Bridging The Gap – BCP Emergency Shelter/Homeless Prevention

Adult Entry Form

| Agency: | | | Project Entry Date: | | | |
|--------------------------------|--|--|--|---|---|--|
| Project: | | | Case Worker: | | | |
| Hawaii HMIS | Add New Client: | Identifying | | | | |
| Name Quality*: | ☐ Full name | ☐ Partial, street/code nan | ne | t know | ☐ Client refused ☐ Data Not Collected | |
| First Name*: | | | Last Name*: | | | |
| Middle Name:_ | | | Suffix | | Deceased Date | |
| Birth Date*: | | Full DOB | | | Refused of Collected Age: | |
| Social Security# | *• | | □ Partial Doesn't Know | ☐ Client I☐ Data N | Refused ot Collected | |
| Gender* | ☐ Male ☐ Female ☐ Transgender ☐ Questioning | | ☐ A gender that is n☐ Client Doesn't Kr☐ Client Refused☐ Data Not Collecte | now | ly 'Female' or 'Male' | |
| Citizenship Status | ☐ U.S. Citizen ☐ Eligible Non-Cit ☐ Non-US Citizen | or Swains Isl | on-Citizen | ☐ Clien | nt Doesn't Know nt Refused Not Collected | |
| Primary Language* | ☐ Chinese ☐ Chuukese ☐ English ☐ Ilocano ☐ Japanese | ☐ Korean☐ Marshallese☐ Spanish☐ Tagalog☐ Vietnamese | If Non-US Citizen (□ Chuuk-Micro □ Kosrae-Micro □ Marshall Islan □ Palau | nesia onesia | □ Pohnpei-Micronesia □ Yap-Micronesia □ Client Doesn't Know □ Client Refused □ Data Not Collected | |
| Relations to HOH* | Other: Self (H of H) Spouse Child Step Child Foster Child Grandparent | ☐ Guardian ☐ Grandchild ☐ Other Relative ☐ Other Non-Relative ☐ Unknown | Veteran Stat □ No □Yes | tus* | ☐ Client Doesn't Know☐ Client Refused☐ Data Not Collected | |
| or Indigenou ☐ Asian or Asian | an, Alaskan Native s n American American, African | □ White □ Client Doesn't Know □ Refused □ Data Not collected □ Other | | or o)(x) in(a)(o)(x) unicity refer l American | ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected s to Cuban, Mexican, Puerto or other Spanish culture of | |

Bridging The Gap – BCP Emergency Shelter/Homeless Prevention

Adult Entry Form

| Hawaii HMIS Add New | Chent: Identify | ying (Continued | 1) | |
|--|--------------------------------|-------------------------------|--|---|
| If Asian Chosen Above* ☐ Asian Indian ☐ Chinese/Taiwanese | ☐ Filipino ☐ Japanese ☐ Korean | ☐ Vietnamese ☐ Other Asian | | |
| If Native Hawaiian/Other I ☐ Native Hawaiian ☐ Guamanian/Chamorro | \square Marshallese | ☐ Samoan | □ Tongan Islander | |
| What race do you identify to American India/Alaskan I Asian Indian Black/African American Chinese/Taiwanese Filipino Contact Information | Native Guam | n | ☐ Micronesian ☐ Other Asian ☐ Other Pacific Islander ☐ Portuguese ☐ Samoan | ☐ Tongan ☐ Vietnamese ☐ White ☐ Client doesn't know ☐ Client refused ☐ Data not collected |
| Address*: | econdary 🗆 Tertia | nry | County: State: Home Phone: Primary Work Phone: | ☐ Secondary ☐ Tertiary ☐ Secondary ☐ Tertiary |
| Other Information - CO | NSENT | | | |
| Was Consent given to share Date of Consent: ***All consent forms mu Hawaii Add Family | | | (Use HMIS Consent Form | |
| If more than one adult in | household, comple | ete additional adul | t entry form; if child, complete | child form |
| Hawaii Enrollment Add | /Edit | | | |
| Enrollment Entry Date*:_ | | | Enrollment Exit D | Pate: <u>DO NOT CHANGE</u> |
| Program*: | | | ☐ Individual | CH PROGRAM NAME |

HUD Universal Data

| Client location*(provider) \underline{N} | MATCH PR | ROGRAM NAME | Contin | nuum of Ca | re Code: <u>S</u> | Self Populates in HMIS) |
|---|--|--|---|--------------|-------------------|--|
| Disabling Condition* | □ No □ | Yes □ Client doe | esn't know | ☐ Client 1 | efused [| Data not collected |
| LIVING SITUATION – Typ | oe of Resid | lence Prior to Projec | t Entry (Sele | ect only one | answer) | |
| A. HOMELESS SITUATION Emergency shelter, include emergency shelter vouched Place not meant for habitate building, bus/train/subway Safe Haven (SH) | ding hotel over, or RHY- ation (e.g., a | -funded Host Home she a vehicle, an abandone | d | | | |
| B. INSTITUATIONAL SIT ☐ Foster care home or foste ☐ Hospital or other resident ☐ Jail, prison or juvenile de | r care group ial non-psy | chiatric medical facilit | y □ Psyc | | tal or other | ursing home psychiatric facility acility or detox center |
| C. TRANSITIONAL AND PERMANENT HOUSING SITU Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy Permanent housing (other than RRH) for formerly homeles persons Rental by client, no ongoing housing subsidy Rental by client, with other ongoing housing subsidy (including RRH) Staying or living in a family member's room, apartment or house Staying or living in a friend's room, apartment or house Transitional housing for homeless persons (including home youth) | | | Rental by client, with VASH subsidy □ Rental by client, with GPD TIP subsidy □ Residential project or halfway house with no homeless criteria □ Rental by client with RRH or equivalent subsidy □ Host Home (non-crisis) □ Rental by client with HCV voucher (tenant or project based) □ Rental by client in a public housing unit □ Client doesn't know □ Client refused | | | TIP subsidy ay house with no homeless or equivalent subsidy youcher (tenant or project |
| | | ngth of Stay in the P | rior Living S | Situation* | | |
| Approximate date homelessness started* | | One night or less Two to six nights One week or more, but One month or more, bu 90 days or more, but les | t less than 90 | days | | ☐ One year or longer ☐ Client doesn't know ☐ Client refused ☐ Data not collected |
| (Regardless of where they state Number of times the client of ES, or SH in the past three years ☐ Never in 3 years ☐ One time ☐ Two times | has been on ears includ | n the streets, in | in the past the order of the past the order of the order of the past the order of the past t | | | on the streets, in ES, or SH onth) □ Client doesn't know □ Client refused |
| ☐ Three times | | Data not collected | | | e than 12 | ☐ Data not collected |

HUD Program Data

| Non-Cash Benefits from Any Sources*(Received non | n-cash benefits in the pa | st 30 days; expect to rece | vive them again next month?) |
|--|---------------------------|--|------------------------------|
| □ No □ Yes □ Client doesn't kno | ow ☐ Client Refused | ☐ Data not colle | cted |
| If yes, please mark all that are applicable: | | | |
| □ SNAP (Previously known as Food Stamps) □ WIC-Nutrition for Women, Infants, Children □ TANF Child Care Services □ TANF Transportation Services | ☐ Section 8, P☐ Temporary | F-Funded Services ublic Housing, Other On Rental Assistance e: Specify | - |
| Health Insurance* Are you covered by health insurance | | , | |
| □ No □ Yes □ Client doesn't kno | | ☐ Data not colle | cted |
| Education: Last Grade Completed (4.24)* | | | |
| ☐ Less than Grade 5 ☐ Grade 12 / High school di | • | ☐ Associate's degree | ☐ Client doesn't know |
| ☐ Grades 5-6 ☐ School program does not | • | ☐ Bachelor's degree | ☐ Client refused |
| ☐ Grades 7-8 ☐ GED | | ☐ Graduate degree | ☐ Data not collected |
| ☐ Grades 9-11 ☐ Some college | | ☐ Vocational certification | on |
| Employment Information: Employed* | | | |
| □ No □ Yes □ Client doesn't know □ | Client Refused ☐ Data r | not collected | |
| *If "Yes", Employment type: \Box Full time \Box | Part time ☐ Season | nal/sporadic (including d | ay labor) |
| *If "No", Why not employed: □ Looking for work | ☐ Unable to work | □ Not looking | for work |
| Sexual Orientation* | | | |
| ☐ Heterosexual ☐ Bisexual | ☐ Client refused | | |
| ☐ Gay ☐ Questioning/Unsur | e 🗆 Data not collec | ted | |
| ☐ Lesbian ☐ Client doesn't know | | | |
| General Health Status* | Pregn | ancy Status* (females | only) |
| ☐ Excellent ☐ Fair ☐ Client doesn't l | | | lient doesn't know |
| ☐ Very Good ☐ Poor ☐ Client refused | □Ye | | lient refused |
| ☐ Good ☐ Data not collect | | | Data not collected |
| | If Yes, | Due Date* | |
| <u>Disabling Condition</u> * | | | |
| Substance Use Disorder* (If "NO" selected, skir | p to Mental Health) | | |
| □ No □ Drug Use I | Disorder | Alcohol and Drug Use Di | isorder |
| ☐ Alcohol Use Disorder ☐ Client does | n't know ☐ Client | Refused □ Data r | not collected |
| a) Expected to be of long-continued and indefin | | | |
| □No □Yes □ Client does | n't know ☐ Client | Refused □ Data r | not collected |
| Mental Health Disorder* (If "NO" selected, skip | to Developmental Dis | ability) | |
| □No □Yes □ Client does | n't know ☐ Client | Refused □ Data r | not collected |
| a) Expected to be of long-continued and indefin | ite duration and subst | antially impairs ability | to live independently? |
| □No □Yes □ Client does | n't know ☐ Client | Refused □ Data r | not collected |
| Developmental Disability* (If "NO" selected, sk | ip to Chronic Health C | ondition) | |
| □No □Yes □ Client does | - | | not collected |
| Chronic Health Condition* (If "NO" selected, s | kin to HIV / AIDS) | | |
| □No □Yes □ Client does | - | Refused □ Data r | not collected |
| a) Expected to be of long-continued and indefin | | | |
| □No □Yes □ Client does | | | not collected |
| | | | |

HUD Program Data (continued)

| Physical Disability* (If "NO" s | selected, skip to Health In | surance Assessment) | |
|---|-----------------------------|------------------------------|--|
| □No □Yes | ☐ Client doesn't know | | ☐ Data not collected |
| a) Expected to be of long-con | tinued and indefinite dur | ation and substantially imp | pairs ability to live independently? |
| □No □Yes | ☐ Client doesn't know | w □ Client Refused | ☐ Data not collected |
| | | | |
| Health Insurance Assessment | (if yes to health insure | ance) | |
| ☐ Medicaid | | ☐ Health Insurance obtained | through Cobra |
| ☐ Medicare | | ☐ State Health Insurance for | Adults |
| ☐ State Children's Health In | surance | ☐ Private Pay Health Insuran | ce |
| ☐ VA-Veteran's Administra | | ☐ Indian Health Services Pro | _ |
| ☐ Employer-Provided Healt | h Insurance | Other: Specify | |
| HUD Financial Assessment | | | |
| A Mr. 1' T | | . Пм. | |
| Area Median Income* □ | Big Island □ Ka | uai 🗆 Maui | |
| Income from Any Source* □ | No □ Yes □ Client d | loesn't know 🛮 Client Re | efused |
| Please check all resources and ent | er the amount per MON | NTH* | |
| Income Type | Amount | Income Type | Amount |
| ☐ Unemployment | \$ | ☐ Retirement from Socia | al Security: \$ |
| ☐ Earned Income (employment) | : \$ | ☐ VA Non-Service Disa | bility Pension \$ |
| □ SSI: | \$ | ☐ Pension or Retirement | |
| □ SSDI: | \$ | ☐ Child Support: | \$ |
| ☐ VA Service Disability Compe | nsation: \$ | ☐ Alimony or Other Spo | ousal Support: \$ |
| ☐ Private Disability Insurance: | \$ | ☐ Worker's Compensati | on: \$ |
| □ TANF | \$ | ☐ Other: | \$ |
| ☐ General Assistance: | \$ | TOTAL INCOME: | \$ |
| Hawaii Specific Assessment | | | |
| Hawaii Residence Information | | | |
| Did you arrive in Hawaii duri | ng the past 12 months?* | ķ | |
| • | Client doesn't know | ☐ Client Refused | |
| If yes, how long have you beer | | | ess than one month. # of days: |
| | | | , ss u.u. ; or u.u ; |
| How long have you lived in Ha | · | · — | |
| Before your 18 th birthday, we | re you placed in an out o | of home placement and/or | experience homelessness? |
| Check all that apply. □ Foster Care | ☐ Juvenile Home | □ N _a | ☐ Client doesn't know |
| ☐ Foster Care ☐ Group Home | ☐ Homeless | □ No | ☐ Client doesn t know ☐ Client refused |
| - | □ Homeless | | □ Chefit ferused |
| Personal Information | | | |
| Marital Status*: | | | |
| ☐ Single/never married | ☐ Married | □ Widowed | ☐ Client refused |
| ☐ Living with partner | ☐ Separated/divorced | ☐ Other | _ |
| What is your current criminal | justice status* | | |
| ☐ Parole | ☐ Formerly in system | & completed requirements | ☐ Client doesn't know |
| ☐ Probation | ☐ Client refused | | |
| ☐ Supervised release | □ None | | ☐ Data not collected |
| | Other | | |

| Zip code of last permanent address* | Zip Code Data Quality*: □ Full or Partial | - |
|---|---|-----------|
| | ☐ Client doesn't know ☐ Client refused | |
| If currently working, # hours worked in past week? | | |
| Referral Information* (How were you referred to this agen | cy?) | |
| ☐ Aloha United Way☐ Homeless services age☐ Criminal justice☐ Hospital | ncy \square Self \square Client doesn't know \square VA \square Other $_$ | |
| If homeless service agency, which one?* | | |
| Medical Information | | |
| Name of Medical Insurer: | | |
| Emergency Services | | |
| How many times in the past 12 months have you used | the following emergency or medical services? | |
| Hospital emergency room services# of | times used: | |
| Other hospital services (medical or psychiatric) # of | times used: | |
| 911/ambulance emergency services# of | times used: | |
| Access (Crisis) hotline# of | times used: | |
| Other emergency service:# of | times used:Name of Service: | |
| HUD RHY Data Assessment | | |
| Referral Source* □ Self-Referral □ Individual: Parent/Guardian/Relative/Friend/Foster Parent □ Outreach Project:*Number of times approached prior to a superior of the superior of the superior of times approached prior to a superior of times app | 1 | |
| Date of Status Determination* Youth Eligible for RHY* □ No □ Yes If "Yes", is youth Runaway □ Client doesn't know □ No □ Yes □ Client doesn't know □ Client Refused □ Data not collected | | |
| If "No", reason why services not funded by BCP grant | □ Out of age range □ Ward of the State – Immediate Reunification □ Ward of the Criminal Justice System – Immediate Re | eunificat |

HUD RHY Data Assessment (cont)

| School Status* ☐ Attending school regularly ☐ Attending school irregularly ☐ Graduated from high school ☐ Obtained GED | | ☐ Dropped out☐ Suspended☐ Expelled | | ☐ Client doesn't know☐ Client refused☐ Data not collected☐ | , |
|--|--|---|--|---|--|
| Dental Health Status* □ Excellent □ Very Good □ Good | □ Fair □ Poor | ☐ Client doesn't know☐ Client refused☐ Data not collected☐ | | | |
| Mental Health Status* ☐ Excellent ☐ Very Good ☐ Good | □ Fair □ Poor | ☐ Client doesn't know☐ Client refused☐ Data not collected☐ | | | |
| Formerly a Ward of Chile | d Welfare/F | oster Care Agency* | | | |
| □ No | | doesn't know | | If yes, Number of Yea | |
| ☐ Yes | ☐ Client 1 | | | ☐ Less than one year* | * No. of months |
| Farmento a Ward of the 1 | | ot collected | | ☐ 1 to 2 Years | \square 3 to 5 or more Years |
| Formerly a Ward of the J | | ilce System" | | | |
| \square No | Client of | doesn't know | | If was Number of Vee | ma*• |
| □ No □ Yes | | doesn't know refused | | If yes, Number of Yea ☐ Less than one year* | |
| □ No □ Yes | ☐ Client 1 | | | If yes, Number of Yea ☐ Less than one year* ☐ 1 to 2 Years | * No. of months 3 to 5 or more Years |
| | □ Client r □ Data no | refused ot collected | all that ap | ☐ Less than one year* ☐ 1 to 2 Years | * No. of months |
| □ Yes | □ Client r □ Data no ical Issues | refused of collected Assessment (select a | - | ☐ Less than one year* ☐ 1 to 2 Years | * No. of months |
| ☐ Yes HUD RHY Family Crit | ☐ Client 1 ☐ Data no ical Issues | refused ot collected Assessment (select a | ☐ Physical | ☐ Less than one year* ☐ 1 to 2 Years pply) | * No. of months ☐ 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit | ☐ Client r☐ Data no cical Issues ics /Gender Ident | refused of collected Assessment (select a stity-Youth | ☐ Physical ☐ Physical | ☐ Less than one year* ☐ 1 to 2 Years pply) Disability-Youth | * No. of months ☐ 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation | ☐ Client 1 ☐ Data no cical Issues ics /Gender Ident | refused of collected Assessment (select a stity-Youth tity-Family Member | ☐ Physical ☐ Physical ☐ Mental I | ☐ Less than one year* ☐ 1 to 2 Years pply) Disability-Youth Disability-Family Membe | * No. of months ☐ 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Sexual Orientation | ☐ Client r☐ Data no ical Issues ics /Gender Ident /Gender Ident uth | refused of collected Assessment (select a stity-Youth tity-Family Member | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I | ☐ Less than one year* ☐ 1 to 2 Years pply) Disability-Youth Disability-Family Membe Disability-Youth | * No. of months ☐ 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Sexual Orientation ☐ Housing Issues-Yo | ☐ Client r☐ Data not clical Issues lics /Gender Ident /Gender Ident uth mily Member | refused of collected Assessment (select a stity-Youth tity-Family Member | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse a | ☐ Less than one year* ☐ 1 to 2 Years Disability-Youth Disability-Family Member Disability-Family Member | * No. of months 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Sexual Orientation ☐ Housing Issues-Yo ☐ Housing Issues-Family | ☐ Client i ☐ Data not ical Issues ics /Gender Ident /Gender Ident outh mily Member onal Issues-Yo | refused of collected Assessment (select a stity-Youth tity-Family Member outh | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Mental I ☐ Abuse ar | ☐ Less than one year* ☐ 1 to 2 Years Disability-Youth Disability-Family Member Disability-Family Member Disability-Family Member Disability-Family Member Disability-Family Member Disability-Youth Disability-Youth | * No. of months 3 to 5 or more Years |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Sexual Orientation ☐ Housing Issues-Yo ☐ Housing Issues-Far ☐ School or Educatio ☐ School or Educatio ☐ Unemployment-Yo | Client in Data not Da | refused of collected Assessment (select a stity-Youth tity-Family Member outh lt | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse ar ☐ Abuse ar ☐ Alcohol ☐ Alcohol | Less than one year* 1 to 2 Years pply) Disability-Youth Disability-Family Member Disability-Youth Disability-Youth Disability-Family Member and Neglect-Youth and Neglect-Family Member or Other Drug Abuse-Your or Other Drug Abuse-Family | * No. of months 3 to 5 or more Years r th th illy Member |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Housing Issues-Yo ☐ Housing Issues-Fai ☐ School or Educatio ☐ Unemployment-Yo ☐ Unemployment-Fai | Client in Data not Data Data Data Data Data Data Data Da | refused of collected Assessment (select a tity-Youth tity-Family Member outh lt | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse ar ☐ Abuse ar ☐ Alcohol ☐ Alcohol ☐ Insufficient | □ Less than one year* □ 1 to 2 Years Disability-Youth Disability-Family Member Disability-Youth Disabil | * No. of months 3 to 5 or more Years r th illy Member ith-Family Member |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Housing Issues-Yo ☐ Housing Issues-Far ☐ School or Educatio ☐ School or Educatio ☐ Unemployment-Yo ☐ Unemployment-Far ☐ Mental Health Issu | Client in Data not Da | refused of collected Assessment (select a stity-Youth tity-Family Member outh lt | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse ar ☐ Abuse ar ☐ Alcohol ☐ Alcohol ☐ Insufficient | Less than one year* 1 to 2 Years pply) Disability-Youth Disability-Family Member Disability-Family Member and Neglect-Youth and Neglect-Family Member or Other Drug Abuse-Your or Other Drug Abuse-Fam ent Income to Support You dilitary Parent-Family Member | * No. of months 3 to 5 or more Years r th th ily Member th-Family Member nber |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation. ☐ Housing Issues-Yo ☐ Housing Issues-Far ☐ School or Educatio ☐ School or Educatio ☐ Unemployment-Yo ☐ Unemployment-Far ☐ Mental Health Issu ☐ Mental Health Issu | Client in Data not Data Data Data Data Data Data Data Da | refused of collected Assessment (select a stity-Youth tity-Family Member outh lt | ☐ Physical ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse ar ☐ Alcohol ☐ Alcohol ☐ Insufficid ☐ Active M ☐ One Pare | □ Less than one year* □ 1 to 2 Years pply) Disability-Youth Disability-Family Member Disability-Family Member and Neglect-Youth and Neglect-Family Member or Other Drug Abuse-Your or Other Drug Abuse-Fam ent Income to Support You dilitary Parent-Family Member ent/Legal Guardian is Incar | * No. of months 3 to 5 or more Years r th th ily Member tth-Family Member nber recerated |
| ☐ Yes HUD RHY Family Crit ☐ Household Dynami ☐ Sexual Orientation ☐ Housing Issues-Yo ☐ Housing Issues-Far ☐ School or Educatio ☐ School or Educatio ☐ Unemployment-Yo ☐ Unemployment-Far ☐ Mental Health Issu | Client in Data not Data Data Data Data Data Data Data Da | refused of collected Assessment (select a tity-Youth tity-Family Member outh lt | ☐ Physical ☐ Physical ☐ Mental I ☐ Mental I ☐ Abuse ar ☐ Abuse ar ☐ Alcohol ☐ Alcohol ☐ Insufficie ☐ Active M ☐ One Pare | Less than one year* 1 to 2 Years pply) Disability-Youth Disability-Family Member Disability-Family Member and Neglect-Youth and Neglect-Family Member or Other Drug Abuse-Your or Other Drug Abuse-Fam ent Income to Support You dilitary Parent-Family Member | * No. of months |