

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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Client		
	Name	Client ID

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 (<i>select subsidy type →</i>)
<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

i 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.

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; Ref = Client prefers not to answer