

PARTNERS IN CARE *Oahu's Continuum of Care*

Identifying

*Case Worker: _____

Note: Fields with an * **MUST** be answered.

*Name Data Quality: Full name reported Client doesn't know
 Partial, street name, or code name reported Client refused
 Data not collected

*First Name: _____ *Last Name: _____

Middle Name: _____ Suffix: _____

*Birthdate: _____ Full DOB reported Age Data not collected
 Partial Month/Year Client doesn't know Client refused
 Age: _____ Partial Day/Year Client refused

*SSN: _____ Full SSN reported Client doesn't know
 Approximate or partial SSN reported Client refused
 Data not collected

*Gender: Male Trans Male (FTM or Female to Male) Client doesn't know
 Female Gender Non-Conforming (i.e. not exclusively male or female) Client refused
 Trans Female (MTF or Male to Female) Transgender Unknown Data not collected

Citizenship Status: US Citizen US National (American Samoa or Swains Island) Client doesn't know
 Eligible Non-Citizen Ineligible Non-Citizen Client refused
 Non-US Citizen COFA** Undocumented Data not collected

**If COFA: Chuuk-Micronesia Yap-Micronesia Chinese Korean
 Kosrae-Micronesia Client doesn't know Chuukese Marshallese
 Marshall Islands Client refused English Spanish
 Palau Data not collected Ilocano Tagalog
 Pohnpei-Micronesia Japanese Vietnamese

*Relationship to HoH: Self (HoH) Other Relative Non-Hispanic or Latino
 Spouse Other Non-Relative Hispanic or Latino
 Child Unknown Client doesn't know
 Step Child Grandparent Grandchild Client refused
 Grandparent Grandchild Data not collected
 Guardian Foster Child

*Veteran Status: Yes Client doesn't know
 No Client refused
 Data not collected

***Race:**

Select all that apply

- American Indian or Alaska Native
- Asian**
- Black or African American
- Native Hawaiian or Other Pacific Islander**
- White
- Other (Specify): _____
- Client doesn't know
- Client refused
- Data not collected

**If selected Asian above:

- Asian Indian
- Chinese/Taiwanese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify): _____

**If selected Native Hawaiian or Other Pacific Islander above:

- Native Hawaiian
- Guamanian/Chamorro
- Marshallese
- Micronesian
- Other Pacific Islander (Specify): _____

- Samoan
- Tongan

***Which race do you identify with most?**

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Chinese/Taiwanese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White | |

Contact Information

*Current Address: _____

***Update all family members?**

- Yes
- No

Zip Code: _____ City: _____ State: _____

Cell Phone: _____ Home Phone: _____

- Primary Secondary Tertiary
- Primary Secondary Tertiary

Work Phone: _____ Email Address: _____

- Primary Secondary Tertiary

Other Information

*Was consent given to share data? Yes No *Date of Consent: _____

Add Family

To add family members, complete another enrollment packet and consent form for each adult. For children, use the Child Intake form.

Hawaii Enrollment Add/Edit

*Enrollment Entry Date: _____ *Check one: Individual Family

*Program/Provider (Your program's name): _____

*Case Manager: _____

If client has changed residences since project entry, change the client location (CoC) through a new during program assessment.

***Client Location (provider) :** _____

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

See next page

***Living Situation**

Homeless Situation

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Place not meant for habitation
- Safe Haven
- Interim Housing

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 abuse treatment facility of detox center

Other

- Client doesn't know
- Client refused
- Data not collected

Transitional and Permanent Housing Situation

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with other 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 homeless youth)
- Rental by client with VASH subsidy
- Rental by client, with GDP TIP subsidy
- Residential project of halfway house with no homeless criteria

***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"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

***Approximate date 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 refused
- Data not collected

***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)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Client doesn't know
- Client refused
- Data not collected

Hawaii Residential Information, continued

Before your 18th birthday, were you placed in an out-of-home placement and/or did you experience homelessness? *Select all that apply.*

- Foster Care
- Juvenile Home
- No
- Client refused
- Group Home
- Homeless
- Client doesn't know
- Data not collected

Personal Information

- *Marital Status**
- Single/never married
 - Married
 - Widowed
 - Client refused
 - Living with partner
 - Separated/Divorced
 - Other
 - Data not collected

- *What is your current criminal justice status?**
- Parole
 - Formerly in the system & completed requirement
 - None
 - Client doesn't know
 - Probation
 - Other: _____
 - Client refused
 - Supervised Release
 - Drug Court
 - Data not collected

If client's residence just prior to project entry was an ES, TH, or PSH project, specify the name of the specific project.

- *Zip code of last permanent address:** _____ **Data Quality:** Full or partial Client doesn't know Client refused

If currently working, number of hours worked in the past week? _____

***Referral Information** (How were you referred to this agency?)

- Aloha United Way
- Homeless services agency**
- Self
- Other: Specify _____
- Criminal Justice
- Hospital
- VA
- Client doesn't know

****If homeless service agency, which one?** _____

Medical Information

Did Veteran enter Service-Intensive Transitional Housing (SITH) for a CLINICAL NEED? Yes** No

****If yes, describe the CLINICAL NEED:** _____

Medical Insurer: _____

Emergency Services

How many times in the past 12 months have you used the following emergency or medical services?

<u>Service</u>	<u>#</u>	<u>Service</u>	<u>#</u>
<input type="checkbox"/> Hospital emergency room services	_____	<input type="checkbox"/> 911/ambulance emergency services	_____
<input type="checkbox"/> Other hospital services (medical or psychiatric)	_____	<input type="checkbox"/> Access (Crisis) hotline	_____
		<input type="checkbox"/> Other emergency services	_____
		Specify: _____	