Agency:_____ **Project Entry Date:**_____

Project:_____ **Case Worker:**_____

Add HMIS Family Member

Name Quality* **First Name*:** _____ **Middle:** _____ **Last***_____

☐ Full name
☐ Partial, street/code name ☐ Client refused
☐ Client doesn't know ☐ Data Not Collected

Birth Date*: _____ **Age**_____

☐ Full DOB ☐ Partial (DD/YY) ☐ Client Refused
☐ Partial (MM/YY) ☐ Client Doesn't Know ☐ Data Not Collected

Gender*

☐ Male ☐ Female
☐ Trans Female (MTF or Male to Female)
☐ Trans Male (FTM or Female to Male)
☐ Gender Non-Conforming(Not exclusively male or female)
☐ Client doesn't know
☐ Client Refused
☐ Data Not Collected

Social Security#*_____

☐ Full ☐ Client Doesn't Know ☐ Data Not Collected
☐ Partial ☐ Client Refused

Primary Language*

☐ Chinese ☐ Japanese ☐ Spanish
☐ Chuukese ☐ Korean ☐ Tagalog
☐ English ☐ Marshallese ☐ Vietnamese
☐ llocano

Other_____

Ethnicity* (Select One) ☐ Client Doesn't Know

☐ Non-Hispanic or Latino ☐ Client Refused
☐ Hispanic or Latino ☐ Data Not Collected

Citizenship Status

☐ U.S. Citizen
☐ Eligible Non-Citizen
☐ Non-US Citizen COFA
☐ U.S. National (American Samoa or Swains Island)
☐ Ineligible Non-Citizen
☐ Undocumented
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

If Non-US Citizen COFA*

☐ Chuuk-Micronesia
☐ Kosrae-Micronesia
☐ Marshall Islands
☐ Palau
☐ Pohnpei-Micronesia
☐ Yap-Micronesia
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Race* (Multiple may be Selected)

☐ American Indian or Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Client Doesn't Know
☐ Client Refused
☐ Other
☐ Data Not collected

If Asian Chosen Above*

☐ Asian Indian
☐ Chinese/Taiwanese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian _____

If Native Hawaiian/Other Pacific Islander chosen above*

☐ Hawaiian ☐ Marshallese ☐ Samoan ☐ Tongan
☐ Guamanian/Chamorro ☐ Micronesian ☐ Other Pacific Islander _____

What Race do you identify with most?

☐ American Indian/ Alaskan Native
☐ Japanese
☐ Other Asian
☐ Tongan
☐ Client Refused
☐ Asian Indian
☐ Filipino
☐ Korean
☐ Other Pacific Islander
☐ Vietnamese
☐ Data Not Collected
☐ Black/African American
☐ Guamanian/Chamorro
☐ Marshallese
☐ Portuguese
☐ White
☐ Chinese/Taiwanese
☐ Native Hawaiian
☐ Micronesian
☐ Samoan
☐ Client Doesn't Know

Other Information – CONSENT

****Minor Children cannot give consent. Consent will be based on the Head of Household****

Hawaii Enrollment Add/Edit

Enrollment Entry Date*:_____ **Program*:** _____

Disabling Condition* ☐ **No** ☐ **Yes** ☐ **Client doesn't know** ☐ **Client refused** ☐ **Data not collected**

HUD Program Data - Child

Health Insurance* *Are you covered by health insurance?*

☐ No ☐ Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Disabling Condition

Substance Abuse* (If "NO" selected, skip to Mental Health)

☐ No ☐ Alcohol Abuse ☐ Drug Abuse
☐ Both Alcohol and Drug Abuse ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Mental Health Problem* (If "NO" selected, skip to Developmental Disability)

☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Developmental Disability* (If "NO" selected, skip to Chronic Health Condition)

☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to substantially impair ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Chronic Health Condition* (If "NO" selected, skip to HIV / AIDS)

☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

HIV / AIDS* (If "NO" selected, skip to Physical Disability)

☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to substantially impair ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Physical Disability* (If "NO" selected, skip to Health Insurance Assessment)

☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

a) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
☐No ☐Yes ☐ Client doesn't know ☐ Client Refused ☐ Data not collected

Health Insurance Assessment (*if yes to health insurance)*

☐ Medicaid
☐ Medicare
☐ State Children's Health Insurance
☐ VA-Veteran's Administration Medical Services
☐ Employer-Provided Health Insurance
☐ Health Insurance through Cobra
☐ State Health Insurance for Adults
☐ Private Insurance
☐ Indian Health Services Program
☐ Other _____