

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

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

- |                        |   |  |
|------------------------|---|--|
| **Rental Subsidy Type: | <input type="checkbox"/> GPD TIP housing subsidy<br><input type="checkbox"/> VASH Housing subsidy<br><input type="checkbox"/> RRH or equivalent subsidy<br><input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)<br><input type="checkbox"/> Public Housing Unit<br><input type="checkbox"/> Housing Stability Voucher | <input type="checkbox"/> Housing Stability Voucher<br><input type="checkbox"/> Family Unification Program Voucher (FUP)<br><input type="checkbox"/> Foster Youth to Independent subsidy<br><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)<br><input type="checkbox"/> Permanent Supportive Housing<br><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|------------------------|---|--|

### Section A: Homeless Situation

\*Length of stay in prior living situation.

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

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## 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  
 6 months - less than a year  
 1 year or more  
 Client doesn't know  
 Client prefers not to answer

Currently Fleeing DV:  Yes\*\*  Client prefers not to answer  
 No  Client doesn't know

## 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 \_\_\_\_\_



# Individual VI SPDAT

\*Is this a multi-person household?  Yes\*\*  No

\*\*If yes, fill out an 'Add Family Member' form.

## 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 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 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 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 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 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 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 been attacked or beaten up since you've become homeless?

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

Have you threatened to or tried to harm yourself or anyone else in the last year?

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

Do you have any legal stuff going on right now that may result in you 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 to do things that you do not want to do?

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

Do you 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

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## Socialization

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

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

Do you 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

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

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

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

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

## Wellness

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

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

Do you 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 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 are sick or not feeling well, do you avoid getting medical help?

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

Are you currently pregnant?

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

Has your drinking or drug use led you 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 you to stay housed or afford your housing?

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

Have you ever had trouble maintaining your 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 have any mental health or brain issues that would make it hard for you 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 should be taking that, for whatever reason, you are not taking?

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

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

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

Has your 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 have experienced?

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

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## 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 you live prior to becoming homeless?

- This city  
 This region  
 Other part of the state  
 Somewhere else  
 Client doesn't know  
 Client prefers not to answer

Do you have a permanent physical disability that limits your 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

Private Insurance\*\*

Other Health Insurance\*\* \_\_\_\_\_

No Health Insurance

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

Health Plan Name: *Health Plan Providers Only:*

- Aloha Care
- HMSA
- Kaiser
- Ohana
- United Health Care
- Veteran's Admin
- Not Sure

- Verified?*
- Yes
  - No

Were you in Hawaii's foster care system after your 16th birthday?

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

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

*Select all that apply*

- Hospital\*\*
- Clinic\*\*
- VA
- Other\*\*
- Does not go for care

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

\_\_\_\_\_

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?

- TH  S + C PSH  Youth: YHDP TH
 RRH or TH  HLOC  Youth: Hale Kipa TH
 Shallow RRH  Youth: Independent PSH  Youth: Step Up
 Medium Term RRH  Youth: Group Home PSH  Vet: SSVF
 PSH  Youth: Youth RRH  Vet: GPD
 AMHD Group Home PSH  Youth: Youth or Mainstream RRH

Current Living Situation (required for street outreach programs)

\*Location details: \_\_\_\_\_

Homeless Situation: If a selection is made from "Homeless" or "Other", SKIP to the end

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or 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

## Current Living Situation *(continued)*

- 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:

- 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

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
- Case Manager
- Client
- Employer
- Home
- Housing Navigator
- Nurse Practitioner
- Other
- Physician Assistant
- Relative

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_