Oahu's Continuum of Care

PARTNERS IN CARE

For data entry purposes only: Client ID: YHDP Project Enrollment

Identifying Information

*SSN:			*CaseWork <u>er:</u>		
☐ Full SSN reported ☐ Client doesn't know		*Sex assigned at birth			
Approximate partial SSN		lient prefers not to nswer	☐ Male ☐ Female	Client doesn't knowClient prefers not to answer	
*Birthdate:				<u>'</u>	
□ Approximate or □ Clier			★ NOT required head of house	l if client is a minor and NOT ehold	
			*★Are you intersex?		
·			☐ Yes	☐ Client doesn't know	
*LastName:			□ No	☐ Client prefers not to answer	
*FirstName:			*★ Sexual Orie	ntation	
☐ Full name rep	oorted		□ Heterose	exual (Straight)	
☐ Partial, street name, or code name reported			□ Gay	☐ Client doesn't know	
□ Client doesn	't know		■ Lesbian	Client prefers not to answer	
☐ Client prefer	s not to answ	er	■ Bisexual		
			Questioning/Unsure		
Middle name:			☐ Other		
Nickname/Alias:		<u> </u>			
□ Jr. □	□VI		Citizenship Star US Citize		
□ Sr. □ III	r. □ III □ Client doesn't know		☐ Eligible Non-Citizen		
□ I □ IV □ Client prefers not to answer		☐ Non-US Citizen COFA**			
Preferred Pronouns	5		☐ US Natio	nal – Non Citizen	
☐ She / Her ☐ Other			(American Samoa or Swains Island)		
☐ He / Him			☐ Ineligible Non-Citizen		
☐ They / Them☐ Client doesn't know☐ Client prefers not to answer☐		esn't know	☐ Client do	pesn't know	
			☐ Client prefers not to answer		
			□ Cł	nuuk-Micronesia	
*Current Genderlo	•		□ Ko	osrae-Micronesia	
■ Woman/Girl ■ Non-Binary		■ Non-Binary	□ M	arshall Islands	
□ Man/Boy		□ Transgender	□ Pc	alau	
Culturally SpecificIdentity (e.g., Two-Spirit)		Questioning	□ Pc	hnpei-Micronesian	
☐ Different Ide		☐ Client doesn't know	☐ Yo	ap-Micronesia	
		☐ Client prefers not to a	nswer 🔲 CI	ient doesn't know	
				ient prefers not to answer	

Additional race/ethnicity d	letail?				
☐ Chinese/Taiwanese ☐ Japanese		□ Vietnamese			
☐ Asian Indian	☐ Filipino	■ Korean	☐ Other Asian		
**Asian:					
■ Marshallese	□ Native Hawaiian	□ Samoan	☐ Other Pacific Islander		
☐ Guamanian/Chamorro	■ Micronesian	☐ Native Hawaiian	□ Tongan		
**Native Hawaiian / Pacific	c Islander				
☐ Client prefers not to answer		☐ Client prefers not to answer			
☐ Client doesn't know	,	☐ Client doesn't know			
☐ Middle Eastern or No	orth African	 □ Afghanistan □ Iraq (Iraqi Freedom) □ Iraq (New Dawn) □ Other Operations 			
☐ Hispanic/Latina/e/o	/x				
■ White					
below**	. Gome islander, speemy				
	Pacific Islander, specify	☐ Persian Gulf War			
□ Asian or Asian Amer□ Black, African Amer	. ,	□ Vietnam War			
_	Indigenous		☐ Korean War		
☐ American Indian, Alaska Native, or		□ World War II			
*Race and Ethnicity Select	all that apply	*Theater of Operations:			
**If yes, specify translation language needed:		Client prefers not to answer			
□ No **If yes specify traps	dation language seeded.	☐ Client does	☐ Client doesn't know		
☐ Yes**		■ Uncharacterized			
*Translation Assistance Nee	eded?	☐ Dishonorab	ole		
		□ Bad Conduct			
☐ Client prefers not to	answer	lue Under other than honorable conditions (O			
☐ Client doesn't know		☐ Under hone	orable conditions		
□ Different Language_		☐ Honorable			
☐ Vietnamese		**Discharge Status			
□ Tagalog		☐ Air Force☐ Navy☐ Marines	☐ Client prefers not to answe		
■ Marshallese			☐ Client doesn't know		
■ Korean	□ Japanese□ Korean		☐ Space Force		
□ Japanese			□ Coast Guard		
□ Chuukese□ English□ Ilocano		**Branch of U.S. Mil	itarv		
		**Year entered:			
					☐ Chinese
*Primary Language:		veieransialus: Lyes** LNo			

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□ Outside Agency Verified□ Household		
☐ Phone			
□ Virtual			
☐ In person	☐ Group Member		
	a croop member		
Interviewer's Name:			
Interviewer's Agency:			
Description of Interview Location: (ex "in my office, at the part	k)		
HUD Universo			
*Prior Living Situation Project Start Date:	l		
*Prior Living Situation Project Start Date:			
	just Section A below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter	just Section A below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation	just Section A below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter	just Section A below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation	just Section A below. ith emergency shelter		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation Safe Haven	just Section A below. ith emergency shelter		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation Safe Haven Institutional Situation: If a selection is made from this area, fill Foster care home/foster care group home Hospital or other residential non psychiatric medical fa	just Section A below. ith emergency shelter I in just Section B below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation Safe Haven Institutional Situation: If a selection is made from this area, fill Foster care home/foster care group home Hospital or other residential non psychiatric medical fa Jail, prison, juvenile detention facility	just Section A below. ith emergency shelter I in just Section B below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation Safe Haven Institutional Situation: If a selection is made from this area, fill Foster care home/foster care group home Hospital or other residential non psychiatric medical fa Jail, prison, juvenile detention facility Long-term care facility or nursing home	just Section A below. ith emergency shelter I in just Section B below.		
*Prior Living Situation Project Start Date: Homeless Situation: If a selection is made from this area, fill in Emergency shelter, including hotel or motel paid for wi voucher, or Host Home Shelter Place not meant for habitation Safe Haven Institutional Situation: If a selection is made from this area, fill Foster care home/foster care group home Hospital or other residential non psychiatric medical fa Jail, prison, juvenile detention facility	just Section A below. ith emergency shelter I in just Section B below.		

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 (inc ☐ Residential project or halfway house with no ☐ Hotel or Motel paid for without emergency st ☐ Host Home (non-crisis) ☐ Staying or living in a friend's room, apartment ☐ Staying or living in a family member's room, a	homeless criteria helter voucher , or house, partment or house	
<u>Permanent Housing Situation:</u> 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 subside □ Owned by client, no ongoing housing subside □ Owned by client, with ongoing housing subside **Rental Subsidy Type □ GPD TIP housing subsidy □ VASH Housing subsidy □ RRH or equivalent subsidy □ HCV voucher (tenant or project □ Public Housing Unit □ Rental by client, with other ongo □ Housing Stability Voucher □ Family Unification Program Vouc □ Foster Youth to Independence In □ Permanent Supportive Housing □ Other permanent housing dedic 	based) (not dedicated) ing housing subsidy her (FUP) nitiative (FYI)	
Section A:	Homeless Situation	
*Length of stay in prior living situation.	■ 90 days or more, but less than one year	
☐ One night or less	☐ One year or longer	
□ Two to six nights	☐ Client doesn't know	
☐ One week or more, but less than one month	☐ Client prefers not to answer	
☐ One month or more, but less than 90 days	·	
Approximate date this episode of homelessness start		
Regardless of where they stayed last night) Number	*Total number of months homeless on the streets	
times the client has been on the streets, in ES, or SH in the past three years including today.	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	
☐ Two times		
☐ Three times	How many months?	
☐ Four or more times	☐ More than twelve months	
☐ Client doesn't know	☐ Client doesn't know	
Client prefers not to answer	Client prefers 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)

☐ Three times

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☐ One time

☐ Two times

■ Never in 3 years

☐ Four or more times

☐ Client doesn't know

☐ Client prefers not to answer

☐ More than one month, less than twelve

How many months? ____

☐ More than twelve months

☐ Client doesn't know

☐ Client prefers not to answer

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	**!f voo land tarm?	□Vos
	□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	**If you long torm?	□Yes
	□No		Client prefers	not to answer	**If yes, long term?	□ 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	ce Connecte	d Disabili	ity Comp.	□ \$Chil	d Support	
□ \$Private Disabi	ility Insurance	e		□ \$Alim	nony/Spousal suppor	t
□ \$Worker's Com	pensation			□ \$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 app	ly:	□ 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 □Client prefers not to answer		
If yes, select all that apply: MEDICAID	☐ Health Insurance Obtained Through COBRA		
☐ MEDICARE	☐ Private Pay Health Insurance		
☐ State Children's Health Insurance Program	☐ State Health Insurance for Adults		
☐ Veteran's Administration (VA) Medical Services	☐ Indian Health Services Program		
☐ Employer-Provided Health Insurance	☐ Other Health Insurance		
Hawai'i Spec	ific 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 out- of-home placement and/or did you experience homelessness? Select all that apply □ Foster home	Criminal Justice Status Parole Probation Supervised Released		
☐ Group home	☐ Formerly in system, completed requirements		
☐ Juvenile home	☐ Drug court		
□ Houseless	□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	Zip Code of last address:		
	☐ Full or partial Zip Code reported		
	☐ Client doesn't know		
	☐ Client prefers not to answer		

How were you referred to the	e agency doing your intake?	
□ Homeless services agen	Cy** (Please specify below)	
□Self		
□ Hospital		
□VA		
☐ Criminal Justice System		
□ Aloha United Way		
☐ Other*(Please specify below	**Please specify:	
☐ Client doesn't know	**Homeless services agency:	
☐ Client prefers not to ans	wer	
	**Other source of referral:	
If Veteran: Did Veteran enter S Yes** No	Service-Intensive Transitional Housing (SITI	H) for a Clinical need?
□ Client doesn't know□ Client prefers not to answ	rer	
·		
How many times in the past 12	2 months have you used the following en	neraency or medical services:
,		3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
Hospital emergenc	y room services ———	Access (Crisis) Hotline
Other hospital services (medical	ıl or psychiatric) **(Other emergency services
911/ ambulance eme	rgency services **Name of o	other emergency services
	VUDB Spacific Information	2
	YHDP Specific Information	1
(Required for street outreach)	esDue Date lo Client doesn't know Client prefers not to answer	
General Health Status	Dental Health Status	Mental Health Status
□ Excellent	■ Excellent	☐ Excellent
□ Very Good	■ Very Good	☐ Very Good
☐ Good	☐ Good	☐ Good
☐ Fair	□ Fair	☐ Fair
□ Poor	□ Poor	☐ Poor
☐ ClienhXcYgbfhi_bck	☐ ClienhXcYgbffii_bck	☐ ClienhXcYgbfhi_bck
□ 7]YbhdfYZYfgbchhc Ubgk Yf	□ 7 `]YbhdfYZYfg'bchhc 'Ubgk Yf	□ 7 `]YbhdfYZYfg'bch'rc 'Ubgk Yf

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*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	☐ Yes'☐ No☐ Clie☐ Clie	** ent doesn' ent prefers	of the Juvenile Justice System: t know not to answer f years months	
Yout	th Education Sto	sutic		
*Current educational enrollment/attendance				
☐ Not currently enrolled in any school or edu	cational course			
☐ Currently enrolled but NOT attending scho	ol regularly (when co	ourse is in	session)**	
☐ Currently enrolled and attending school re	gularly (when course	e is in sess	ion)**	
☐ Client doesn't know				
☐ Client prefers not to answer				
**If currently enrolled,	**If NOT currently er	nrolled, M	ost recent educational status	
Current educational status	r ☐ K12: Graduc		☐ Higher Education: pursuing a	
Pursuing a high school diploma or GED	from High Sc		degree/credential, but not	
☐ Pursing Associate Degree	☐ K12: Obtaine	ed GED	currently attending	
☐ Pursuing Bachelor's Degree	☐ K12: Droppe	ed out	☐ Higher Education: Dropped out	
☐ Pursuing Graduate Degree	☐ K12: Suspen	ended	Higher Education: obtained degree/credential	
 Pursuing other post-secondary credential 	☐ K12: Expelled		☐ Client doesn't know	
			☐ Client prefers not to answer	
Current Living Situa	Ition (required for stre	eet outrea	ch programs)	
*Location details:				
Homeless Situation: If a selection is made fi	rom this area, SKIP to	the end		
☐ Emergency shelter, including hotel or mote with emergency shelter voucher, or Host H	lama Chaltar	<u>her:</u> Client de	orn't know	
☐ Place not meant for habitation	_		pesn't know	
□ Safe Haven	•		efers not to answer nable to determine	
	u	VVOIKEI UI	nable to determine	

Current Living Situation (continued)

Institutional Situation:	iving shoundin (conlinded)
☐ Foster care home/foster care group hor	ne
☐ Hospital or other residential non psychia	tric 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 deta <u>Transitional Housing Situation</u>	ox center
☐ Transitional housing for homeless person	s (including homeless youth)
☐ Residential project or halfway house wit	h no homeless criteria
☐ Hotel or Motel paid for without emerger	ncy shelter voucher
☐ Host Home (non-crisis)	
☐ Staying or living in a friend's room, apart	ment, or house,
☐ Staying or living in a family member's roo	om, apartment or house
Permanent Housing Situation	
☐ Rental by client, no ongoing housing sub	osidy
☐ Rental by client, with ongoing housing s	ubsidy**
☐ Owned by client, no ongoing housing s	ubsidy
☐ Owned by client, with ongoing housing s	subsidy
**Rental Subsidy Type:	
☐ GPD TIP housing subsidy	☐ Rental by client, with other ongoing housing subsidy
■ VASH Housing subsidy	☐ Housing Stability Voucher
☐ RRH or equivalent subsidy	☐ Family Unification Program Voucher (FUP)
☐ HCV voucher (tenant or project	☐ Foster Youth to Independence Initiative (FYI)
based) (not dedicated)	☐ Permanent Supportive Housing
□ Public Housing Unit	☐ Other permanent housing dedicated for formerly homeless persons
Is client going to have to leave their current li	ving situation within 14 days?
☐ Yes ☐ No ☐ Client doesn't know ☐ Client d	Client prefers not to answer
Has a subsequent residence been ide	entified?
	OW Client prefers not to answer
·	ces or support networks to obtain other permanent housing?
	ow D Client prefers not to answer hip interest in a permanent housing unit in the last 60 days?
	ow U Client prefers not to answer
Has the client moved 2 or more times	·
☐ Yes ☐ No ☐ Client doesn't kno	ow DClient prefers not to answer