

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

- | | | |
|--|--|--|
| <input type="checkbox"/> MGH- MCoC Pine Street | <input type="checkbox"/> TLP-MCoC-Union Street | <input type="checkbox"/> TLP-BOS-Concord |
| <input type="checkbox"/> MGH- BOS-Littleton | <input type="checkbox"/> TLP-BOS-Dover | |

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.

- 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"/> Partial, street name, or code name reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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"/> Partial SSN Reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected

U.S. Military Veteran? Yes No Client doesn't know Client refused Data not collected

If Yes to "US Military Veteran," has client **ever received health care benefits from a VA Center?** No Yes

Is client **receiving** Veterans Services? Yes No

Is client **eligible** for Veterans Service? Yes No

If No to "eligible for Veterans Service," please select **Reason:**

Client not interested Client doesn't know Data not collected

Please select discharge **Type** for all person 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: __ __ / __ __ / __ __ __ __	<input type="checkbox"/> Full DOB Reported	<input type="checkbox"/> Client Doesn't Know
Date of Birth Type:	<input type="checkbox"/> Approximate or Partial DOB Reported	<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"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	
<input type="checkbox"/> Data not collected		
Gender :		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Female to Male
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Refused	<input type="checkbox"/> Transgender Male to Female
	<input type="checkbox"/> Does not identify as male, female or transgender	<input type="checkbox"/> Data not collected

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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	
If Yes: Information/ Project Entry 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			

Chronic Health Condition

Date of information collection: __/__/____

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

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HIV/AIDS

Date of information collection: ____/____/____

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

Mental Health Problem

Date of information collection: ____/____/____

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

Substance Abuse

Date of information collection: ____/____/____

Substance Abuse? <input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <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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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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> One night or less</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> One year or longer</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Two to six nights</td> <td style="padding: 2px;"><input type="checkbox"/> Client doesn't know</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> One week or more but less than one month</td> <td style="padding: 2px;"><input type="checkbox"/> Client refused</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> One month or more but less than 90 days</td> <td style="padding: 2px;"><input type="checkbox"/> Data not collected</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 90 days or more but less than one year</td> <td></td> </tr> </table>	<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> One week or more but less than one month	<input type="checkbox"/> Client refused	<input type="checkbox"/> One month or more but less than 90 days	<input type="checkbox"/> Data not collected	<input type="checkbox"/> 90 days or more but less than one year	
<input type="checkbox"/> One night or less	<input type="checkbox"/> One year or longer									
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> Client doesn't know									
<input type="checkbox"/> One week or more but less than one month	<input type="checkbox"/> Client refused									
<input type="checkbox"/> One month or more but less than 90 days	<input type="checkbox"/> Data not collected									
<input type="checkbox"/> 90 days or more but less than one year										
<p>What is the approximate date the current homeless situation began? ____/____/____</p>										
<p>Regardless of where they stayed last night, number of times the client been homeless on the streets, in ES or SH in the past three years, including today?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> One time</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Two times</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Three times</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Four or more times</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Client doesn't know</td> <td style="padding: 2px;"><input type="checkbox"/> Client refused</td> <td style="padding: 2px;"><input type="checkbox"/> Data not collected</td> <td></td> </tr> </table>	<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			
<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								

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Total number of month homeless on the streets, 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 | | | | |

i Once this subsection is completed, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip down to the next section.

Institutional 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 90 days, client doesn't know, client refused or data not collected, then there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip down to the next section.

If length of stay in previous place is LESS than 90 days, please answer the following :

On the night before, did the client stay on the streets, in 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 down to the 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 | | | | |

i Once you have completed this subsection, there are no further questions for you in **Living Situation: Residence Prior to Project Entry**. Please skip to next section.

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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 | | | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Head of household's child |
| <input type="checkbox"/> Head of household's spouse or partner | |
| <input type="checkbox"/> Head of household's other relation member (other relation to head of household) | |
| <input type="checkbox"/> Other: Non-relation member | <input type="checkbox"/> Data not collected |

Entry Health Insurance

i 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 Yes for "Covered by Health Insurance," please enter all sources that apply into table below.)

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Health Insurance Source:

If **Yes**, choose No or Yes below as indicated.

	Insurance Type
<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
<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
<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	

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

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

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

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

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

Formerly a Ward of Child Welfare/Foster Care Agency?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	If yes, number of years: <input type="checkbox"/> Less than one year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 or more years <input type="checkbox"/> Data not collected If less than one year, number of months: ____ (between 1 – 11)
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

Formerly a Ward of Juvenile Justice System?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	If yes, number of years: <input type="checkbox"/> Less than one year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 or more years <input type="checkbox"/> Data not collected If less than one year, number of months ____ (between 1 – 11)
<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

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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

If **Yes** for **Incarcerated Parent of Youth**, please specify:

- One parent/legal guardian is incarcerated
- Both parents/legal guardians are incarcerated
- The only parent/legal guardian is incarcerated
- Data not collected

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

Referral Sources	
<input type="checkbox"/> Self-Referral <input type="checkbox"/> Individual: Parent/Guardian <input type="checkbox"/> Individual: Relative or friend <input type="checkbox"/> Individual: Other adult or youth <input type="checkbox"/> Individual: Partner/Spouse <input type="checkbox"/> Individual: Foster Parent <input type="checkbox"/> Outreach Project: FYSB* <input type="checkbox"/> Outreach Project: <input type="checkbox"/> Temporary Shelter: FYSB Basic Center Project <input type="checkbox"/> Temporary Shelter: Other youth-only emergency shelter <input type="checkbox"/> Temporary Shelter: Emergency shelter for families <input type="checkbox"/> Temporary Shelter: Emergency shelter for individuals <input type="checkbox"/> Temporary Shelter: Domestic violence shelter <input type="checkbox"/> Temporary Shelter: Safe place <input type="checkbox"/> Temporary Shelter: Other <input type="checkbox"/> Residential Project: FYSB Transitional Living Project <input type="checkbox"/> Residential Project: Other Transitional Living Project <input type="checkbox"/> Residential Project: Group home <input type="checkbox"/> Residential Project: Independent Living Project <input type="checkbox"/> Residential Project: Job Corps	<input type="checkbox"/> Residential Project: Drug Treatment Center <input type="checkbox"/> Residential Project: Treatment Center <input type="checkbox"/> Residential Project: Educational Institute <input type="checkbox"/> Residential Project: Other Agency project <input type="checkbox"/> Residential Project: Other project <input type="checkbox"/> Hotline: National Runaway Switchboard <input type="checkbox"/> Hotline: Other <input type="checkbox"/> Other Agency: Child Welfare/CPS <input type="checkbox"/> Other Agency: Non-Residential Independent Living Project <input type="checkbox"/> Other Project Operated by your Agency <input type="checkbox"/> Other Youth Services Agency <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Law Enforcement/Police <input type="checkbox"/> Religious Organization <input type="checkbox"/> Mental Hospital <input type="checkbox"/> School <input type="checkbox"/> Other Organization <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
*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
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

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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
Were you 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
(If Yes to either of the above) have you felt forced, pressured or tricked into continuing the job?	<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 either of the above) has this happened in the last 3 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

Income and Sources
<ul style="list-style-type: none"> i Collection of this information is required for MGH, TLP and Demo. i Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive. i Record income for HOH and adult household members. Income or Benefits received by a minor child should be assigned to the HOH.
<p>Information Date: ___/___/___</p> <p>Income from any source? <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</p> <p>If Yes for "Income from any source," please indicate all sources that apply and dollar amounts for each.</p>

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

Monthly Income (cash) Source:			
<input type="checkbox"/> Earned income (i.e. employment income) \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____		
<input type="checkbox"/> Unemployment Insurance \$ _____	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) [or use local name] \$ _____		
<input type="checkbox"/> Supplemental Security Income (SSI) \$ _____	<input type="checkbox"/> General Assistance (GA) [or use local name] \$ _____		
<input type="checkbox"/> Social Security Disability Income(SSDI) \$ _____	<input type="checkbox"/> Retirement Income from Social Security \$ _____		
<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____	<input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension \$ _____	<input type="checkbox"/> Child Support \$ _____		
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Alimony and Other Spousal Support \$ _____		
<input type="checkbox"/> Other source \$ _____			

IF Yes for "other Source," please specify source:

Total Monthly Income: \$ _____

Non-Cash Benefits										
<p>i Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.</p> <p>i Collection of this information is required for MGH, TLP and Demo.</p>										
<p>Information Date: ____/____/____</p>										
<p>Non-Cash benefit from any source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused</p> <p style="margin-left: 100px;"><input type="checkbox"/> Data not collected</p>										
<p>If Yes for "Income from any source," please indicate all sources and dollar amounts for the source(s) that apply.</p>										
<p>Monthly Non-Cash Benefit Source:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Other TANF-funded services \$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children(WIC) \$ _____</td> <td style="padding: 5px;"><input type="checkbox"/> Section 8, public housing or rental assistance \$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> TANF Child Care services (or use local name) \$ _____</td> <td style="padding: 5px;"><input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance \$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> TANF Transportation services (or use local name) \$ _____</td> <td style="padding: 5px;"><input type="checkbox"/> Other Source (specify) _____ \$ _____</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Temporary rental assistance \$ _____</td> <td></td> </tr> </tbody> </table>	<input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____	<input type="checkbox"/> Other TANF-funded services \$ _____	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children(WIC) \$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance \$ _____	<input type="checkbox"/> TANF Child Care services (or use local name) \$ _____	<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance \$ _____	<input type="checkbox"/> TANF Transportation services (or use local name) \$ _____	<input type="checkbox"/> Other Source (specify) _____ \$ _____	<input type="checkbox"/> Temporary rental assistance \$ _____	
<input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____	<input type="checkbox"/> Other TANF-funded services \$ _____									
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children(WIC) \$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance \$ _____									
<input type="checkbox"/> TANF Child Care services (or use local name) \$ _____	<input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance \$ _____									
<input type="checkbox"/> TANF Transportation services (or use local name) \$ _____	<input type="checkbox"/> Other Source (specify) _____ \$ _____									
<input type="checkbox"/> Temporary rental assistance \$ _____										
<p>If Yes for "Other Source," please specify source:</p>										

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

Non-Cash Monthly Total \$ _____

Required Information for HUD CoC NOFA

Domestic Violence	
Domestic Violence Victim/Survivor? <input type="checkbox"/> No <input type="checkbox"/> Yes <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"/> One year ago or more <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
(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	

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

Entry 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
(If "Yes") 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

Services Provided

Click to select the **Service Transaction** tab. (Each service type need only be recorded once during project enrollment.)

Service	Service Date (Date service was first provided)
Basic Support Services	____/____/____
Community Service/Service Learning (CSL)	____/____/____

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

Counseling/Therapy	____/____/____
Dental Care	____/____/____
Education	____/____/____
Employment and training services	____/____/____
Criminal justice/legal services	____/____/____
Life skills training	____/____/____
Parenting education for parent of youth	____/____/____
Parenting education for parent of youth with children	____/____/____
Peer (youth) counseling	____/____/____
Post-natal care	____/____/____
Pre-natal care	____/____/____
Health/medical care	____/____/____
Psychological or psychiatric care	____/____/____
Recreational activities	____/____/____
Substance abuse assessment and/or treatment	____/____/____
Substance abuse prevention	____/____/____
Support group	____/____/____

Referrals Provided

*Click to select the **Service Transaction** tab. Record each type of referral and the first date for which the referral was provided.*

Referral	Referral Date
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	____/____/____

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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 MGH/TLP 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

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

Exit Date: ___/___/_____

Reason for leaving (choose one):

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

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:

Exit Monthly Income Sources and Non-Cash Benefits

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

i Record income for HOH and adult household members. Income or Benefits received by a minor child should be assigned to the HOH.

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

If **Yes**, Information/Project Entry Date: ___/___/_____

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

Monthly Income (cash) Source:			
<input type="checkbox"/> Earned income (i.e. employment income)	\$ _____	<input type="checkbox"/> TANF	\$ _____
<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Retirement Income from Social Security	\$ _____
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> Pension or retirement income from former job	\$ _____
<input type="checkbox"/> Social Security Disability Income(SSDI)	\$ _____	<input type="checkbox"/> Child support	\$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$ _____	<input type="checkbox"/> VA Non- Service-Connected Disability Pension	\$ _____
<input type="checkbox"/> Private disability insurance	\$ _____	<input type="checkbox"/> Alimony or other spousal support	\$ _____
<input type="checkbox"/> Worker's compensation	\$ _____	<input type="checkbox"/> Other (specify) _____	\$ _____
Monthly Income Start Date: ___/___/_____ Monthly Income End Date: ___/___/_____			
Monthly Income Total \$ _____			

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

Non-Cash benefit from any source?		<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: ___/___/_____	
Monthly Non-Cash Benefit Source:			
<input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps)	\$ _____	<input type="checkbox"/> Other TANF-funded services	\$ _____
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$ _____	<input type="checkbox"/> Section 8, public housing or rental assistance	\$ _____
<input type="checkbox"/> TANF Child Care services	\$ _____	<input type="checkbox"/> Temporary rental assistance	\$ _____
<input type="checkbox"/> TANF Transportation services	\$ _____	<input type="checkbox"/> Other Source (specify) _____	\$ _____
Non-cash monthly start date: ___/___/_____ Non-cash monthly end date: ___/___/_____			
Non-cash monthly total \$ _____			
Exit Health Insurance			
In ServicePoint, use the Entry/Exit tab			
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.			

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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
<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
<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:

Exit 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

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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

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

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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		

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

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client Refused	

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?

Yes No Client doesn't know Client Refused

Information Required by BHHS

Housing Status as of the day before project entry:

Homeless and At-Risk of Homelessness Status

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

New Hampshire Continua of Care RHY MGH/TLP Entry/Exit Form for HMIS

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Exit 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
(If "Yes") tenure of employment?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

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 <u>one</u> 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 **MGH/TLP Entry/Exit Form** for *each* person listed above.

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