

HMIS Data Collection Form for Project EXIT– All Projects (Excluding RHY)

DATA FOR ALL ADULTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member. Each household member may have a separate exit date and destination, etc.

CLIENT (name or other identifier)

Indicate here if no exit interview was completed:

PROJECT EXIT DATE:

		/			/				
Month			Day			Year			

The project Exit date will serve as the information date for all the data elements collected on this form all data must be accurate as of this date ,regardless of the date collected

REASON FOR LEAVING

<input type="checkbox"/> Completed Program	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Reached Maximum Time Allowed
<input type="checkbox"/> Criminal Activity/Violence	<input type="checkbox"/> Needs Could Not Be Met	<input type="checkbox"/> Transfer
<input type="checkbox"/> Death	<input type="checkbox"/> Non-Compliance with Program	<input type="checkbox"/> No Progress
<input type="checkbox"/> Disagreement with Rules/Persons	<input type="checkbox"/> Non-Payment of Rent	<input type="checkbox"/> Unknown/Disappeared
<input type="checkbox"/> Left for Housing Opp. Before Completing Program	<input type="checkbox"/> Other: _____	

HUD DESTINATION:

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	Continuum PH	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher		<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <i>(not applicable for CoC-funded projects) To HOPWA PH from a HOPWA project</i>
	<input type="checkbox"/> Safe Haven (Salvation Army only)	Rent/Own with Subsidy	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <i>(not applicable for CoC-funded projects) To HOPWA TH from a HOPWA project</i>		<input type="checkbox"/> Rental by client, with VASH housing subsidy
Non-Homeless Temporary Situations	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	Rent/Own no Subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
	<input type="checkbox"/> Residential project or halfway house with no homeless criteria		<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Staying or living with family, temporary tenure (room, apartment, or house)		<input type="checkbox"/> Rental by client, no ongoing housing subsidy
Institutional Situations	<input type="checkbox"/> Staying or living with friends, temporary tenure (room, apartment, or house)	Other Permanent	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility		<input type="checkbox"/> Staying or living with family, permanent tenure
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living with friends, permanent tenure	
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Host Home non-crisis	
	<input type="checkbox"/> Jail, prison, or juvenile detention facility	Other	<input type="checkbox"/> Deceased
	<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Other
	<input type="checkbox"/> Long-term care facility or nursing home		<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client refused

INCOME AND SOURCES:

Does the client have any income from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer Yes or No for each income source.

Receiving Income?		Source of Income	Monthly amount from source (round to nearest dollar)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Earned income (employment income)	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Unemployment Insurance	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Supplemental Security Income (SSI)	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Social Security Disability Insurance (SSDI)	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	VA Service-Connected Disability Compensation	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	VA Non-Service-Connected Disability Pension	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Private disability insurance	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Worker's Compensation	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Temporary Assistance for Needy Families (TANF)	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	General Assistance (GA)	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Retirement Income from Social Security	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Pension or retirement income from a former job	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Child support	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Alimony or other spousal support	\$. 0 0
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other source: _____	\$. 0 0
Total monthly income from all sources			\$. 0 0

NON-CASH BENEFITS :

Does the client have any non-cash benefits from any source?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

	Receiving Benefits?	
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF Child Care services (or use local name)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF transportation services (or use local name)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other TANF-Funded Services (or use local name)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other source, specify source: _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

HEALTH INSURANCE

Is the client currently covered by health insurance?

No

Yes

Client doesn't know

Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

No	Yes	Source
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

Social Determinants of Health:

Number of hospitalizations in the past 12 months: _____

Number of emergency room visits in the past 12 months: _____

Zip Code of destination:

Address of destination:

***If unknown put N/A**

Homeless Destinations Explanation

Place Not Meant for Habitation: The client has returned to living outside or any place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway/airport station, campsite).

Emergency shelter, including hotel or motel paid for with voucher, or RHY- funded Host Home shelter: The client has exited to an Emergency Shelter, including a hotel or motel paid for with an emergency shelter voucher, non-profit organization, or Federal/State/Local agency. Includes Domestic Violence shelter, Basic Center shelters/host home for youth, and Missions.

Safe Haven :(Salvation Army only)

Institutional Destinations Explanation

Foster Care Home or Foster Care Group Home: The client has exited to a youth (18-24 years old) or child (<18 years old) foster care home or foster care group home.

Hospital or other residential non-psychiatric medical facility: The client has exited to a hospital for any reason other than psychiatric. Includes any residential care involving a medical need (hospital, rehabilitation center).

Jail, prison, or juvenile detention facility: The client has been arrested and is residing in a local jail, prison (state or federal) or juvenile detention facility.

Long-term care facility or nursing home: The client exited to a long-term care facility or nursing home.

Psychiatric hospital or other psychiatric facility: The client has exited to a psychiatric facility, psychiatric hospital, or psychiatric unit of a local hospital.

Substance Abuse Treatment facility or Detox center: The client has exited to a substance abuse treatment program, detox program or other substance abuse residential facility.

Temporary and Permanent Destinations Explanation:

Residential project or halfway house with no homeless criteria: The client exited to a residential project or halfway house that does not have a homeless requirement

Hotel or motel paid for without emergency shelter voucher: The client is exiting to a hotel or motel where the client pays for their own stay.

Transitional Housing for homeless persons (including youth) Host Home (non-crisis): The client has exited to a Transitional Housing program that is time limited up to 24 months. Includes TBRA, Youth SHP and Youth transitional housing programs.

Does not include an exit to substance abuse treatment facility.

Host Home:Often a program for clients aging out of the foster care system. An arrangement to stay in a third party's home, no homeless criteria required.

Staying or Living with Family –Temporary Tenure: The client has exited to a family member's room, apartment or house and will stay there only a short time according to self-report or agency staff report. Use "temporary" if client is given a time limit in which they need to leave or if the Case Manager has knowledge that the destination is meant to be very short term.

Staying or Living with Family –Permanent Tenure: The client has moved into a room, apartment or house occupied by a family member and is intending on living there. Use "permanent" if the client has NOT been given a specific time limit in which they need to leave. Includes clients moving into housing with a relative while a student.

Staying or Living with Friends –Temporary Tenure (e.g. room, apartment or house) The client has exited to a friend's room, apartment or house occupied by a friend and will stay there only a short time according to self-report or agency staff report.

Staying or Living with Friends –Permanent Tenure The client has moved into a room, apartment or house occupied by a friend and is intending on living there. Use "permanent" if the client has NOT been given a specific time limit in which they need to leave.

Temporary and Permanent Destinations cont. Explanation

Moved from one HOPWA funded project to HOPWA PH HOPWA – Housing Opportunities for Persons with AIDS; PH – Permanent Housing.

Moved from one HOPWA funded project to HOPWA TH HOPWA – Housing Opportunities for Persons with AIDS; TH – Transitional housing

Rental by client, with GPD TIP subsidy The unit the client is renting is being supported by a Grant Per Diem Transition in

Place subsidy. This is a Veteran’s Affairs (VA) funded program.

Rental by client, with VASH housing subsidy: The unit the client is renting is being supported by a HUD/VASH subsidy. VASH -Veterans Affairs Supportive Housing. Use only if the client has moved into the unit.

Permanent Housing (other than RRH) for formerly homeless persons: The unit the client is renting is being subsidized by a homeless funding source. This could be a scattered-site or site-based supportive housing where the rental subsidy is from Shelter Plus Care, Supportive Housing Program (PSH), or a local source of subsidy restricted strictly for homeless persons.

Rental by client, with RRH or equivalent: The unit the client is renting is being subsidized by a Rapid Re-Housing homeless funding source, including: CoC, ESG, SSVF, VA GPD, or Locally funded RRH.

Rental by client, with HCV voucher:(tenant or project based) The unit the client is renting is supported by a HUD Housing Choice Voucher (HCV)

Rental by client in public housing unit : The unit the client is renting is supported by a HUD Public Housing program

Rental by client, no ongoing housing subsidy: The client rents the unit they are living in and does not have an ongoing financial support attached to it.

Rental by client, other ongoing, housing subsidy: The unit the client is renting is being supported by any other subsidy – either government or private, either site-based or voucher. Includes State Rental Assistance (SER), legacy SRO, Pay for Success, and clients who leave for housing provided by college, Job Corps, Military or National Guard training. Does not include CoC PSH, HOPWA PH, RRH, GPD, or VASH.

Owned by client, with ongoing housing subsidy: The client owns the unit they are living in and has an ongoing housing subsidy (mortgage payment support) attached to it. Includes USDA Rural Development Loan/Recovery Act Supports.

Owned by client, no ongoing housing subsidy: The client owns the unit they are living in and does not have an ongoing housing subsidy attached to it.

Other Destinations Explanation

No exit interview completed The client left the program before an exit conversation. Considered null/missing.

Other; Some place other than what is available in any of the above fields. Considered null/missing.

Deceased: The client died while in the program. Not considered null/missing.

Client doesn’t know: The client doesn’t know where they is going upon exit. Considered null/missing.

Client refused : The client refused to tell program staff where he or she was going. Considered null/missing

Data not collected: Data was not collected before the client exited. Considered null/missing.