

# HMIS Data Collection Template for Project EXIT – SSVF Homeless Prevention & Rapid Rehousing Projects

## DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

### PROJECT EXIT DATE (e.g., 08/24/2014)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

### CLIENT (name or other identifier)

### DESTINATION

Which of the following *most closely matches* where the client will be staying right after leaving this project?

<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Substance abuse treatment facility or detox center
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria Hotel or motel paid for without emergency shelter voucher Owned by client, no ongoing housing subsidy	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Rental by client in a public housing unit
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Staying or living with friends, temporary tenure (e.g., room apartment or house)	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Staying or living with family, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy

<input type="checkbox"/>	Staying or living with friends, permanent tenure	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Other	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Data not collected
<input type="checkbox"/>	Client refused	<input type="checkbox"/>	No exit interview collected

**MONTHLY INCOME AND SOURCES**

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

**Does the client have any income from any source?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



**[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.**

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)			
Earned income (i.e., employment income)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Unemployment Insurance	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Supplemental Security Income (SSI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Social Security Disability Insurance (SSDI)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
VA Service-Connected Disability Compensation	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
VA Non-Service-Connected Disability Pension	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Private disability insurance	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Worker's Compensation	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Temporary Assistance for Needy Families (TANF)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
General Assistance (GA)	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
Retirement Income from Social Security	No	<input type="checkbox"/>			
	Yes	<input type="checkbox"/>	\$		. 0 0
	No	<input type="checkbox"/>			

Pension or retirement income from a former job	Yes	<input type="checkbox"/>	\$				. 0 0
Child support	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Alimony or other spousal support	No	<input type="checkbox"/>					
	Yes	<input type="checkbox"/>	\$				. 0 0
Other source	No	<input type="checkbox"/>					
If yes, specify source: _____	Yes	<input type="checkbox"/>	\$				. 0 0
<b>Total monthly income from all sources</b>			<b>\$</b>				<b>. 0 0</b>

**NON-CASH BENEFITS**

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

**Does the client have any non-cash benefits from any source?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



**[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)**

No	Yes	Source of non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP, CalFresh)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other Non-Cash Benefit (source: _____)

**HEALTH INSURANCE**

**Covered by Health Insurance?**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



**[IF YES] Answer 'Yes' or 'No' for each health insurance source. Answer 'No' for sources that have been terminated, even if they were received in the past.**

No	Yes	Type of health insurance
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services

<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If Yes, specify source: _____

**Connection with SOAR**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

**LAST GRADE COMPLETED**

<input type="checkbox"/> School program does not have grade levels	<input type="checkbox"/> Some college
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> Associates degree
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Vocational certification
<input type="checkbox"/> Grade 12/ High School Diploma	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> GED	<input type="checkbox"/> Client refused

**EMPLOYED**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected



**[IF YES] Type of employment?**

<input type="checkbox"/> Full-time
<input type="checkbox"/> Part-time
<input type="checkbox"/> Seasonal/sporadic (including day labor)