

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

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

**Client Record**

<b>i</b>	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                               | <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 ( <i>select subsidy type →</i> ) | <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**

<b>i</b>	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.
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Client Location (County) \_\_\_\_\_

## Health Insurance

**Covered by Health Insurance**    ☐ No    ☐ Yes    ☐ Client doesn't know    ☐ Client prefers not to answer

Medicaid (MO HealthNet)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Children's Health Insurance Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veteran's Health Administration	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employer-Provided Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Insurance obtained through COBRA	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Private Pay Health Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
State Health Insurance for Adults	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> 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.