

Form designed for use by HCHV emergency shelters only.

Staff: \_\_\_\_\_ Project Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

**Client Record**

①	Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.
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<b>Client</b>		
	Name	Client ID

**Reason for Leaving**

- |  |  |
|--|--|
| <input type="checkbox"/> Completed program<br><input type="checkbox"/> Criminal activity / violence<br><input type="checkbox"/> Death<br><input type="checkbox"/> Disagreement with rules/persons<br><input type="checkbox"/> Left for housing opp. before completing program<br><input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Non-compliance with program<br><input type="checkbox"/> Non-payment of rent<br><input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Reached maximum time allowed<br><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<br><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility<br><input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Long-term care facility or nursing home<br><input type="checkbox"/> Psychiatric hospital or other psychiatric facility<br><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<br><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher<br><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)<br><input type="checkbox"/> Host home (non-crisis) | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment, or house)<br><input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment, or house)<br><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<br><input type="checkbox"/> Staying or living with friends, permanent tenure<br><input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH<br><input type="checkbox"/> Rental by client, no ongoing housing subsidy<br><input type="checkbox"/> Rental by client, with ongoing subsidy ( <u>select subsidy type →</u> )<br><input type="checkbox"/> Owned by client, with ongoing housing subsidy<br><input type="checkbox"/> Owned by client, no ongoing housing subsidy | <i>If "rental by client, with ongoing subsidy", select type</i><br><input type="checkbox"/> GPD TIP housing subsidy<br><input type="checkbox"/> VASH housing subsidy<br><input type="checkbox"/> RRH or equivalent subsidy<br><input type="checkbox"/> HCV Voucher (tenant or project based)<br><input type="checkbox"/> Public housing unit<br><input type="checkbox"/> Rental by client, with other ongoing housing subsidy<br><input type="checkbox"/> Housing Stability Voucher<br><input type="checkbox"/> Family Unification Program Voucher (FUP)<br><input type="checkbox"/> Foster Youth to Independence Initiative (FYI)<br><input type="checkbox"/> Permanent Supportive Housing<br><input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |
|--|---|

**Other**

- |  |   |
|--|---|
| <input type="checkbox"/> No exit interview completed<br><input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Deceased | <input type="checkbox"/> Client doesn't know<br><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) \_\_\_\_\_

### 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.