

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

BCPes MCoC

BCPes Seacoast

Refer to the 2014 HUD HMIS Data Standards Data Manual Version 5.1, available on the NH-HMIS website www.nh-hmis.org for an explanation of the data elements in this form.

Important! BCP clients who present for services together, and are both under the age of 18 must be entered as single individuals and not as households.

Single Client

Household/ family (complete this form for each family member)

Date Form Completed: ___/___/____ Case Manager: _____ City/Town: _____	Project Entry Date: ___/___/____ Project End Date: ___/___/____
---	--

First, MI, Last Name, Suffix:	
Name Data Quality: <input type="checkbox"/> Full name reported <input type="checkbox"/> Client refused <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Data not collected <input type="checkbox"/> Client doesn't know	
Alias:	
Client ID Number: <small>Client ID number is generated by the HMIS system.</small>	Household ID Number (optional): <small>Household ID number is generated by the HMIS system.</small>

Client Record Creation	
SSN: ____ - ____ - ____	
SSN Data Quality: <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Client Does Not Know or Does Not Have SSN <input type="checkbox"/> Client Refused <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Data not collected	
U.S. Military Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

If Yes to "US Military Veteran," has client ever received health care benefits from a VA Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is client receiving Veterans Services ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is client eligible for Veterans Services ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No to "eligible for Veterans services," please select Reason : <input type="checkbox"/> Client not interested <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected		
Please select Discharge Type for all persons who answered Yes to "US Military Veteran" and are not currently serving:		
<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Under other than honorable conditions (OTH)
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Date of Birth: ___ / ___ / ___ Date of Birth Type: <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Race: (client may choose up to 5) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Client Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Data not collected		
Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Data not collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Client doesn't identify as male, female or transgender <input type="checkbox"/> Data not collected		

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Entry Assessment	
Click Add Entry/Exit . Click to open the Type drop down menu , then select RHY . Click Save and Continue .	
Entry Disability	
Does the client have a disabling condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected
Information Collection Date: ____/____/____	

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		

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Chronic Health Condition

Date of information collection: ___/___/_____

<p>Chronic Health Condition?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>

HIV/AIDS

Date of information collection: ___/___/_____

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

Mental Health Problem

Date of information collection: ___/___/_____

<p>Mental Health Problem?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>
<p>If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Substance Abuse

Date of information collection: ___/___/_____

<p>Substance Abuse?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Drug and alcohol abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </p>
<p>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?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </p>
<p>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</p>
<p>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?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused </p>

RHY BCP Status
Date of status determination : ___/___/_____
FYSB Youth? <input type="checkbox"/> No <input type="checkbox"/> Yes
<p>If no, reason for not providing services:</p> <p> <input type="checkbox"/> Out of age range <input type="checkbox"/> Ward of the criminal justice system- immediate reunification <input type="checkbox"/> Ward of the state-immediate reunification <input type="checkbox"/> Other </p>

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Living Situation *(Indicate the client's residence as of the day before project entry.)*

Was client in a Homeless Situation? Yes No

*(If "Yes," then select type from table below, the answer follow-up questions. If "No," then skip to **Institutional Situation section.**)*

- A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Safe Haven

- An emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Interim Housing

Was client in an Institutional Situation? Yes No

*(If "Yes," then select type from table below, then answer follow-up questions. If "No," then skip to **Transitional and Permanent Housing section.**)*

- Foster care home or foster care group home
- Jail, prison or juvenile detention facility
- Psychiatric hospital or other psychiatric facility

- Hospital or other residential non-psychiatric medical facility
- Long-term care facility or nursing home
- Substance abuse treatment facility or detox center

Was client in a Transitional or Permanent Housing situation? Yes No

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as a CoC project, HUD legacy program, or HOPWA PH)
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy

- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Client doesn't know
- Client refused
- Data not collected

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Length of stay in prior living situation?

- | | |
|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Data not collected | |

Approximate date homelessness started: _____

Regardless of where they stayed last night, how many times has the client been on the streets, in ES, or SH in the past three years including today?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> One time | <input type="checkbox"/> Two times | <input type="checkbox"/> Three times | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client refused | <input type="checkbox"/> Data not collected | |

What is the client's total number of months homeless on the street, in ES or SH in the past three years?

<input type="checkbox"/> One month (This is the first month.)					
<input type="checkbox"/> 2 months	<input type="checkbox"/> 3 months	<input type="checkbox"/> 4 months	<input type="checkbox"/> 5 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 7 months
<input type="checkbox"/> 8 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 10 months	<input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months	
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected		

What is the Client's Location? Choose the HUD-assigned CoC Code(s) that apply:

- NH-500 (Balance of State/Concord) NH-501 (Manchester) NH-502 (Nashua)

Relationship to Head of Household (HoH) (choose one):

- Self Head of household's child Head of household's spouse or partner
 Head of household's other relation member (other relation to head of household)
 Other: Non-relation member Data not collected

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Entry Health Insurance
*In ServicePoint, click to select the **Entry/Exit** tab.*

Date of Information Collection: ____/____/____

Covered by health insurance? No Yes Client doesn't know Client refused Data not collected

If covered by health insurance, please fill in "Yes," or "No," for each insurance source below.

Health Insurance Source:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICAID
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE
<input type="checkbox"/> No <input type="checkbox"/> Yes	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Veteran's Administration (VA) Medical Services
<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 (or use local name)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Indian Health Services Program
<input type="checkbox"/> No <input type="checkbox"/> Yes	Other

If Yes to "Other," please specify source:

Sexual Orientation

Heterosexual Lesbian Questioning/Unsure Client Refused
 Gay Bisexual Client Doesn't know Data Not Collected

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

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

School Status	
<input type="checkbox"/> Attending school regularly	<input type="checkbox"/> Suspended
<input type="checkbox"/> Attending school irregularly	<input type="checkbox"/> Expelled
<input type="checkbox"/> Graduated high school	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Obtained GED	<input type="checkbox"/> Client refused
<input type="checkbox"/> Dropped out	

General Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	

Dental Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	

Mental Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	

Pregnancy Status		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes If Yes, Due Date: ___/___/_____		
Note: If due date is unknown, default to January 1 st of the current year.		

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Formerly a Ward of Child Welfare/Foster Care Agency?

- No
- Yes If yes, **number of years:** Less than one year 1-2 years 3-5 or more years Data not collected
If less than one year, number of months: ____ (between 1 – 11)
- Client doesn't know
- Client refused

Formerly a Ward of Juvenile Justice System?

- No
- Yes If yes, **number of years:** Less than one year 1-2 years 3-5 or more years Data not collected
If less than one year, number of months ____ (between 1 – 11)
- Client doesn't know
- Client refused

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Young Person's Critical Issues		
Household Dynamics <i>Issues related to interactions and interrelationships within the household: for example, frequent arguments between household members.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual Orientation/Gender Identity- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual Orientation/Gender Identity-Family Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing Issues- Youth <i>Issues related to a lack of sufficient housing or shelter.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing Issues-Family Member <i>Issues related to a lack of sufficient housing or shelter.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School or Educational issues- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School or Educational issues- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental health issues- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental health issues- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health issues- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health issues- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Disability- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Disability- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Disability- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental Disability- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abuse and Neglect- Youth <i>Physical, sexual, or emotional abuse, or neglect.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abuse and Neglect- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or other drug abuse- Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or other drug abuse- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insufficient Income to Support Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Active Military Parent- Family member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incarcerated Parent of Youth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If Yes for Incarcerated Parent of Youth, please specify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One parent/legal guardian is incarcerated <input type="checkbox"/> Both parents/legal guardians are incarcerated <input type="checkbox"/> The only parent/legal guardian is incarcerated <input type="checkbox"/> Data not collected 		

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Referral Sources (Note: Each referral need only be recorded once during project enrollment.)	
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Residential Project: Drug Treatment Center
<input type="checkbox"/> Individual: Parent/Guardian	<input type="checkbox"/> Residential Project: Treatment Center
<input type="checkbox"/> Individual: Relative or friend	<input type="checkbox"/> Residential Project: Educational Institute
<input type="checkbox"/> Individual: Other adult or youth	<input type="checkbox"/> Residential Project: Other Agency project
<input type="checkbox"/> Individual: Partner/Spouse	<input type="checkbox"/> Residential Project: Other project
<input type="checkbox"/> Individual: Foster Parent	<input type="checkbox"/> Hotline: National Runaway Switchboard
<input type="checkbox"/> Outreach Project: FYSB*	<input type="checkbox"/> Hotline: Other
<input type="checkbox"/> Outreach Project: Other	<input type="checkbox"/> Other Agency: Child Welfare/CPS
<input type="checkbox"/> Temporary Shelter: FYSB Basic Center Project	<input type="checkbox"/> Other Agency: Non-Residential Independent Living Project
<input type="checkbox"/> Temporary Shelter: Other youth-only emergency shelter	<input type="checkbox"/> Other Project Operated by your Agency
<input type="checkbox"/> Temporary Shelter: Emergency shelter for families	<input type="checkbox"/> Other Youth Services Agency
<input type="checkbox"/> Temporary Shelter: Emergency shelter for individuals	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Temporary Shelter: Domestic violence shelter	<input type="checkbox"/> Law Enforcement/Police
<input type="checkbox"/> Temporary Shelter: Safe place	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Temporary Shelter: Other	<input type="checkbox"/> Mental Hospital
<input type="checkbox"/> Residential Project: FYSB Transitional Living Project	<input type="checkbox"/> School
<input type="checkbox"/> Residential Project: Other Transitional Living Project	<input type="checkbox"/> Other Organization
<input type="checkbox"/> Residential Project: Group home	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Residential Project: Independent Living Project	<input type="checkbox"/> Client refused
<input type="checkbox"/> Residential Project: Job Corps	<input type="checkbox"/> Data not collected
*If FYSB , number of times approached by outreach prior to entering the project: ____	

Commercial Sexual Exploitation	
Have you ever received anything in exchange for having sexual relations with another person, such as money, food, drugs or shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes, has it been in the past three months?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
How many times have you received something in exchange for having sexual relations with another person, such as money, food, drugs or shelter?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Did someone ever make you or persuade you to have sex with anyone else in exchange for something, such as money, food, drugs or shelter?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes, has it been in the past three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Commercial Labor Exploitation	
<i>Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>Ever promised work where work or payment was different than you expected?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>(if yes to either of the above) have you felt forced, pressured or tricked into continuing the job?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>(if yes to either of the above) has this happened in the last 3 months?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Required Information for HUD CoC NOFA	
Domestic Violence	
Domestic Violence Victim/Survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If yes, When Experience Occurred: <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> More than one year ago <input type="checkbox"/> 3 - 6 months ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 6 - 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If Yes) Are you currently fleeing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Information Required by BHHS	
Housing Status as of the day before project entry:	
Homeless and At-Risk of Homelessness Status <input type="checkbox"/> Category 1 – Homeless (lacks fixed, regular, and adequate nighttime residence) <input type="checkbox"/> Category 2 – At imminent risk of losing housing (will lose primary nighttime residence in 14 days) <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects) <input type="checkbox"/> Stably housed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Zip Code of Last Permanent Address: (where client last lived 90 days or more)	Zip Code data quality: <input type="checkbox"/> Full or Partial <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Employment Status (Employment status is a required element per NH BHHS)	
Information Date: ___/___/____	
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
Homeless Status	
First Time homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Is client chronically homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Location	
Information collection date: ___/___/____	
Select the HUD-assigned CoC code(s) that best apply:	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Services Provided	
<i>In ServicePoint, click to select the Service Transaction tab.</i>	
i <i>Each service type need only be recorded once during project enrollment.</i>	
Service (Each service type need only be recorded once during project enrollment.)	Service Date (First date service was provided.)
Basic Support Services	____/____/____
Community Service/Service Learning (CSL)	____/____/____
Counseling/Therapy	____/____/____
Dental Care	____/____/____
Education	____/____/____
Employment and training services	____/____/____
Criminal justice/legal services	____/____/____
Life skills training	____/____/____
Parenting education for parent of youth	____/____/____
Service (Each service type need only be recorded once during project enrollment.)	Service Date (First date service was provided.)
Parenting education for youth with children	____/____/____
Peer (youth) counseling	____/____/____
Health/medical care	____/____/____
Psychological or psychiatric care	____/____/____
Recreational activities	____/____/____
Substance abuse assessment and/or treatment	____/____/____
Substance abuse prevention	____/____/____
Support group	____/____/____

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Referrals Provided <i>In ServicePoint, click to select the Service Transaction tab.</i> i <i>Each referral need only be recorded once during project enrollment.</i>	
Referral	Referral Date (Date referral was first provided)
Child Care Non-TANF	____/____/____
Supplemental Nutritional Assistance Program (Food Stamps)	____/____/____
Education-McKinney/Vento Liaison Assistance to Remain in School	____/____/____
HUD Section 8 or Other Permanent Housing Assistance	____/____/____
Individual Development Account	____/____/____
Medicaid	____/____/____
Mentoring Program Other Than RHY Agency	____/____/____
National Service (AmeriCorps, VISTA, Learn and Serve)	____/____/____
Non-residential Substance Abuse or Mental Health Program	____/____/____
Other Public-Federal, State or Local Program	____/____/____
Private Non-profit Charity or Foundation Support	____/____/____
SCHIP	____/____/____
SSI, SSDI or other Disability Insurance	____/____/____
TANF or other Welfare/Non-disability Income Maintenance (all TANF) services	____/____/____
Unemployment Insurance	____/____/____
WIC	____/____/____
Workforce Development (WIA)	____/____/____

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

EXIT Data			
Exit Reason for Leaving and Destination <i>In ServicePoint, click to select the Entry/Exit tab</i>			
Exit Date: ____/____/____			
Reason for leaving (choose one): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other (specify) _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed </td> </tr> </table>	<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared	<input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared	<input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed	
Destination (choose one): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <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"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) <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"/> Psychiatric hospital or other psychiatric facility </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <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"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) <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"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other	
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <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"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) <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"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other		
If "Other," please specify: 			

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Exit Health Insurance	
<i>In ServicePoint, click to select the Entry/Exit tab.</i>	
Date of Information Collection: ____/____/____	
Covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
If Yes, please provide information below on specific insurance carriers.	
Health Insurance Source: If client is covered by insurance, choose "No" or "Yes" to specific providers below.	
Health Insurance Source:	
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICAID
<input type="checkbox"/> No <input type="checkbox"/> Yes	MEDICARE
<input type="checkbox"/> No <input type="checkbox"/> Yes	State Children's Health Insurance Program (or use local name)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Veteran's Administration (VA) Medical Services
<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 (or use local name)
<input type="checkbox"/> No <input type="checkbox"/> Yes	Indian Health Services Program
<input type="checkbox"/> No <input type="checkbox"/> Yes	Other
If "Other," please specify:	

Exit Disability
This needs to be answered for all clients, regardless of age.
Does the client have a disabling condition? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<input type="checkbox"/> Data not collected
Information Collection Date: ____/____/____

New Hampshire Continuum of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

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	<input type="checkbox"/> Data not collected	
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	<input type="checkbox"/> Data not collected	
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	<input type="checkbox"/> Data not collected	

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		

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

HIV/AIDS

Date of information collection: ____/____/_____

HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently? <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know
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"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know

Mental Health Problem

Date of information collection: ____/____/_____

Mental Health Problem? <input type="checkbox"/> Yes <input type="checkbox"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know
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"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know
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"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know

Substance Abuse

Date of information collection: ____/____/_____

Substance Abuse? <input type="checkbox"/> No <input type="checkbox"/> Alcohol and drug abuse <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Drug abuse <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"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know
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"/> Client refused <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

General Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	
Dental Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	
Mental Health Status			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> Client refused
<input type="checkbox"/> Very Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Client doesn't know	

Transitional, Exit-care, or Aftercare Plans and Actions			
A written transitional, aftercare or follow-up plan or agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
Advice about and/or referral to appropriate mainstream assistance programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
Placement in appropriate, permanent, stable housing (not a shelter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
Due to unavoidable circumstances or scarcities of appropriate housing, the youth must be transported or accompanied to a temporary shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
Exit counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
A course of further follow-up treatment or services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
A follow-up meeting or series of staff/youth meetings or contacts has been scheduled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
A "package" of such things as maps, information about local shelters and resources	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
Other transitional actions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Project Completion Status	
Choose one response category that describes the youth's project completion status. If the youth left early, was expelled or was otherwise involuntarily discharged from the project, choose the major reason for leaving.	
Project Completion Status	<input type="checkbox"/> Completed project <input type="checkbox"/> Youth voluntarily left early <input type="checkbox"/> Youth was expelled or otherwise involuntarily discharged from project
If youth voluntarily left early, select the major reason	<input type="checkbox"/> Left for other opportunities - Independent living <input type="checkbox"/> Left for other opportunities - Education <input type="checkbox"/> Left for other opportunities - Military <input type="checkbox"/> Left for other opportunities - Other <input type="checkbox"/> Needs could not be met by project
If youth was expelled or otherwise involuntarily discharged from the project, select the major reason	<input type="checkbox"/> Criminal activity/destruction of property/violence <input type="checkbox"/> Non-compliance with project rules <input type="checkbox"/> Non-payment of rent/occupancy charge <input type="checkbox"/> Reached maximum time allowed by project <input type="checkbox"/> Project terminated <input type="checkbox"/> Unknown/disappeared

Family Reunification Achieved?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused

New Hampshire Continua of Care

RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Information Required by BHHS	
Housing Status as of the day before project entry:	
Homeless and At-Risk of Homelessness Status <input type="checkbox"/> Category 1 – Homeless (lacks fixed, regular, and adequate nighttime residence) <input type="checkbox"/> Category 2 – At imminent risk of losing housing (will lose primary nighttime residence in 14 days) <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects) <input type="checkbox"/> Stably housed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Zip code of last permanent address: _____ <i>Where client last lived for 90 days or more.</i>	
Zip code data quality: <input type="checkbox"/> Full or partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Exit Employment Status (Employment status is a required element per NH BHHS and RHY.)	
Information Date ____ / ____ / ____	
Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes," tenure of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Client Location	
Information collection date: ____ / ____ / ____	
Select the HUD-assigned CoC code(s) that best apply:	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)

New Hampshire Continua of Care RHY Basic Center Program Emergency Shelter (BCPes) Entry/Exit Form for HMIS

HUD requires this form to be completed for each client entering or exiting your project.

Fill out this section to help identify a client's common household members. This information is entered at client program entry.

Head of Household		
Is this person the head of a household (households can have only <i>one</i> HoH): <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes to previous question, please list other members of the household and their relationship to the head of household.		
First Name	Last Name	Relationship to Head of Household*

*CHOOSE:

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

Important! Please complete the **BCPes Entry/Exit Form** for *each* person listed above.

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