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

ⓘ   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

☐ Completed program
☐ Criminal activity / violence
☐ Death
☐ Disagreement with rules/persons
☐ Left for housing opp. before completing program
☐ Needs could not be met

☐ Non-compliance with program
☐ Non-payment of rent
☐ Other (specify): _____
☐ Reached maximum time allowed
☐ 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

☐ 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

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 with family, temporary tenure (e.g., room, apartment, or house)
☐ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
☐ Moved from one HOPWA funded project to HOPWA TH

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

☐ Staying or living with family, permanent tenure
☐ Staying or living with friends, permanent tenure
☐ Moved from one HOPWA funded project to HOPWA PH
☐ 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

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: $_____
VA Non-Service-Connected Disability Pension	☐ No	☐ Yes: $_____
VA Service-Connected Disability Compensation	☐ No	☐ Yes: $_____
Worker's Compensation	☐ 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.

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

ⓘ 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.

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	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Both Alcohol and Drug Use Disorders	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Chronic Health Condition	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Developmental Disability	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Drug Use Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
HIV/AIDS	☐ Yes* ☐ No ☐ DK ☐ PNTA	*(not applicable)*
Mental Health Disorder	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA
Physical Disability	☐ Yes ☐ No ☐ DK ☐ PNTA	☐ Yes* ☐ No ☐ DK ☐ PNTA

DK = Client doesn't know; Ref = Client prefers not to answer