

Identifying Information

*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

*Current Gender Identity

- Woman/Girl
- Man/Boy
- Culturally Specific Identity (e.g., Two-Spirit)
- Different Identity** _____
- Non-Binary
- Transgender
- Questioning
- Client doesn't know
- Client prefers not to answer

*Sex assigned at birth

- Male Client doesn't know
- Female Client prefers not to answer

*Do you identify as intersex?

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

*Case Worker: _____

*Race and Ethnicity *Select all that apply*

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latina/e/o/x
- Middle Eastern or North African
- Client doesn't know
- Client prefers not to answer

Veteran Status: KW @a

**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 Client doesn't know
- Dishonorable Client prefers not to answer
- Uncharacterized

*Theater of Operations:

- World War II Iraq (Iraqi Freedom)
- Korean War Iraq (New Dawn)
- Vietnam War Other Operations
- Persian Gulf War Client doesn't know
- Afghanistan Client prefers not to answer

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

*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

Interviewer's Name: _____

Interviewer's Agency: _____

Description of Interview Location:(ex "in my office, at the park)

Enrollment

*Prior Living Situation Project Start Date: _____ Date of Engagement: _____

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 RHY-funded 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**
 - Owned by client, *no* ongoing housing subsidy
 - Owned by client, *with* ongoing housing subsidy
- **Rental Subsidy Type
- GPD TIP housing subsidy
 - VASH Housing subsidy
 - RRH or equivalent subsidy
 - HCV voucher (tenant or project based) (not dedicated)
 - Public Housing Unit
 - Rental by client, with other ongoing housing subsidy
 - Housing Stability Voucher
 - Family Unification Program Voucher (FUP)
 - Foster Youth to Independence Initiative (FYI)
 - Permanent Supportive Housing
 - Other permanent housing dedicated for formerly homeless persons

Section A: Homeless Situation

*Length of stay in prior living situation.

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn't know
- 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

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

*Location details: _____

Homeless Situation: *If a selection is made from this area, SKIP to the end*

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- Place not meant for habitation
- Safe Haven

Other:

- Client doesn't know
- Client prefers not to answer
- 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, please specify type-->**
- Owned by client, **no** ongoing housing subsidy
- Owned by client, **with** ongoing housing subsidy

**Rental Subsidy Type:

- GPD TIP housing subsidy
- ASH Housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated)
- Public Housing Unit
- Rental by client, with other ongoing housing subsidy
- Housing Stability Voucher
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly homeless persons

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