

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

Project Name (Enter Data As): _____

Client Record

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

Foster care home or foster care group home	Long-term care facility or nursing home
Hospital or other residential non-psychiatric medical facility	Psychiatric hospital or other psychiatric facility
Jail, prison or juvenile detention facility	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 (<i>select subsidy type</i>) | <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

No exit interview completed
Other (specify): _____
Deceased

Client doesn't know
Client prefers not to answer

Client location as of assessment/review date

 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) _____

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

 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 ☐ No ☐ Yes:
\$ _____

Child support ☐ No ☐ Yes:
\$ _____

Earned income (i.e., employment income) ☐ No ☐ Yes:
\$ _____

General Assistance (GA) ☐ No ☐ Yes:
\$ _____

Other (specify): _____ ☐ No ☐ Yes:
\$ _____

Pension or retirement income from a former job ☐ No ☐ Yes:
\$ _____

Private disability insurance ☐ No ☐ Yes:
\$ _____


Retirement Income from Social Security ☐ No ☐ Yes:
\$ _____


Social Security Disability Insurance (SSDI) ☐ No ☐ Yes:
\$ _____

Supplemental Security Income (SSI) ☐ No ☐ Yes:
\$ _____

Temporary Assistance for Needy Families (TANF) ☐ No ☐ Yes:
\$ _____

Unemployment Insurance ☐ No ☐ 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.

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: \$ _____

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)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other TANF-funded services	<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 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.

Current Living Situation

Date: ____/____/____

Current living situation (Where is the client staying right now?)

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

Skip to next data element.

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 |

Skip to "Is client going to have to leave their current living situation within 14 days?"

Temporary housing situations

- | | |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | <input type="checkbox"/> Host home (non-crisis) |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |

Skip to "Is client going to have to leave their current living situation within 14 days?"

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

- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing subsidy (select subsidy type è)
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

If “rental by client, with ongoing subsidy”, select type

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV Voucher (tenant or project based)
- ☐ 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

Skip to “Is client going to have to leave their current living situation within 14 days?”

Other

- ☐ Other (specify): _____
- ☐ Worker unable to determine
- ☐ Client doesn’t know
- ☐ Client prefers not to answer

Is client going to have to leave their current living situation within 14 days?

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client prefers not to answer

If yes, continue. Otherwise, skip to next data element.

Has a subsequent residence been identified?

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client prefers not to answer

Does individual or family have resources or support networks to obtain other permanent housing?

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client prefers not to answer


Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client prefers not to answer

Has the client moved 2 or more times in the last 60 days?



- ☐ No
- ☐ Yes
- ☐ Client doesn’t know
- ☐ Client prefers not to answer

Date of Engagement

-  Record the date of the first time the client expressed an interest in working together on a housing plan. This must be on or after the project start date. Leave blank if the client has not yet expressed an interest in working on a housing plan.

Date of Engagement _____/_____/_____

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

☐Yes ☐No ☐DK ☐PNTA ☐Yes* ☐No ☐DK ☐PNTA
DK = Client doesn't know; PNTA = Client prefers not to answer