

# New Hampshire Continua of Care RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

**SOP Manchester**

**SOP Seacoast**

Refer to the 2014 HUD HMIS Data Standards, Version 5.1 available on the NH-HMIS website [www.nh-hmis.org](http://www.nh-hmis.org) for an explanation of the data elements in this form.

<b>Date Form Completed:</b> ___/___/____
<b>Outreach Worker for NH:</b> _____
<b>Outreach City/Town:</b> _____

<b>First, MI, Last Name, Suffix:</b>	
<b>Name Data Quality:</b>	<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
<b>Alias:</b>	
<b>Client ID Number:</b> <small>Client ID number is generated by the HMIS system.</small>	<b>Household ID Number (optional):</b> <small>Household ID number is generated by the HMIS system.</small>

<b>Client Record Creation</b>		
<b>SSN:</b> ____ - ____ - _____		
<b>SSN Data Quality:</b>	<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	
<b>U.S. Military Veteran?</b> <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 <b>ever received health care benefits from a VA Center?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Is client <b>receiving</b> Veterans Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Is client <b>eligible</b> for Veterans Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If No to "eligible for Veterans Service," please select <b>Reason:</b> <input type="checkbox"/> Client not interested <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected		
Please select discharge <b>Type</b> 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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<b>Date of Birth:</b> __ __ / __ __ / __ __ __ __	<b>Date of Birth Type:</b> <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
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**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		

**Ethnicity (choose one):**     Hispanic/Latino     Non-Hispanic/Non-Latino     Client Doesn't Know     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"/> Doesn't identify as Male, Female or Transgender			

**Entry Assessment**

Click **Add Entry/Exit**. Click to open the **Type drop down menu**, then select **RHY**. Click **Save and Continue**.

**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 HoH)
- Other: non-relation member \_\_\_\_\_

**Outreach**

**Location (choose one):**

- Place not meant for habitation
- Service setting, non-residential
- Service setting, residential

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Contact:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Time of Contact (Optional)** \_\_\_\_:\_\_\_\_ AM PM (Circle one)

**Entry Disability**

**Does the client have a disabling condition?**     No     Yes     Client Doesn't Know     Client Refused

Data not collected

Information Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# New Hampshire Continua of Care

## RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

- |   |   |
|---|---|
| <input type="checkbox"/> Jail, prison or juvenile detention facility        | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Residential project or halfway house with no homeless criteria       |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy  | <input type="checkbox"/> Staying or living in a family member's room, apartment or house      |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy  | <input type="checkbox"/> Staying or living in a friend's room, apartment or house             |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as a CoC project, HUD legacy program, or HOPWA PH) | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy   | <input type="checkbox"/> Client doesn't know  |
| <input type="checkbox"/> Rental by client, with VASH subsidy  | <input type="checkbox"/> Client refused   |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy   | <input type="checkbox"/> Data not collected   |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy   |   |

**Length of stay in prior living situation?**

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

**Approximate date homelessness started:** \_\_\_\_\_

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

**i** *Regardless of where the client stayed last night, enter the number of times the client has been homeless on the streets, in ES or SH in the past three years including today.*

**i** *If this is the first time the client has been homeless in the past three years then the response is One time.*

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

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

**i** *Record the total number of months homeless the client has been on the streets, in ES or SH in the past three years. (The number of cumulative, but not necessarily consecutive months spent homeless.)*

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

# New Hampshire Continua of Care RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

<b>Sexual Orientation</b>			
<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

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

Date information was collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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 <input type="checkbox"/> Client refused	Indian Health Services Program
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know	Other (or use local name)

If Yes to "Other," please specify source:

<b>Domestic Violence</b>
--------------------------

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

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

<b>Pregnancy Status</b>
<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, <b>Due Date:</b> ____/____/_____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

<b>Commercial Sexual Exploitation</b>	
Have you ever received anything in exchange for sex (e.g. money, food, drugs, shelter, etc.)?	<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 for "ever received anything in exchange for sex," did this happen in the last 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
If Yes for "ever received anything in exchange for sex," how many times?	<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-11 <input type="checkbox"/> 12 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If Yes for "ever received anything in exchange for sex," were you ever made/persuaded to have sex in exchange for something?	<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 for "ever made/persuaded to have sex in exchange for something," did this happen in the last 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

<b>Commercial Labor Exploitation</b>	
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

## New Hampshire Continua of Care RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If yes to either of the above) have you ever 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

### 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 (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence)
- At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
- Stably housed       Client doesn't know       Client refused       Data not collected

**Zip Code of Last Permanent Address:**  
(where client last lived 90 days or more)

##### Zip Code data quality:

- Full or Partial       Client Doesn't Know       Client Refused
- Data not collected

#### Entry Employment Status

Employment status is a required element per NH BHHS.

Information Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Is client employed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>(If Yes) Type of employment?</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

#### Homeless Status

- First time homeless?**     No     Yes  
**Is client chronically homeless?**     No     Yes



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<b>Client Location</b>	
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)

<b>Information Required for ESG Grant</b>	
<b>Income and Sources</b>	
<p><b>i</b> Ask client whether they receive income from <i>each</i> source listed rather than asking them to state the sources of income they receive.</p> <p><b>i</b> Record income for HOH and adult household members. Income or Benefits received by a minor child should be assigned to the HOH.</p>	
Date of Information Collection: ___/___/_____	
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	
If Yes for "Income from any source," please indicate that apply and dollar amount for each.	
<b>Monthly Income (cash) Source:</b>	
<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"/> Retirement Income from Social Security \$_____
<input type="checkbox"/> Social Security Disability Income(SSDI) \$_____	<input type="checkbox"/> Pension or retirement income from a former job \$_____
<input type="checkbox"/> VA Service-Connected Disability Compensation \$_____	<input type="checkbox"/> Child Support \$_____
<input type="checkbox"/> VA Non-Service-Connected Disability Pension \$_____	<input type="checkbox"/> Alimony or other spousal support \$_____
<input type="checkbox"/> Private disability insurance \$_____	<input type="checkbox"/> Other source (please specify below) \$_____
If "Other," please specify source:	
<b>Monthly Income Total \$</b> _____	

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

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

**i** Each service type need only be recorded once during project enrollment.

<b>Services Provided</b>	
<i>In ServicePoint, click to select the <b>Service Transaction</b> tab.</i>	
Service	Service Date
Street Outreach- Health and Hygiene Products Distributed	____/____/____
Street Outreach- Food And Drink Items	____/____/____
Street Outreach- Services Information/Brochures	____/____/____

**i** Each referral need only be recorded once during project enrollment.

<b>Referrals Provided</b>	
<i>In ServicePoint, click to select the <b>Service Transaction</b> tab.</i>	
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	____/____/____

# New Hampshire Continua of Care

## RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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Mentoring Program Other Than RHY Agency	____/____/____
National Service (AmeriCorps, VISTA, Learn and Serve)	____/____/____
Non-residential Substance Abuse or Mental Health Program	____/____/____
Other Public-Federal, State or Local Program	____/____/____
Private Non-profit Charity or Foundation Support	____/____/____
SCHIP	____/____/____
SSI, SSDI or other Disability Insurance	____/____/____
TANF or other Welfare/Non-disability Income Maintenance (all TANF) services	____/____/____
Unemployment Insurance	____/____/____
WIC	____/____/____
Workforce Development (WIA)	____/____/____

### Last Grade Completed

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

### 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"/> Rental by client, no ongoing housing subsidy                                     |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher | <input type="checkbox"/> Rental by client, with VASH subsidy  |
| <input type="checkbox"/> Foster care home or foster care group home                                      | <input type="checkbox"/> Rental by client, with GPD TIP subsidy   |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility)                 | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy                             |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher                       | <input type="checkbox"/> Residential project or halfway house with no homeless criteria                   |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                                     | <input type="checkbox"/> Safe Haven   |
| <input type="checkbox"/> Long-term care facility or nursing home   | <input type="checkbox"/> Staying or living with family, permanent tenure                                  |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH                               | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) |

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<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"/> 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"/> Other (please specify below.) <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
--	--

**If "Other," please specify here:**

**Exit Date of Engagement:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Optional:** If client exits without becoming engaged, the engagement date should be left blank.

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

**Date of Data Collection:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Covered by health insurance?**     No     Yes     Client doesn't know     Client refused     Data not collected  
 If Yes to "covered by health insurance", please indicate provider(s) as appropriate.

	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 (please specify below)

If Yes to "Other," please specify source:

# New Hampshire Continua of Care RHY and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

<b>Exit Disability</b>
<b>Does the client have a disabling condition?</b> <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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

<b>Chronic Health Condition?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?</b> <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 and ESG Street Outreach Program (SOP) 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

<b>Substance Abuse?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Alcohol abuse only	<input type="checkbox"/> Drug abuse only
<input type="checkbox"/> Drug and alcohol abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<b>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?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>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?</b>		
<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 and ESG Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

## Information Required by BHHS

**Housing Status** as of the day before project entry:

### Homeless and At-Risk of Homelessness Status

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

## Exit Employment Status

Employment status is a required element per NH BHHS.

Information Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## Information Required for ESG Grant

### Exit Income and Sources

- 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.

**Date of data collection:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## New Hampshire Continua of Care RHY and ESG Street Outreach Program (SOP) 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"/> Retirement Income from Social Security \$ _____
<input type="checkbox"/> Social Security Disability Income(SSDI) \$ _____	<input type="checkbox"/> Pension or retirement income from a former job \$ _____
<input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____	<input type="checkbox"/> Child Support \$ _____
<input type="checkbox"/> VA Non-Service-Connected Disability Pension \$ _____	<input type="checkbox"/> Alimony or other spousal support \$ _____
<input type="checkbox"/> Private disability insurance \$ _____	<input type="checkbox"/> Other source \$ _____

If "Other," please specify:

Monthly Income Total \$ \_\_\_\_\_

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

### Exit Non-Cash Benefits

<b>Date of information collection:</b> ____/____/____	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
<b>Non-Cash Benefit from any source?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount.		
<b>Monthly Non-Cash Benefit Source:</b>		<b>Amount:</b>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
TANF child care services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
TANF transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other TANF-funded services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Temporary rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other source (please specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
If <i>Other</i> , please specify:		

Non-Cash Monthly Total \$ \_\_\_\_\_

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



