

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

① 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

① HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

① **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: \$ _____

VA Non-Service-Connected Disability Pension ☐ No ☐ Yes: \$ _____

VA Service-Connected Disability Compensation ☐ No ☐ Yes: \$ _____

Worker's Compensation ☐ No ☐ Yes: \$ _____

① 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.

① **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

① HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.

① **Data Entry Tip:**
Remember to end date old records and create new records each time a source of non-cash benefit changes.

Health

| | | | | | |
|------------------------------|--|---|-------------------------------|-------------------------------|-------------------------------|
| General Health Status | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | | |
| Dental Health Status | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | | |
| Mental Health Status | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | | | |

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

i 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 _____/_____/_____

Youth Education Status [Head of Household Only]

Current School Enrollment and Attendance ☐ Not currently enrolled in any school or educational course ☐ Client doesn't know ☐ Client prefers not to answer

☐ Currently enrolled but NOT attending regularly (when school or the course is in session) ☐ Data not collected

☐ Currently enrolled and attending regularly (when school or the course is in session)

Most Recent Educational Status ☐ K12: Graduated from high school ☐ Higher education: pursuing a credential but not currently attending ☐ Client doesn't know

☐ K12: Obtained GED ☐ Higher Education: Dropped out ☐ Client prefers not to answer

☐ K12: Dropped out ☐ Higher Education: Obtained a credential/degree ☐ Data not collected

☐ K12: Suspended

☐ K12: Expelled

Current Educational Status ☐ Pursuing a diploma or GED ☐ Client doesn't know

☐ Pursuing Associate's Degree ☐ Client prefers not to answer

☐ Pursuing Bachelor's Degree ☐ Data not collected

☐ Pursuing Graduate Degree

☐ Pursuing other post-secondary credential

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