

Staff: _____ Project Exit Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client Record**i** Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.**Client** _____
Name _____ Client ID _____**Reason for Leaving**

- | | |
|--|---|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Non-compliance with program |
| <input type="checkbox"/> Criminal activity / violence | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Death | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Disagreement with rules/persons | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Left for housing opp. before completing program | <input type="checkbox"/> Unknown/disappeared |
| <input type="checkbox"/> Needs could not be met | |

Destination**Homeless situations**

- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter
- ☐ Safe haven

Institutional situations

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Temporary housing situations

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |
| <input type="checkbox"/> Host home (non-crisis) | |

Permanent housing situations (if none of these options match, skip to "Other")

- | | |
|--|--|
| <input type="checkbox"/> Staying or living with family, permanent tenure | <i>If "rental by client, with ongoing subsidy", select type</i> |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> GPD TIP housing subsidy |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH | <input type="checkbox"/> VASH housing subsidy |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> RRH or equivalent subsidy |
| <input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type →</u>) | <input type="checkbox"/> HCV Voucher (tenant or project based) |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Public housing unit |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| | <input type="checkbox"/> Housing Stability Voucher |
| | <input type="checkbox"/> Family Unification Program Voucher (FUP) |
| | <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) |
| | <input type="checkbox"/> Permanent Supportive Housing |
| | <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |

Other

- | | |
|--|---|
| <input type="checkbox"/> No exit interview completed | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Deceased | |

Client location as of assessment/review date**i** Select the county in which the client is residing (or sleeping at night if unhoused). This field does not need to match the CoC Code above.**Client Location (County)** _____

Housing Assessment at Exit [Homeless Prevention Projects Only]

Housing Assessment at Exit

- ☐ 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 other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't know
- ☐ Client prefers not to answer

If “able to maintain the housing they had at project entry”, subsidy information:

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

If “moved to a new housing unit,” subsidy information:

- ☐ With ongoing subsidy
- ☐ Without an ongoing housing subsidy

Health Insurance

Covered by Health Insurance ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Medicaid (MO HealthNet)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes



HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.



Data Entry Tip:
Remember to end date old records and create new records each time a source of health insurance changes.

Monthly Income

Income from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____



HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.
For any income sources where income is received, the monthly amount must also be recorded.



Data Entry Tip:
Remember to end date old records and create new records each time a source of income changes.

Total Monthly Income \$ _____

Non-Cash Benefits

Non-Cash Benefits from Any Source ☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP)
(Previously known as Food Stamps) ☐ No ☐ Yes

Special Supplemental Nutrition Program for
Women, Infants and Children (WIC) ☐ No ☐ Yes

TANF Child Care services ☐ No ☐ Yes

TANF transportation services ☐ No ☐ Yes

Other TANF-funded services ☐ No ☐ Yes

Other (specify): _____ ☐ No ☐ Yes



HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.



Data Entry Tip:
Remember to end date old records and create new records each time a source of non-cash benefit changes.

Disabilities



If one or more of the options below with an asterisk(*) has been selected, the answer to "disabling condition" must be "yes."
If none of the answers below with an asterisk(*) has been selected, the answer to "disabling condition" may be "yes" or "no."

Disability type	Disability determination	If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Both Alcohol and Drug Use Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Developmental Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
HIV/AIDS	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	(not applicable)
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> PNTA

DK = Client doesn't know; PNTA = Client prefers not to answer