

New Hampshire Continua of Care APR Housing Opportunities for People with AIDS (HOPWA) Exit Form for HMIS

This form is required by HUD for each client exiting your project.

CoC Location exiting from:

- | | | | |
|--|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> BOS TBRA | <input type="checkbox"/> BOS STRMU | <input type="checkbox"/> BOS SSO | <input type="checkbox"/> GNCOC PHP |
| <input type="checkbox"/> MCOC TBRA | <input type="checkbox"/> MCOC STRMU | <input type="checkbox"/> MCOC SSO | |
| <input type="checkbox"/> BOS Housing Info | <input type="checkbox"/> BOS PHP | <input type="checkbox"/> GNCOC TBRA | |
| <input type="checkbox"/> MCOC Housing Info | <input type="checkbox"/> MCOC PHP | <input type="checkbox"/> GNCOC STRMU | |

Refer to the *2015 HUD HMIS Data Standards Version 5.1* on the NH-HMIS website at: www.nh-hmis.org for an explanation of the data elements in this form.

Project exit - Indicates the element is required to be collected at every project exit. Data elements identified with the “project exit” stage must be collected at every project exit. Like project entry data, a client must have **only one** value for each of these data elements in relation to a specific project enrollment, but a client could have multiple project exits and exit data associated with each. The data on this form must accurately reflect the client’s response or circumstance as of the date of project exit. Edits made to correct errors or improve data quality will not change the data collection stage or the information date. Elements collected at project exit must have an *Information Date* that matches the client’s *Project Exit Date* and a *Data Collection Stage* of ‘project exit.’ Information must be accurate as of the *Project Exit Date*.

Data Collection and HMIS Instruction Tips:

- Use this form to make changes an adult client’s information when they exit your Project.
- Do NOT enter “Client doesn’t know” or “Client refused” unless the client tells you they do not know or they refuse to answer.

Date Form Completed: __ - __ - ____

Client’s Project Exit Date: __ - ____ - ____

Case Manager’s Name: _____

Client’s First, Middle, Last Name, Suffix: _____

Client’s ID #: _____

Reason for Leaving:

- | | | |
|---|--|---|
| <input type="checkbox"/> Completed Program | <input type="checkbox"/> Disagreement with rules/persons | <input type="checkbox"/> Non-compliance with program |
| <input type="checkbox"/> Criminal activity/violence | <input type="checkbox"/> Housing opportunity before completing | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Death | <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Unknown/Disappeared | <input type="checkbox"/> Other (specify) _____ | |

New Hampshire Continua of Care

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Destination (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher | <input type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility) | <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"/> Safe Haven |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) | <input type="checkbox"/> No exit interview completed |
| <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"/> Other
Specify : _____ |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Client refused |

Exit Income and Sources

Important: Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.

- i** Record changes in income information at exit.

Monthly Income (Cash)

Date of information collection: __ - __ - ____

- Income from any source? Yes Client doesn't know Data not collected
 No Client refused

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Monthly (Cash) Income Sources and Amounts			
<input type="checkbox"/> Earned income (i.e. employment income)	\$ _____	<input type="checkbox"/> Worker's Compensation	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) (or use local name)	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> General Assistance (GA) (or use local name)	\$ _____
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____	<input type="checkbox"/> Retirement Income from Social Security	\$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____	<input type="checkbox"/> Pension or retirement income from a former job	\$ _____
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Private disability insurance	\$ _____	<input type="checkbox"/> Alimony or other spousal support	\$ _____
<input type="checkbox"/> Other source	\$ _____		

If "Other source," please specify source:

Monthly Income Total \$ _____

Non-Cash Benefits

Non-cash benefit from any source?

Date of information collection: ___ - ___ - ____

i Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.

- Yes Client doesn't know Data not collected
 No Client refused

Monthly Non-Cash Benefit Source:			
<input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps)	\$ _____	<input type="checkbox"/> Other TANF-funded services	\$ _____
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance	\$ _____
<input type="checkbox"/> TANF Child Care services (or use local name)	\$ _____	<input type="checkbox"/> Temporary rental assistance	\$ _____
<input type="checkbox"/> TANF Transportation services (or use local name)	\$ _____	<input type="checkbox"/> Other Source (specify) _____	\$ _____

If Yes for "Other Source," please specify:

Monthly Non-cash Benefits Total \$ _____

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Percentage (%) of County Median Income

- 0-30% of area median income (extremely low)
- 31-50% of area median income (very low)
- 51-80% of area median income (low)

For the most current list, navigate to: <http://www.huduser.org/portal/datasets/fmr.html>

Health Insurance at Exit

*In ServicePoint, click to select the **Entry/Exit** tab. Update health insurance information that has changed at exit.*

- Is the client covered by health insurance?** Yes Client doesn't know Data not collected
 No Client refused

If Yes to "covered by health insurance:

Information/Project Entry Date: _ _ - _ _ - _ _ _ _

If Yes, to "covered by health insurance," select Yes or No below to indicate whether the client uses each insurance source, then record the start and end dates for the source if used.

Health Insurance Source	Covered?	If not covered, reason
MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

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Employer-provided health insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Health insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Private pay health insurance Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Other (or use local name)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
If Yes to "Other," please specify source:		

Exit Disability

Does the client have a disabling condition?

- Yes
 Client doesn't know
 Data not collected
 No
 Client refused

If yes:

Information/Project Entry Date: ____-____-____

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Disability Type

Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.

Physical Disability

Date of information collection: ____/____/____

Physical Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Physical Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Developmental Disability

Date of information collection: ____/____/____

Developmental Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Chronic Health Condition

Date of information collection: ____/____/____

Chronic Health Condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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HIV/AIDS

Date of information collection: ____/____/____

HIV/AIDS?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Mental Health Problem

Date of information collection: ____/____/____

Mental Health Problem?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Substance Abuse

Date of information collection: ____/____/____

Substance Abuse?		
<input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse only	<input type="checkbox"/> Drug abuse only
<input type="checkbox"/> Alcohol and drug abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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T-cell (CD4) and Viral Load

Complete for all household members with HIV/AIDS.

Information Date: _____

Is T-cell (CD4) count available?

No Yes Client doesn't know Client refused Data Not Collected

If "Yes," please note T-cell Count (as a number between 1 and 1500): _____

If T-cell count is provided, how was the data obtained?

Medical Report Client Report Other

Is viral load information available?

Not available Available Undetectable Client refused Data Not Collected

If "Yes," please note viral load (as a number between 1 and 999999): _____

How was the data obtained?

Medical Report Client report Other

Medical Assistance Benefits at Exit

Update information that has changed for household members with HIV/AIDS.

Receiving Public HIV/AIDS Medical Assistance?

No Yes Client doesn't know Client refused Data Not Collected

If **no**, specify a reason:

Applied, decision pending Client did not apply Client doesn't know Data Not Collected
 Applied; not eligible Insurance type N/A for this client Client refused

Receiving AIDS Drug Assistance Program (ADAP)?

No Yes Client doesn't know Client refused Data Not Collected

If **no**, specify a reason:

Applied, decision pending Client did not apply Client doesn't know Data Not Collected
 Applied, client not eligible Insurance type N/A for this Client refused

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Housing Status

Housing Assessment at Exit

Assessment of head of household's critical housing needs at exit.

"Moved into a transitional or temporary housing facility or program" includes transitional housing for homeless and non-homeless persons, treatment facilities, or institutions.

Assessment (choose one):

- | | |
|---|---|
| <input type="checkbox"/> Able to maintain the housing they had at project entry
<input type="checkbox"/> Moved to new housing unit
<input type="checkbox"/> Moved in with family/friends on a temporary basis
<input type="checkbox"/> Moved in with family/friends on a permanent basis
<input type="checkbox"/> Moved to a transitional or temporary housing facility or program
<input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation | <input type="checkbox"/> Client went to jail/prison
<input type="checkbox"/> Client died
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused
<input type="checkbox"/> Data Not Collected |
|---|---|

Subsidy Information (if able to maintain the housing they had at project entry, choose one):

- | | |
|---|--|
| <input type="checkbox"/> Without a subsidy
<input type="checkbox"/> With the subsidy they had at project entry | <input type="checkbox"/> With an on-going subsidy acquired since project entry
<input type="checkbox"/> Only with financial assistance other than a subsidy |
|---|--|

Subsidy Information (if moved to new housing unit, choose one):

- With an ongoing subsidy
 Without an ongoing subsidy

BHHS Required Information

Housing Status:

Housing status at exit.

Homelessness and at-risk of homelessness status

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
 Category 2 -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
 Category 3 -- Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition)
 Category 4 – Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
 At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
- Stably housed**
 Client doesn't know
 Client refused
 Data not collected

Employment Status:

Is the client employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Tenure of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

This form can be found on the NH-HMIS website at: www.nh-hmis.org.