# HMIS Data Collection Template for Project EXIT – CoC Program

**This form can be used by all CoC-funded project types: Street Outreach, Safe Haven, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing.** Some project types are also required to track other information such as contacts, engagement, or move-in date. See supplemental forms for Prevention, Rapid Re-housing, **and Street Outreach projects.**

**FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN “X”**

**The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.**

## Data for All Clients

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

### PROJECT EXIT DATE (e.g., 08/24/2014)

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / |  |  |  |  |
| Month | |  | Day | |  | Year | | | |

### CLIENT (name or other identifier)

|  |
| --- |
|  |

### DESTINATION

Which of the following *most closely matches* where the client will be staying right after leaving this project?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 |
|  | Owned by client, with ongoing housing subsidy |  |  | Transitional housing for homeless persons (including homeless youth) |
|  | Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy program; or HOPWA PH) |  |  | Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |  |  | No exit interview completed |
|  | Psychiatric hospital or other psychiatric facility |  |  | Client doesn’t know |
|  |  |  |  | Client refused |

## Data for All Clients (continued)

### HEALTH INSURANCE

#### Is the client currently covered by health insurance?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [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 (or use local name) |
|  |  | 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) |
|  |  | Indian Health Services Program |
|  |  | Other If yes, specify source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### PHYSICAL DISABILITY

#### Does the client currently have a physical disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for physical disability] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for physical disability] Is the client currently receiving services/treatment for this disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### DEVELOPMENTAL DISABILITY

#### Does the client currently have a developmental disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [IF YES for developmental disability] Is the developmental disability expected to substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for developmental disability] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

### CHRONIC HEALTH CONDITION

#### Does the client currently have a chronic health condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for chronic health condition] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for chronic health condition] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### HIV/AIDS

#### Does the client currently have HIV/AIDS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client’s ability to live independently?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

#### [IF YES for HIV/AIDS] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for HIV/AIDS] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

### MENTAL HEALTH PROBLEM

#### Does the client currently have a mental health problem?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [IF YES for mental health problem] Is the mental health problem expected to be of long-continued and 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] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for mental health problem] Is the client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for All Clients (continued)

### SUBSTANCE ABUSE PROBLEM

#### Does the client currently have a substance abuse problem?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Both alcohol and drug abuse |
|  | Alcohol abuse |  |  | Client doesn’t know |
|  | Drug abuse |  |  | Client refused |

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#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client’s ability to live independently?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No |  | |  | Client doesn’t know |
|  | Yes | |  |  | Client refused |

#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is documentation of the disability and severity on file?

|  |  |  |
| --- | --- | --- |
|  | No |  |
|  | Yes |  |

#### [IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is client currently receiving services/treatment for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

## Data for Head of household and other Adults

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

### 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 any income from any source?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [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.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of income** | **Receiving income from source?** | | **If yes, monthly 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 |  | | **$** |  |  |  |  | **.** | 0 | 0 |
| **Total monthly income from all sources** |  | | | **$** |  |  |  |  | **.** | 0 | 0 |

## Data for Head of household and other Adults (continued)

### NON-CASH BENEFITS

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household’s information.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No |  |  | Client doesn’t know |
|  | Yes |  |  | Client refused |

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#### [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** |
|  |  | 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 ongoing rental assistance |
|  |  | Temporary rental assistance |
|  |  | Other source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |