

# HMIS Data Collection Form Template for Project EXIT – All Projects (Revised 11.21.2023)

## DATA FOR ALL CLIENTS

HoH HMIS CLIENT ID # \_\_\_\_\_

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.

HMIS Client ID #

Client Name (or other identity)

## PROJECT EXIT DATE

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.

		/			/				
Month			Day			Year			

Indicate here if no exit interview was completed:

## REASON FOR LEAVING

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Completed Program   | <input type="checkbox"/> Medical Treatment           | <input type="checkbox"/> Reached Max 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"/> Transferred by DHS       |
| <input type="checkbox"/> Disagreement w/ rules-person                              | <input type="checkbox"/> Non-Payment of Rent         | <input type="checkbox"/> Unknown/Disappeared      |
| <input type="checkbox"/> Left for Housing Opportunity before<br>Completing Program | <input type="checkbox"/> Other _____                 |   |

**HUD DESTINATION:** Select the destination that most closely matches where the client will be staying after exiting.

### Homeless Situations

- Place not meant for habitation (HUD)
- Emergency shelter, including hotel or motel paid for emergency shelter voucher (HUD)
- Safe Haven (HUD)

### Institutional Situations

- Foster care home or foster care group home (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison, or juvenile detention facility (HUD)
- Long-term care facility or nursing home (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Substance abuse treatment facility or detox center (HUD)

### Temporary Housing Situations

- Transitional housing for homeless persons (including homeless youth) (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Host Home (non-crisis) (HUD)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house) (HUD)
- Staying or living with friends, temporary tenure (e.g., room, apartment, or house) (HUD)
- Moved from one HOPWA funded project to HOPWA TH (HUD)

### Permanent Housing Situation

- Staying or living with family, permanent tenure (HUD)
- Staying or living with friends, permanent tenure (HUD)
- Moved from one HOPWA funded project to HOPWA PH (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with ongoing housing subsidy (HUD) **\*\*Select subsidy from list below.**
- Owned by client, with ongoing housing subsidy (HUD)
- Owned by client, no ongoing housing subsidy (HUD)

### Other

- No exit interview completed
- Other Please specify: \_\_\_\_\_
- Deceased
- Client doesn't know
- Client prefers not to answer
- Data not collected

**\*\*IF CLIENT RECEIVES A RENTAL SUBSIDY, WHICH ONE?**

- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) (not dedicated) Includes HCV with no paired services.
- 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

**NOTES**

**Zip Code of Destination**

**Address of Destination (If unknown put N/A)**

**Income and Non-Cash Benefits Data for Head of Household and other Adults**

**INCOME AND SOURCES**

*Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).*

**DOES THE CLIENT HAVE CASH INCOME FROM ANY SOURCE?**

- Yes       No

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

*If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.*

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Unemployment Insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Supplemental Security Income (SSI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Social Security Disability Insurance (SSDI)	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
VA Service-Connected Disability Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Private disability insurance	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0
Worker's Compensation	No <input type="checkbox"/>				
	Yes <input type="checkbox"/>	\$			. 0 0



<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other Specify source: _____

**DISABILITIES:** Disabilities must be reported for **all household members**.

**Please Note:** *If changes to disability are made, remember to go back to the Project Start entry and ensure that the answer to “Disabling Condition - Yes/No” agrees with the changes made here.* From FY2024 HUD Data Standards, “the answer should always be reflective of the most current disabling condition available (even if the disabling condition onset was after the ‘Project Start Date’ for the enrollment. ...The value should always reflect the current known status of a client’s disabling condition.”

Answer ‘Yes’ or ‘No’ for each disability listed. **[IF YES]** for the condition, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No	Yes	Condition
<input type="checkbox"/>	<input type="checkbox"/>	<b>Alcohol Use Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Drug Use Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Both Alcohol and Drug Use Disorders</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Chronic Health Condition</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Developmental Disability</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>HIV/AIDS</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Mental Health Disorder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Disability</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>

**Social Determinants of Health**

Number of hospitalizations in the past 12 months

Number of emergency room visits in the past 12 months

**\*\*\*\*\*For Homelessness Prevention Programs ONLY\*\*\*\*\***

**HOUSING ASSESSMENT AT EXIT (HP only)**

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless – moving to a shelter or place unfit for human habitation
- Jail/prison
- Deceased
- Client doesn't know
- Client prefers not to answer
- Data not collected

**If able to maintain housing at entry, Subsidy Information**

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy

**If moved to new housing unit, Subsidy Information**

- With on-going subsidy
- Without an on-going subsidy

# Destination Descriptions

## Homeless Situations

**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, anywhere outside.

**Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or 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 shelters, Basic Center shelters/Host Home for youth, and Missions.

**Safe Haven** : (Salvation Army only) A form of supportive housing that serves hard-to-reach persons experiencing homelessness with severe mental illness and/or substance use disorders who are on the street and have been unable or unwilling to participate in supportive services.

## Institutional Situations

**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 Housing Situations

**Transitional housing for homeless persons (including homeless youth):** The client has exited to a Transitional Housing program that is time limited up to 24 months with supportive services. Includes TBRA, Youth SHP and Youth transitional housing programs. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

**Residential project or halfway house with no homeless criteria:** A sober living or other residential project with no lease or rights of tenancy, with or without time limits, and without any homeless requirements.

**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.

**Host Home (non-crisis):** 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 (e.g., room, apartment, or house):** 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 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.

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

## Permanent Housing Situations

**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, 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.

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

**Rental by client, no ongoing housing subsidy:** A rental that the client will pay for on their own (without a subsidy of any kind).

**Rental by client, with ongoing housing subsidy:** The client rents the unit they are living in and has ongoing financial support (subsidy) attached to it. *(Must also pick an option from the list of subsidies below.)*

**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. *(Must also pick an option from the list of subsidies below.)*

**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 Situations

**No exit interview completed:** The client left the program before an exit conversation could occur. Considered missing data.

**Other:** Some place other than what is available in any of the above fields. This is **not** a positive outcome for HMIS-based reporting.

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

**Client doesn't know:** The client doesn't know where they are going upon exit. Considered null/missing.

**Client prefers not to answer:** The client prefers not to tell project staff where he/she/they is going. Considered null/missing.

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

#### Rental Subsidy Types

**GPD TIP housing 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.

**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.

**RRH or equivalent subsidy:** 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.

**HCV voucher (tenant or project based) (not dedicated):** The unit the client is renting is supported by a HUD Housing Choice Voucher (HCV). (Tenant or Project based.) (Formerly Section 8.)

**Public housing unit:** The unit the client is renting is supported by a HUD Public Housing program.

**Rental by client, with 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.

#### **Housing Stability Voucher**

**Family Unification Program Voucher (FUP):** The Family Unification Program (FUP) assists families whose lack of adequate housing is a primary reason for the imminent placement of the family's child or children in out-of-home care, or in a delay in the discharge of the child or children to the family from out-of-home care. FUP vouchers may also be used for youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing. (Definition from Rochester Housing Authority website.)

**Foster Youth to Independence Initiative (FYI):** Under FYI, Public Housing Authorities provide housing assistance on behalf of youth ages 18-24 (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan, and are homeless or are at risk of becoming homeless at age 16 or older.

**Permanent Supportive Housing:** Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability.

**Other permanent housing dedicated for formerly homeless persons:** Other permanent housing for formerly homeless persons that does not fall into one of the other categories listed.