

# -Continuum of Care – Basic Exit

## Data Collection HMIS Form — (2021)



|                   |                           |
|-------------------|---------------------------|
| <b>Client ID:</b> | <b>Project Exit Date:</b> |
|-------------------|---------------------------|

**First, Mi., Last Name, Suf:**

|                     |  |  |  |
|---------------------|--|--|--|
| Reason for leaving: | <input type="checkbox"/> Completed Program                             | <input type="checkbox"/> Criminal activity/violence                  | <input type="checkbox"/> Death   |
|                     | <input type="checkbox"/> Disagreement with rules/persons               | <input type="checkbox"/> Left for In-House Supportive Housing        | <input type="checkbox"/> Left for housing opp. Before completing program |
|                     | <input type="checkbox"/> Need fully met                                | <input type="checkbox"/> Needs could not be met                      | <input type="checkbox"/> Non-compliance with program                     |
|                     | <input type="checkbox"/> Nonpayment of rent                            | <input type="checkbox"/> Planned DC services completed referral made | <input type="checkbox"/> Planned DC services completed, no referral      |
|                     | <input type="checkbox"/> Reached maximum time allowed                  | <input type="checkbox"/> Runaway                                     | <input type="checkbox"/> Unknown/Disappeared                             |
|                     | <input type="checkbox"/> Unplanned DC parent/child terminated services | <input type="checkbox"/> Other                                       | <input type="checkbox"/> Temporary financial assistance depleted         |
|                     | <input type="checkbox"/> Other (Program no longer in operation)        | <input type="checkbox"/> No contact for one month                    |  |

**Assessment Disposition \* Note: This section can be found at the end of the exit screen**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Referred to emergency shelter/safe haven</li> <li><input type="checkbox"/> Referred to rapid re-housing</li> <li><input type="checkbox"/> Referred to homelessness prevention</li> <li><input type="checkbox"/> Referred to other continuum project type</li> <li><input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects</li> <li><input type="checkbox"/> Referred to other community project (non-continuum)</li> <li><input type="checkbox"/> Other/specify:</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Referred to transitional housing</li> <li><input type="checkbox"/> Referred to permanent supportive housing</li> <li><input type="checkbox"/> Referred to street outreach</li> <li><input type="checkbox"/> Referred to a homelessness diversion program</li> <li><input type="checkbox"/> Unable to refer/accept within continuum; continuum services unavailable</li> <li><input type="checkbox"/> Applicant terminated assessment prior to completion</li> </ul> |
|---|---|

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| <b>Destination</b>  |   |   |
|---|---|---|
| <b>Homeless Situation</b>   | <b>Institutional Situation</b>  | <b>Temporary &amp; Permanent Housing Situation</b>  |
| <input type="checkbox"/> Place not meant for habitation<br><input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter<br><br><input type="checkbox"/> Safe Haven | <input type="checkbox"/> Foster care home or foster care group home<br><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility<br><input type="checkbox"/> Jail, prison, or juvenile detention facility<br><input type="checkbox"/> Long-term care facility or nursing home<br><input type="checkbox"/> Psychiatric hospital or other psychiatric facility<br><input type="checkbox"/> Substance abuse treatment facility or detox center<br><br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected<br><input type="checkbox"/> No exit interview completed<br><input type="checkbox"/> Other<br><input type="checkbox"/> Deceased<br><input type="checkbox"/> Client doesn't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not collected<br><input type="checkbox"/> Permanent: In-house supportive housing | <input type="checkbox"/> Residential project or halfway house with no homeless criteria<br><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher<br><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)<br><input type="checkbox"/> Host Home (non – crisis)<br><input type="checkbox"/> Staying or living in a family member's room, apartment or house<br><input type="checkbox"/> Staying or living in a friend's room, apartment or house<br><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy<br><input type="checkbox"/> Rental by client, with VASH housing subsidy<br><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons<br><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)<br><input type="checkbox"/> Rental by client in a public housing unit<br><input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Renter by client, with other ongoing subsidy<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy<br><input type="checkbox"/> Owned by client, with ongoing housing subsidy |

|                             |   |
|-----------------------------|---|
| <b>If "Other", specify:</b> |   |
| <b>Notes:</b>               |   |
| <b>Subsidy:</b>             | <input type="checkbox"/> None <input type="checkbox"/> Public housing <input type="checkbox"/> Section 8<br><input type="checkbox"/> S+C <input type="checkbox"/> HOME Program <input type="checkbox"/> HOPWA Program<br><input type="checkbox"/> Other housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused |

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| <b>Total Monthly Income:</b><br>\$ _____<br>(Income from any source) |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |            |            |          |
|--|---|---|------------|------------|----------|
| Source of Income   | Receiving income from any source?   | Amount of income  | How often: | Start Date | End Date |
| <b>Alimony or other spousal support</b>                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Child support</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Earned income</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Other</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Pension or retirement income from another job</b>                 | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Private disability insurance</b>                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Retirement income from social security</b>                        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>SSDI</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>SSI</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>TANF</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Unemployment insurance</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>VA Non- service connected disability pension</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |
| <b>Worker's compensation</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Data Not Completed |   |            |            |          |

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| <b>Non cash benefit from any source:</b>                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
|---|-----------------------------------|-----------------------------|--|---|---|
| Source of non-cash benefit                                | Receiving income from any source? |                             |  | Start Date                              | End Date                                    |
| Supplemental Nutritional Assistance Program (Food Stamps) | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Special Supplemental Nutrition Program for WIC            | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| TANF Child Care Services                                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| TANF Transportation Services                              | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Other TANF Funded Services                                | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Other   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |

| <b>Covered by health insurance:</b>     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected |
|---|------------------------------|-----------------------------|--|---|---|
| Source of Health Insurance              | Covered                      |                             |  | Start Date                              | End Date                                    |
| Medicaid                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Medicare                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| State Children's Health                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Veteran's Admin Medical                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Employer Provided Health Insurance      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Health Insurance obtained through COBRA | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Private pay health insurance            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| State health insurance                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Indian health insurance                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |
| Other                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Data Not Completed  |   |   |

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| Disability Type                    | Currently Receiving Services or Treatment  | Condition Long Term? (Y/N) | Start Date | Disability Determination (Y/N) | Disability Verification on File (Y/N) | End Date |
|------------------------------------|--|----------------------------|------------|--------------------------------|---------------------------------------|----------|
| <b>Alcohol abuse</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Both Alcohol and Drug Abuse</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Drug Abuse</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Chronic Health Condition</b>    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Developmental</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>HIV/AIDS</b>                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Mental Health</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |
| <b>Physical</b>                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Client don't know<br><input type="checkbox"/> Client refused<br><input type="checkbox"/> Data not completed |                            |            |                                |                                       |          |

**Note on Disability:**

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