safe	Haven				
Institutional	<u>Situation</u> : If a selection	on is made from this area,fil	II in just Section	B below.	
🗅 Foste	r care home/foster c	are group home			
🗖 Hosp	Hospital or other residential non psychiatric medical facility				
🗖 Jail, p	Jail, prison, juvenile detention facility				
🗖 Long	Long-term care facility or nursing home				
Psychiatric hospital or other psychiatric facility					
🗖 Subst	ance use treatment t	acility or detox center			

#### HUD Universal (continued)

<u>Transitional Housing Situation:</u> 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

	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		□ Foster Youth to Independence Initiative (FYI)
Type:	(not dedicated)	Permanent Supportive Housing
	Public Housing Unit	Other permanent housing dedicated for
	Housing Stability Voucher	formerly homeless persons

#### Section A: 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	<ul> <li>One year or longer</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>		
One week or more, but less than one month			
One month or more, but less than 90 days			
*Approximate date this episode of homelessness start	ed		
Regardless of where they stayed last night) Number <u>times</u> the client has been on the streets, in ES, or SH in the past three years including today.	in Emorgonov Shaltar, of Safa Havan in the part		
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 doesn't know	Client prefers not to answer		
Client prefers not to answer			

	Sectio	on B: Institu	utionalSituation		
<ul> <li>*Length of stay in prior living situation.</li> <li>One night or less</li> <li>Two to six nights</li> <li>One week or more, but less than one month</li> </ul>		<ul> <li>One month or more, but less than 90 days</li> <li>90 days or more, but less than one year</li> </ul>		<ul> <li>One year or longer</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>	
e e	s, continue. If no, go	to Disabling	rgency Shelter, or Safe g Conditions and Barrie ed:		
Regardless of where they stayed last night) No times the client has been on the streets, in ES, the past three years including today.		Number of	mber of *Total number of <u>months</u> homeless on the street		
Never in 3 years	□ Four or more time		□ More than one m	onth, less than twelve	
<ul> <li>One time</li> <li>Client doesn't kno</li> <li>Two times</li> <li>Client prefers not</li> <li>Three times</li> </ul>		How many mont		e months	
Two to six nights		One m but less	onth or more,	One year or longer Client doesn't know Client prefers not to answer	
*On the night before, d	s, continue. If no, go lid you stay on the str s, continue. If no, go	reets, Emerg to Disabling	Conditions and Barrier	laven? rs	
Regardless of where they stayed last night) Number of <u>times</u> the client has been on the streets, in ES, or SH in the past three years including today.			<u>aths</u> homeless on the streets, in of Safe Haven in the past three years is the first time)		
Never in 3 years	□ Four or more time	es	More than one m	nonth, less than twelve	
<ul> <li>One time</li> <li>Two times</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> <li>Three times</li> </ul>		□ More than twelve	ns? e months ow   🛯 Client prefers not to answer		

### **Disabling Conditions**

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

live independently Physical Disability:	□Yes** □No	<ul> <li>Client doesn't</li> <li>Client prefers</li> </ul>		**If yes, long term?	□Yes □ No
<u>Developmental</u> Disability	□Yes	Client doesn't	know		
Discionity	□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 Disorder	·□Yes**	Client doesn't	know	**!!	
Mornarrieann Bisciael	□No	Client prefers		**If yes, long term?	□Yes □ No
Substance Use Disorde	r	D Client de eau't	know	**16	
Alcohol use**		<ul> <li>Client doesn't</li> <li>Client prefers</li> </ul>		**If yes, long term?	
Drug use**	□Neither				□ No
<u>Domestic Violence</u> <u>Survivor</u>	□Yes**	Client prefers		**When DV experie	
	□No	Client doesn't	know	□ 3 months - less	than 6 months
Currently Fleeing DV	□Yes**	Client prefers	not to answer	G months - less	than a year
	□No	Client doesn't		1 year or more	
				Client doesn't k	
				Client prefers n	ot to answer
		ID Financial As			
Income From Any Sou				Client prefers not to he amount earned	
□ \$Unemployme			□ \$TANF		
□ \$Earned Incom	ne (employment)		□ \$Gen	eral Assistance	
□ \$SSI	□ \$\$SDI		□ \$Retire	ement Income from	Social Security
□ \$VA Service Co	Compensation	□ \$Pens	ion/Retirement from	n a former job	
□ \$VA non-servic	bility Comp.	□ \$Chilc	l Support		
□ \$Private Disabi		□ \$Alimo	ony/Spousal suppor	t	
□ \$Worker's Com	pensation		□ \$Othe	er income source	
Receiving Non-Cash Ber	nefits? 🛛 Yes	** <b>D</b> No <b>D</b> Clier	nt doesn't know	Client prefers no	t to answer
If yes, select all that app	ly: 🗖 SN/	AP 🗖 TANF Chil	dcare	Other TANF Serv	vices
		C 🛛 TANF Trar	nsportation	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: <ul> <li>MEDICAID</li> <li>MEDICARE</li> <li>State Children's Health Insurance Program</li> <li>State Children's Administration (VA) Medical Services</li> </ul> <ul> <li>Health Insurance Obtained Through COBRA</li> <li>Private Pay Health Insurance</li> <li>State Health Insurance for Adults</li> <li>Indian Health Services Program</li> </ul>
Employer-Provided Health Insurance     Other Health Insurance
SSVF HP Targeting Criteria
*Is Homelessness Prevention targeting screener required?
*Current nousehold income 30% or less of AMI 31 - 50% of AMI 51 - 80% of AMI 81% or greater *Past experience of homelessness (street/shelter/transitional housing) (any adult):
Most recent episode occurred within: the last year Immore than one year ago Immore
*Head of Household is not a current leaseholder/renter of unit
*Head of household (HoH) never been a leaseholder/renter of unit
*Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit(household)
*Rental Evictions within the past 7 years (any adult) No prior evictions □One □Two or mor
*Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)
*Incarcerated as adult (any adult in household)
*Discharged from jail or prison within last six months after incarceration of 90 days or more (adults) 📮 Yes 🛛 🗆 No
*Registered sex offender (any household members)
*Head of household with disabling condition(physical health, mental health, substance use) that directly affects ability to secure/maintain housing No
*Currently pregnant (any household member) $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\Box$ Yes $\Box$ No
*Single parent/guardian household with minor child(ren)
*Household includes one or more young children (age six or under), or a child who requires significant care
□ No □Youngest child is under 1y/o
Youngest child is older than 1 year and/or one o more children (any age) require significant care
*Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)
*Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population
HP Applicant total points Grantee targeting threshold score

#### Hawai'i Specific Questions

· · · · · · · · · · · · · · · · · · ·	-
Did you arrive in Hawai'i during the past 12 months?	Marital Status
	□ Single Never Married
	Divorced
□ Client doesn't know	□ Married
Client prefers not to answer	Separated/Trial Separation/Partner Left
**If yos have long have you haap in Hawai'i?	
**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 out-	Criminal Justice Status
of-home placement and/or did you experience	Parole
homelessness?	Probation
Select all that apply	□ Supervised Released
Generation Foster home	Formerly in system, completed requirements
Group home	Drug court
Juvenile home	□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 agence	Zip Code of last address:	
<ul> <li>Homeless services agency** (Ple</li> <li>Self</li> <li>Hospital</li> </ul>	ease specify below)	<ul> <li>Full or partial Zip Code reported</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> </ul>
□ VA □ Criminal Justice System □ Aloha United Way	**DI ::	
<ul> <li>Other*(Please specify below)</li> <li>Client doesn't know</li> <li>Client prefers pet to grouper</li> </ul>	**Please specify: **Homeless services agen	су:
Client prefers not to answer	**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

 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home Shelter
 Other:

 Other:
 Other:

Place not meant for habitation

🛾 Safe Haven

<u>Utner:</u>
Client doesn't know
Client prefers not to answer

Worker unable to determine

Institutional Situation:

- □ Foster care home/foster care group home
- D 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

	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, <b>no</b> Rental by client, <b>wi</b>		ongoing housing subsidy		
		ith ongoing housing subsidy**		
	Owned by client, no ongoing housing subsidy			
	Owned by client, with ongoing housing subsidy			
**Rental Subsidy Type:				
GPD TIP housing su	ıbsidy	Housing Stability Voucher		
VASH Housing subsidy		Family Unification Program Voucher (FUP)		
RRH or equivalent subsidy		Foster Youth to Independence Initiative (FYI)		
HCV voucher (tenant or project based) (not dedicated)		Permanent Supportive Housing		
		Other permanent housing dedicated for formerly		
Public Housing Unit		homeless persons		

Public Housing Unit

Rental by client, with other ongoing housing subsidy

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