

Identifying Information (Head of Household)

*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
- Korean
- Other Asian _____
- Chinese/Taiwanese
- Japanese
- Vietnamese
- _____

Additional race/ethnicity detail? _____

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

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
- | | | |
|----------|--|--|
| | <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) |
| **Rental | <input type="checkbox"/> RRH or equivalent subsidy | <input type="checkbox"/> Foster Youth to Independent subsidy |
| Subsidy | <input type="checkbox"/> HCV voucher (tenant or project based) | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| Type: | <input type="checkbox"/> (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"/> Housing Stability Voucher | |

Section A: Homeless Situation

*Length of stay in prior living situation.

- | | |
|---|--|
| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <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

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 Client doesn't know **If yes, long term? Yes
 Alcohol use** Both ** Client prefers not to answer No
 Drug use** Neither

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.**

- | | |
|---|---|
| <input type="checkbox"/> \$_____ Unemployment | <input type="checkbox"/> \$_____ TANF |
| <input type="checkbox"/> \$_____ Earned Income (employment) | <input type="checkbox"/> \$_____ General Assistance |
| <input type="checkbox"/> \$_____ SSI <input type="checkbox"/> \$_____ SSDI | <input type="checkbox"/> \$_____ Retirement Income from Social Security |
| <input type="checkbox"/> \$_____ VA Service Connected Disability Compensation | <input type="checkbox"/> \$_____ Pension/Retirement from a former job |
| <input type="checkbox"/> \$_____ VA non-service Connected Disability Comp. | <input type="checkbox"/> \$_____ Child Support |
| <input type="checkbox"/> \$_____ Private Disability Insurance | <input type="checkbox"/> \$_____ Alimony/Spousal support |
| <input type="checkbox"/> \$_____ Worker's Compensation | <input type="checkbox"/> \$_____ 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:

- 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 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

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 _____

Other hospital services (medical or psychiatric) _____

911/ ambulance emergency services _____

Access (Crisis) Hotline _____

**Other emergency services _____

**Name of other emergency services _____

Family VI SPDAT

*Is there a secondary parent of Head of Household?

Yes** No

*If yes,

**Name _____

**DOB _____

*Is any member of the family currently pregnant?

Yes** No

**Gender Identity of additional parent/HoH

Woman

Man

Culturally Specific Identity (e.g., Two-Spirit)

Different Identity**

Non-Binary

Transgender

Questioning

Client doesn't know

Client prefers not to answer

How many children under the age of 18 are currently with you? _____

How many children under the age of 18 are NOT currently with you your family but you have reason to believe they will be joining you when you are housed? _____

Child 1 Name: _____

Child 1 DOB: _____

Child 2 Name: _____

Child 2 DOB: _____

Child 3 Name: _____

Child 3 DOB: _____

Child 4 Name: _____

Child 4 DOB: _____

Child 5 Name: _____

Child 5 DOB: _____

Child 6 Name: _____

Child 6 DOB: _____

Child 7 Name: _____

Child 7 DOB: _____

Child 8 Name: _____

Child 8 DOB: _____

Child 9 Name: _____

Child 9 DOB: _____

Child 10 Name: _____

Child 10 DOB: _____

History of Housing & Homelessness

Where do you sleep most frequently?

- Shelters
- Transitional housing
- Safe Haven
- Couch surfing
- Outdoors
- Other _____
- Client doesn't know
- Client prefers not to answer

In the last three years, how many times have you been homeless?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 4 times or more
- Client doesn't know
- Client prefers not to answer

How long has it been since you lived in permanent stable housing?

- Less than a week
- 1 week - 3 months
- 3 - 6 months
- 6 months - 1 year
- 1 - 2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

Risks

In the past six months, how many times have you or a family member received health care at an emergency department/room?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or a family member taken an ambulance to the hospital?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or a family member been hospitalized as an in-patient?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or a family member used a crisis service, including sexual assault crisis, mental health crisis, family intimate violence, distress centers and suicide prevention hotlines?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or a family member talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times or more
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or a family member stayed one or more nights in a holding cell, jail or prison, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

- 0 times 1 time 2 times 3 times
 4 times 5 times or more Client doesn't know Client prefers not to answer

Have you or a family member been attacked or beaten up since you've become homeless?

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

Have you or a family member threatened to or tried to harm themselves or anyone else in the last year?

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

Do you or a family member have any legal stuff going on right now that may result in being locked up or having to pay fines, or make it more difficult to rent a place to live?

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

Does anybody force or trick you or a family member to do things that you do not want to do?

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

Do you or a family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

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

Socialization

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or a family member owe them money?

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

Do you or a family member get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?

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

Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?

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

Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that?

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

Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?

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

Wellness

Has your family ever had to leave an apartment, shelter program, or other place you were staying because of a family member's physical health?

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

Do you or a family member have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?

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

If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

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

Do you or a family member have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

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

When you or a family member are sick or not feeling well, do you/they avoid getting medical help?

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

Has drinking or drug by any family member led your family to being kicked out of an apartment or program where you were staying in the past?

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

Will drinking or drug use make it difficult for your family to stay housed or afford your housing?

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

Has your family ever had trouble maintaining housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a:

Mental health issue or concern?

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

Past head injury?

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

Learning disability, developmental disability, or other impairment?

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

Do you or a family member have any mental health or brain issues that would make it hard for your family to live independently because you'd need help?

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

Are there any medications that a doctor said you or a family member should be taking that, for whatever reason, you/they are not taking?

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

Are there any medications like painkillers that you or a family member don't take the way the doctor prescribed or sell medication?

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

Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or a family member has experienced?

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

Family Unit

Are there any children that have been removed from the family by a child protection service within the last 180 days?

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

Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?

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

In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?

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

Has any child in the family experienced abuse or trauma in the last 180 days?

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

IF THERE ARE SCHOOL-AGED CHILDREN:

Do your children attend school more often than not each week?

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

Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?

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

Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?

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

Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?

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

After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

3 or more hours per day for children aged 13 or older?

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

2 or more hours per day for children aged 12 or younger?

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

Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?

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

Follow Up Questions

I'd like to ask you some questions to help us better understand homelessness and improve housing and support services

Where did your family live prior to becoming homeless?

- | | |
|--|---|
| <input type="checkbox"/> This city | <input type="checkbox"/> Somewhere else |
| <input type="checkbox"/> This region | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Other part of the state | <input type="checkbox"/> Client prefers not to answer |

Do you or any family members have a permanent physical disability that limits mobility? (ie, wheelchair, amputation, unable to climb stairs)?

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

What type of health insurance do you have, if any? *Select all that apply*

Medicaid (if so, number?) _____

Medicare

VA Medical

****If private or other health insurance, please specify:**

Private Insurance**

Other Health Insurance** _____

No Health Insurance

Health Plan Name:

Health Plan Providers Only:

Aloha Care

Verified?

HMSA

Yes

Kaiser

No

Ohana

United Health Care

Veteran's Admin

Not Sure

Where do you usually go for health care when you're not feeling well?

Select all that apply

Hospital**

**If hospital, clinic, or other, please specify:

Clinic**

VA

Other**

Does not go for care

Has the client established behavioral health case management coverage through any of the following plans? Select all that apply

AMHD (Adult Mental Health)

CCS (Community Care Services)

ADAD (Alcohol and Drug Abuse Division)

Pending Behavioral Health Coverage

Please list assigned Behavioral Health Case Manager (BHCM) / Community Based Care Manager (CBCM) and their agency if known

Case Manager _____

Agency _____

On a regular day, where is it easiest place to find you and what time of day is it easiest to do so?

I'd like to take your picture, may I do so?

Yes No

Is client involved in an active employment development program? (Rent to Work, Na Lima, Hele2Work, etc)

- Yes No

Does the client need consideration for animals?

- Service Animal Client doesn't know
 Pet in the household Client prefers not to answer
 No

Where would the client accept housing? *Select all that apply*

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

Is the client's current period of homelessness caused by a loss of employment due to COVID-19?

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

As a provider, what resource would you recommend for this client / household?

- | | | |
|--|---|--|
| <input type="checkbox"/> TH | <input type="checkbox"/> S + C PSH | <input type="checkbox"/> Youth: YHDP TH |
| <input type="checkbox"/> RRH or TH | <input type="checkbox"/> HLOC | <input type="checkbox"/> Youth: Hale Kipa TH |
| <input type="checkbox"/> Shallow RRH | <input type="checkbox"/> Youth: Independent PSH | <input type="checkbox"/> Youth: Step Up |
| <input type="checkbox"/> Medium Term RRH | <input type="checkbox"/> Youth: Group Home PSH | <input type="checkbox"/> Vet: SSVF |
| <input type="checkbox"/> PSH | <input type="checkbox"/> Youth: Youth RRH | <input type="checkbox"/> Vet: GPD |
| <input type="checkbox"/> AMHD Group Home PSH | <input type="checkbox"/> Youth: Youth or Mainstream RRH | |

Current Living Situation *(required for street outreach programs)*

*Date of Contact: _____

*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 | |

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

This section is not required.

Client Contact Info

*Is there a phone number where someone can safely get in touch with you or leave a message?

Yes** No

Cell Phone: _____ Primary

Home Phone: _____ Primary

Work Phone: _____ Primary

*Is there an email where someone can safely get in touch with you? If yes, Email:

Entity Contact

*Last Name: _____

*First Name: _____

*Begin Date: _____

*End Date: _____

*Birth Date: _____

*SSN: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Relationship:

Abuser Housing Navigator

Case Manager Nurse Practitioner

Client Other

Employer Physician Assistant

Home Relative

Street
Address: _____

Email: _____