

-Continuum of Care – Basic Exit

Data Collection HMIS Form — (2022)



Client ID:	Project Exit Date:
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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	

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Destination		
Homeless Situation	Institutional Situation	Temporary & Permanent Housing Situation
<ul style="list-style-type: none"> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, incl. hotel/motel paid for w/ES voucher, or RHY- funded Host Home Shelter <input type="checkbox"/> Safe Haven 	<ul style="list-style-type: none"> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <input type="checkbox"/> Permanent: In-house supportive housing 	<ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non – crisis) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Renter by client, with other ongoing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy

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If “Other”, specify:					
Notes:					
Subsidy:	<input type="checkbox"/> None <input type="checkbox"/> S+C <input type="checkbox"/> Other housing subsidy	<input type="checkbox"/> Public housing <input type="checkbox"/> HOME Program <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Section 8 <input type="checkbox"/> HOPWA Program <input type="checkbox"/> Refused		
Total Monthly Income: \$ _____ (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
Alimony or other spousal support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Child support	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Earned income	<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				
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Private disability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Retirement income from social security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

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Source of Income, continued	Receiving income from any source?	Amount of income	How often:	Start Date	End Date
Unemployment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
VA Non- service connected disability pension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				
Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Data Not Completed				

Non cash benefit 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
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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		

Covered by health insurance:	<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
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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		

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Source of Health Insurance, Continued	Covered	Start Date	End Date
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		

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
Alcohol Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Both Alcohol and Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					



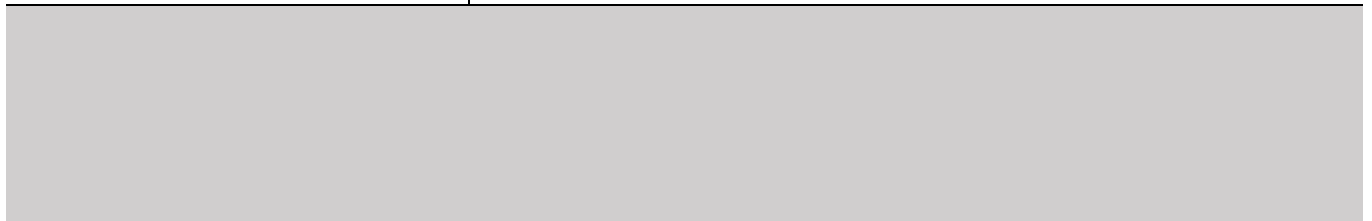
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Disability Type, Continued	Currently Receiving Services or Treatment	Condition Long Term? (Y/N)	Start Date	Disability Determination (Y/N)	Disability Verification on File (Y/N)	End Date
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client don't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not completed					

Housing Assessment at Exit	<input type="checkbox"/> Able to maintain the housing they had project entry <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Client went to jail/ prison <input type="checkbox"/> Client Died <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless-moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If able to maintain housing at entry, Subsidy Information	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With ongoing subsidy acquired since project entry <input type="checkbox"/> Data not collected	<input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> Only with financial assistance other than a subsidy
If moved to new housing unit, Subsidy Information	<input type="checkbox"/> With on-going subsidy	<input type="checkbox"/> Without on-going subsidy <input type="checkbox"/> Data not collected



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Well-Being (Please check box for appropriate answer)	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strong Agree	Client doesn't Know or Refused
Client perceives their life has value and worth.					
Client perceives they have support from others who will listen to problems.					
Client perceives they have a tendency to bounce back after hard times.					
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.					
Current school enrollment and attendance	<input type="checkbox"/> Not currently enrolled in any school or educational course <input type="checkbox"/> Currently enrolled but not attending regularly (when school or the course is in session) <input type="checkbox"/> Currently enrolled and attending regularly (when school or the course is in session) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not collected				
Most Recent Educational Status	<input type="checkbox"/> K 12: Graduated from high school <input type="checkbox"/> K 12: Obtained GED <input type="checkbox"/> K 12: Dropped Out <input type="checkbox"/> K 12: Suspended <input type="checkbox"/> K 12: Expelled <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Higher education: pursuing a credential but currently not attending <input type="checkbox"/> Higher education: dropped out <input type="checkbox"/> Higher education: obtained credential /degree				
Current Educational Status	<input type="checkbox"/> Pursuing high school diploma or GED <input type="checkbox"/> Pursuing Associate's Degree <input type="checkbox"/> Pursuing Bachelor's Degree <input type="checkbox"/> Pursuing Graduate's Degree <input type="checkbox"/> Data Not collected <input type="checkbox"/> Pursuing other post-secondary credential <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client refused				
General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				