

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"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house) |
| <input type="checkbox"/> Host home (non-crisis) | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH |

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 Move-In Date

i Record the date of the first night the head of household spent living in the unit for permanent housing projects (incl. PSH, RRH, and OPH). This must be on or after the project start date. Leave blank if the client is not yet housed.

Housing Move-In Date ____/____/____

Health Insurance

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

Medicaid (MO HealthNet) ☐ No ☐ Yes

Medicare ☐ No ☐ Yes

State Children's Health Insurance Program ☐ No ☐ Yes

Veteran's Health Administration ☐ No ☐ Yes

Employer-Provided Health Insurance ☐ No ☐ Yes

Health Insurance obtained through COBRA ☐ No ☐ Yes

Private Pay Health Insurance ☐ No ☐ Yes

State Health Insurance for Adults ☐ No ☐ Yes

Indian Health Services Program ☐ No ☐ Yes

Other (specify): _____ ☐ No ☐ Yes

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

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

Disabilities

i 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