


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
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Reason for Leaving

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

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"/> Hospital or other residential non-psychiatric medical facility
<input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Psychiatric hospital or other psychiatric 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"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Host home (non-crisis) | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)
<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
<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
<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with ongoing subsidy (<u>select subsidy type →</u>)
<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Owned by client, no ongoing housing subsidy | <i>If "rental by client, with ongoing subsidy", select type</i>
<input type="checkbox"/> GPD TIP housing subsidy
<input type="checkbox"/> VASH housing subsidy
<input type="checkbox"/> RRH or equivalent subsidy
<input type="checkbox"/> HCV Voucher (tenant or project based)
<input type="checkbox"/> Public housing unit
<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"/> Other (specify): _____
<input type="checkbox"/> Deceased | <input type="checkbox"/> Client doesn't know
<input type="checkbox"/> 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) _____

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

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ 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

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host home (non-crisis)
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ 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 →)
- ☐ 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

①	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.
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Date of Engagement / /

Disabilities

①	<p>If one or more of the options below with an asterisk(*) has been selected, the answer to “disabling condition” must be “yes.”</p> <p>If none of the answers below with an asterisk(*) has been selected, the answer to “disabling condition” may be “yes” or “no.”</p>
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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