HMIS Data Collection Template for Project EXIT – CoC Program

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
Fill out separate form for each household member and clip together.

PROJECT EXIT DATE *[All clients]*

		/			/				
Month			Day			Year			

CLIENT (name or other identifier)

DESTINATION *[Head of household and adult]*

☐	Deceased	☐	Rental by client, no ongoing housing subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Rental by client, with VASH housing subsidy
☐	Foster care home or foster care group home	☐	Rental by client, with GPD TIP housing subsidy
☐	Hospital or other residential non-psychiatric medical facility	☐	Rental by client, with other ongoing housing subsidy
☐	Hotel or motel paid for without emergency shelter voucher	☐	Safe Haven
☐	Jail, prison, or juvenile detention facility	☐	Staying or living with family, permanent tenure
☐	Long-term care facility or nursing home	☐	Staying or living with family, temporary tenure (e.g., room, apartment or house)
☐	Moved from one HOPWA funded project to HOPWA PH	☐	Staying or living with friends, permanent tenure
☐	Moved from one HOPWA funded project to HOPWA TH	☐	Staying or living with friends, temporary tenure (e.g., room apartment or house)
☐	Owned by client, no ongoing housing subsidy	☐	Substance abuse treatment facility or detox center Transitional housing for homeless persons (including homeless youth)
☐	Owned by client, with ongoing housing subsidy	☐	Other (Describe) _____
☐	Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	☐	Client doesn't know
☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	☐	Client refused to provide
☐	Psychiatric hospital or other psychiatric facility	☐	Staying or living with friend's, temporary tenure

INCOME AND SOURCES *[Head of household and adults]*

Income from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer Yes or No for each of the following sources. If the response for a source is 'Yes', enter an amount. If unsure of the exact amount, enter client's best estimate.

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

NON-CASH BENEFITS *[Head of household and adults]*

Non-cash benefits from any source?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Special Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Section 8, Public Housing, or other rental assistance
☐	☐	Temporary rental assistance. If yes, specify source:_____
☐	☐	Other source: _____

HEALTH INSURANCE *[All Clients]*

Covered by health insurance

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)

PHYSICAL DISABILITY *[All Clients]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[If Yes for physical disability] Expected to be of long, continued, indefinite duration and substantially impairs ability to live independently

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for physical disability] Documentation of the disability and severity on file

☐	No
☐	Yes

[IF YES for physical disability] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

DEVELOPMENTAL DISABILITY *[All Clients]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for developmental disability] Expected to be of long, continued, indefinite duration and substantially impairs ability to live independently

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for developmental disability] Documentation of the disability and severity on file

☐	No
☐	Yes

[IF YES for developmental disability] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

CHRONIC HEALTH CONDITION *[All Clients]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for chronic health condition] Expected to be of long-continued, indefinite duration and substantially impairs the client's ability to live independently

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for chronic health condition] Documentation of the disability and severity on file

☐	No
☐	Yes

[IF YES for chronic health condition] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

HIV/AIDS *[All Clients]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for HIV/AIDS] Substantially impairs ability to live independently

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

IF YES for HIV/AIDS] Documentation of the disability and severity on file

☐	No
☐	Yes

[IF YES for HIV/AIDS] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

MENTAL HEALTH PROBLEM *[All Clients]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for mental health problem] Expected to be of long-continued, indefinite duration and substantially impairs the client's ability to live independently

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES for mental health problem] Documentation of the disability and severity on file

☐	No
☐	Yes

[IF YES for mental health problem] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

SUBSTANCE ABUSE *[All Clients]*

☐	No	☐	Both alcohol and drug abuse
☐	Alcohol abuse	☐	Client doesn't know
☐	Drug abuse	☐	Client refused

[IF alcohol abuse, drug abuse, or both alcohol and drug abuse] Expected to be of long-continued, indefinite duration and substantially impair the client's ability to live independently?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF alcohol abuse, drug abuse, or both alcohol and drug abuse] Documentation of the disability and severity on file

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF alcohol abuse, drug abuse, or both alcohol and drug abuse] Currently receiving services/treatment for this condition

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

DOMESTIC VIOLENCE VICTIM/SURVIVOR *[Head of household and adults]*

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] When did the experience occur?

☐	Within the past three months	☐	One year ago or more
☐	Three to six months ago (excluding six months exactly)	☐	Client doesn't know
☐	Six months to one year ago (excluding one year exactly)	☐	Client refused