

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

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

BCPp MCoC BCPp Seacoast

Refer to the *2014 HUD HMIS Data Standards Data Manual Version 5*, 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: __/__/____
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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		
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

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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	

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 If Yes : Information/ Project Entry Date: __ __ / __ __ / __ __ Disability Start Date __ __ / __ __ / __ __ Disability End 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

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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>

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</p> <p><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</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Ward of the state-immediate reunification <input type="checkbox"/> Other</p>

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Living Situation: Residence Prior To Project Entry	
<p>i In this section you will need to consider the client's residence as of the day before project entry. Please answer the check boxes below, then follow the instructions to the appropriate sub-section.</p>	
On the day before project entry, was client living in:	
A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interim Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Homeless Situation subsection and answer the questions there.</p>	
Foster care home or foster care group home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facility or nursing home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Institutional Situation Subsection and answer the questions there.</p>	
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent housing for formerly homeless persons (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with other ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying in a friend's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client doesn't know (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client refused (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data not collected (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i If "Yes" to any of the above, please skip down to the Transitional and Permanent Housing Situation Subsection and answer the questions there.</p>	

Homeless Situation Subsection
<p>Length of Stay in Previous Place?</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> One night or less </div> <div style="width: 50%;"> <input type="checkbox"/> One year or longer </div> <div style="width: 50%;"> <input type="checkbox"/> Two to six nights </div> <div style="width: 50%;"> <input type="checkbox"/> Client doesn't know </div> <div style="width: 50%;"> <input type="checkbox"/> One week or more but less than one month </div> <div style="width: 50%;"> <input type="checkbox"/> Client refused </div> <div style="width: 50%;"> <input type="checkbox"/> One month or more but less than 90 days </div> <div style="width: 50%;"> <input type="checkbox"/> Data not collected </div> <div style="width: 50%;"> <input type="checkbox"/> 90 days or more but less than one year </div> </div>
<p>What is the approximate date the current homeless situation began? ___/___/_____</p>

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Transitional and Permanent Housing Situation Subsection

Length of Stay in Previous Place:

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

i If length of stay in previous place is more than 6 nights, client doesn't know, client refused or data not collected, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to the next section.

If "length of stay in previous place" is less than seven nights, please answer the following:

On the night before, did you stay on the streets, ES or SH? Yes No

i If No, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

• If Yes to "on the street, in ES or SH," what is the approximate date homelessness started:

____/____/____

• If Yes to "on the street, in ES or SH," and regardless of where they stayed last night, what is the number of times the client has 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 | | |

• If Yes to "on the street, in ES or SH," what is the total number of months homeless on the street, in ES or SH in the past three years?

i If this is the first month, select 1.

- | | | | | |
|---|-----------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> More than 12 | <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

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.

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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			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning/Unsure	<input type="checkbox"/> Client Refused
<input type="checkbox"/> Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Client Doesn't know	<input type="checkbox"/> Data Not Collected

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	

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

Employment Status	
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

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.		

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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 		

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Referral Sources	
<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	
*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 ore 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

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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
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Commercial Labor Exploitation	
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?	<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
Ever promised work where work or payment different than you expected?	<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
<i>(If Yes to either of the above) have you felt forced, pressured or tricked into continuing the job?</i>	<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
<i>(If Yes to either of the above) in the last 3 months?</i>	<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

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	

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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
If "Yes," what type 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)

Services Provided	
<i>In ServicePoint, click to select the Service Transaction tab.</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	___ / ___ / _____

New Hampshire Continua of Care

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

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	___/___/___
For BCPp Only:	
Preventative – overnight interim, respite	___/___/___
Preventative – formal placement in an alternative setting outside of BCP	___/___/___
Preventative – entry into BCP after preventative services	___/___/___
Referrals Provided	
<i>In ServicePoint, click to select the Service Transaction tab.</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	___/___/___

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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 Basic Center Program Emergency Shelter Prevention (BCPp) Entry/Exit Form for HMIS

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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):	
<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):	
<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 Basic Center Program Emergency Shelter Prevention (BCPp) 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 Continua of Care Basic Center Program Emergency Shelter Prevention (BCPp) 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"/> Client refused	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
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"/> Client refused	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
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"/> Client refused	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know

Developmental Disability

Date of information collection: ___/___/_____

Developmental Disability? <input type="checkbox"/> Yes <input type="checkbox"/> Client refused	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
If "Yes" to Developmental Disability, 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 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"/> Client refused	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know

Chronic Health Condition

Date of information collection: ___/___/_____

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

New Hampshire Continua of Care Basic Center Program Emergency Shelter Prevention (BCPp) 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"/> 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 <input type="checkbox"/> Drug abuse <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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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

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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

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 statues (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

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

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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," what type of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Homelessness 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 Basic Center Program Emergency Shelter Prevention (BCPp) Entry/Exit Form for HMIS

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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 **BCPp Entry/Exit Form** for *each* person listed above.

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