

New Hampshire Continua of Care RHY 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 for an explanation of the data elements in this form.

Date Form Completed: ____/____/____

Outreach Worker for NH: _____

Outreach City/Town: _____

First, MI, Last Name, Suffix:

Name Data Quality:

- Full name reported
- Partial, street name, or code name reported
- Client doesn't know
- Client refused
- Data not collected

Alias:

Client ID Number:

Client ID number is generated by the HMIS system.

Household ID Number (optional):

Household ID number is generated by the HMIS system.

Client Record Creation

SSN: _____ - _____ - _____

SSN Data Quality

- Full SSN reported
- Partial SSN reported
- Data not collected
- Client does not know or does not have SSN
- Client refused

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

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

Veteran Status

Is client a **US Military Veteran**? Yes No

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

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

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

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

Client not interested Client doesn't know Data not collected

Please select **discharge type** for all persons who answered *Yes* to "US Military Veteran" and are not currently serving:

<input type="checkbox"/> Honorable	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Under other than honorable conditions (OTH)
<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Date of Birth: __ __ / ____ / __ __ __ __ **Date of Birth Type:** Full DOB Reported
 Approximate or Partial DOB Reported
 Client doesn't know Client refused

Race (client may choose up to 5) :

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Client doesn't know
 Asian White Client refused
 Black or African American Data not collected

Ethnicity (choose one): Hispanic/Latino Non-Hispanic/Non-Latino Client doesn't know Client refused
 Data not collected

Gender: Female Male Transgender female to male Transgender male to female
 Client doesn't know Client refused Client does not identify as female, male or transgender
 Data not collected

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

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

Entry Assessment

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

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: ____/____/____

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?

- Yes
 - No
 - Client doesn't know
- 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?

- Yes
 - No
 - Client doesn't know
- Client refused

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

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

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

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

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

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

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		

Residence Prior to Project Entry

Indicate the client's residence as of the day before project entry.

Was client in a Homeless Situation? Yes No

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

<input type="checkbox"/> A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	<input type="checkbox"/> An emergency shelter, including hotel or motel paid for with emergency shelter voucher
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Interim Housing

Was client in an Institutional Situation? Yes No

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

<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"/> 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

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

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

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?

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

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

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

Client Location (choose HUD-assigned CoC Code[s]):

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

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

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

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 | |

Entry Health Insurance

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

Date of information collection: ____/____/____

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

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	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "other," please specify:	

Domestic Violence Victim/Survivor?

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

If yes, When Experience Occurred:

- Within the past 3 months More than a year
 3 - 6 months ago Client doesn't know
 6 - 12 months ago Client refused
 Data not collected

(If Yes) Are you currently fleeing?

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

Pregnancy Status

- No
 Yes If yes, **Due Date:** ____/____/____
 Client doesn't know
 Client refused

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

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

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

Commercial Labor Exploitation	
Have you ever been afraid to leave or quit a work situation due to fears of violence or other threats of harm to yourself, family or friends?"	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Ever promised work where work or payment different than you Expected?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If Yes to either of the above) did you feel 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) was it 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

New Hampshire Continua of Care RHY 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

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 ____/____/____

Is the client employed?

- No
- Yes
- Client doesn't know
- Client refused

If Yes, what is the tenure of employment?

- Full-time
- Part-time

Homeless Status

First Time Homeless? Yes No

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

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

Services Provided

*In ServicePoint, click to select the **Service Transaction** tab.*

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

Service	Service Date
Street Outreach- Health and Hygiene Products Distributed	____ / ____ / ____
Street Outreach- Food And Drink Items	____ / ____ / ____
Street Outreach- Services Information/Brochures	____ / ____ / ____

Referrals Provided

*In ServicePoint, click to select the **Service Transaction** tab.*

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

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	____ / ____ / ____
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 Street Outreach Program (SOP) Entry/Exit Form for HMIS

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

EXIT Data	
Exit Reason for Leaving and Destination	
<i>In ServicePoint, click to select the Entry/Exit tab</i>	
Exit Date: ____/____/____	
Reason for leaving (choose one):	
<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared	<input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Reached maximum time allowed	
Destination (choose one):	
<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility)	<input type="checkbox"/> 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"/> 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"/> 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 Date of Engagement : ____/____/____

Exit Date is optional: If client exits without becoming engaged, the engagement date should be left blank.

New Hampshire Continua of Care

RHY Street Outreach Program (SOP) 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		

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

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

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

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

***CHOOSE:**

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

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

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