New Hampshire Continua of Care
SGIA Homelessness Prevention (HP) Project
Record Creation Intake Entry Services Exit Packet

Fill out this form to determine if client is homeless or in need of services in order to prevent homelessness. In this packet, data is collected for:

- Client Universal Intake – to be signed by client and filed with the client's record.
- The Homeless Management Information System (HMIS) – to be input into ServicePoint:
  - ✓ Client record Creation
  - ✓ Client Entry
  - ✓ Additional Supportive Services for client
  - ✓ Client Exit

The data collected on these forms should then be added to HMIS using the ServicePoint software within three (3) days of client intake.

The information on the following forms is taken from the HUD HMIS Data Standard documentation. Refer to the *2014 HMIS Data Standards Manual, Version 5.1* for an explanation of the data elements.

This SGIA HP Data Collection Packet can also be found on the NH-HMIS website at: www.nh-hmis.org.

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INTAKE DATA COLLECTION

In ServicePoint, always set the Entry/Exit and services Type to "HUD".

Intake Interviewer Name:_____

Form Completed Date: _____

Case Manager Name: _____

ServicePoint Client ID: _____

Intake Questions

1. Marital Status

☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed

2. Housing Status

Are you currently living in Subsidized Housing? ☐ Yes ☐ No

Have you applied for Section 8 or other Subsidized Housing? ☐ Yes ☐ No
If *Yes*, where and when? _____

Do you own your own home? ☐ Yes ☐ No
If *Yes*, are you facing foreclosure? Explain: _____

What barriers do you face that could prevent you from obtaining and keeping stable housing (please check all that apply)?

☐ Finances
☐ Low-level education
☐ Mental health diagnosis
☐ Legal
☐ Lack of skills
☐ History of substance abuse
☐ Unemployment
☐ Poor rental history
☐ Other

If "Other", please specify: _____

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3. **Residence History** (Please start with most recent.)

Start and End Dates	Address w/ City, State & Zip	Housing Type	$ Rent Amount	$ Past Due Rent Amount?	$ Past Due Utilities Amount?	Was Reason for Leaving Eviction?
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

Name of Current Landlord: _____
Address: _____
Phone Number: (_____) _____ Fax: (_____)_____

Name of Current Landlord: _____
Address: _____
Phone Number: (_____) _____ Fax: (_____)_____

4. Citizenship

Are you a US Citizen? ☐ Yes ☐ No

If *No*, what is your current alien status? ☐ Lawfully qualified alien
☐ Lawfully non-qualified alien ☐ Undocumented alien

5. Transportation

So you have a car? ☐ Yes ☐ No

Do you have a valid driver/s license? ☐ Yes ☐ No

6. Employment

Employer/Address	Position	$ Salary/Hr	Start/End Dates

7. Assets (List value of all liquid assets as of date of application)			
Source of Asset (i.e., savings, stocks, etc.)	$ Current Value	Less Withdrawal Penalty	Total Net Value
$ Total Asset Value:		$	

8. Monthly Expenses					
Expense	$ Amount	Expense	$ Amount	Expense	$ Amount
Rent	$	Food	$	Childcare	$
Phone	$	Transportation	$	Other	$
Heat	$	Electricity	$	Other	$
$ Total Monthly Expenses:			$		

9. Household Income

Income as a percentage of AMI (Area Median Income):

☐ Less than 30% ☐ 30% to 50% ☐ Greater than 50%

Indicate household income limits as a percentage of area median income (AMI), as published annually on the HUD website at: http://www.huduser.org.

10. Education

Are you currently in school? ☐ Yes ☐ No

Last grade completed?

☐ Less than grade 5	☐ Grades 5-6	☐ Grades 7-8	☐ Grades 9-11
☐ Grade 12	☐ School program has no grade levels	☐ GED	☐ Some college
☐ Associate's degree	☐ Bachelor's degree	☐ Vocational Cert.	
☐ Client doesn't know	☐ Client refused		

Are you now or have you been in a job training program? ☐ Yes ☐ No

If *Yes*, where and what type of program? _____

Do you have difficulty with reading or writing? ☐ Yes ☐ No

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11. Medical History

Do you or anyone in your household have any physical or mental health concerns?

☐ Yes ☐ No

If *Yes,* please describe:_____

_____

12. Emergency Contact Information

Emergency Contact: _____

Phone Number: _____

FALSE INFORMATION WILL RESULT IN DISMISSAL FROM THIS PROJECT

Client's Signature: _____ Date: ____/____/_____

Staff Signature (witness): _____ Date: ____/____/_____

After client and staff sign, this non-HMIS form should be filed with the client's record.

Choose which additional projects this client will be entered into:

☐ HUD CoC APR – Transitional Housing (TH), Permanent Housing (PH) and Emergency Shelter (ES)
☐ HUD ESG RRH – Re-housing
☐ HUD ESG HP – Homeless Prevention

Depending on which project your client will be entered into, additional data must be collected as shown. These questions can be found later in this packet:

1. If client is entering into CoC APR, TH, PH, ES programs, be sure to collect data on:
   a. (Entry) First Time Homeless? (Page 11)

2. If client is entering into an ESG RRH program, be sure to collect:
   a. (Entry) In permanent housing? Residential move-in date? (Page 11)
   b. (Entry) Is client homeless? (Page 11)
   c. (Entry) First time homeless? (Page 11)

3. If client is entering into an ESG Homeless Prevention (HP) program, be sure to collect:
   a. (Entry) Is client chronically homeless? (Page 11)
   b. (Exit) Housing assessment at exit. (Page 17)
   c. (Exit) Subsidy information. (Page 17)
   d. (Exit) If moved to new housing unit, subsidy information. (Page 17)

HMIS DATA COLLECTION INFORMATION

Prevention Project (client is at risk, but not homeless)

- In ServicePoint, always set the Entry/Exit and Services Type to "HUD".

Date Form Completed: ____/____/_____

Intake Interviewer's Name: _____

Case Manager's Name: _____

Project Name: _____

Client's ID: _____

Client's Project Entry Date: ____/____/_____

Location:

Choose appropriate HUD-assigned Coc Code:	☐ NH-500 (Balance of State/Concord) ☐ NH-501 (Manchester) ☐ NH-502 (Greater Nashua)

Client Record Creation
First, MI, Last Name, Suffix: _____
Name Data Qualify: ☐ Full name reported ☐ Partial, street name, or code name reported ☐ Client doesn't know ☐ Client refused
Alias: _____
Entry Date: _____/____/_____ Exit Date: ____/____/_____
SSN: __ __ __ -- __ __ __ -- __ __ __ __ SSN Data Quality: ☐ Full SSN reported ☐ Partial SSN reported ☐ Client doesn't know or has no SSN ☐ Client refused ☐ Data not collected

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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:

☐ Honorable	☐ General under honorable conditions	☐ Under other than honorable conditions (OTH)
☐ Bad Conduct	☐ Dishonorable	☐ Uncharacterized
☐ Client doesn't know	☐ Client refused	☐ Data not collected

Date of Birth: ____/____/_____

Date of Birth type: ☐ Full DOB reported ☐ Partial or approximate DOB reported

☐ Client doesn't know ☐ Client refused ☐ Data not collected

Race: (Client may choose up to 5.)

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ White ☐ Black or African American

☐ Client doesn't know ☐ Client refused ☐ 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 male to female

☐ Transgender female to male ☐ Does not identify as female, male or transgender

☐ Client doesn't know ☐ Client refused ☐ Data not collected

Entry Data

Section 1: Project Entry (in ServicePoint use Entry/Exit Tab)

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

Does client have a Disabling Condition?

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

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Section 2: 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
If "Yes," to Physical Disability, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Developmental Disability

Date of information collection: ____/____/_____

Developmental Disability? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Chronic Health Condition

Date of information collection: ____/____/_____

Chronic Health Condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

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HIV/AIDS

Date of information collection:____/____/_____

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

Mental Health Problem

Date of information collection: ____/____/_____

Mental Health Problem? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Substance Abuse

Date of information collection: ____/____/_____

Substance Abuse? ☐ No ☐ Alcohol abuse ☐ Drug abuse ☐ Both alcohol and drug abuse ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

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Section 3: Health Insurance (In ServicePoint use Entry/Exit Tab)	
Complete for all household members.	
Date of information collection: ____/____/_____ ☐ Yes ☐ No Covered by health insurance?: ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
MEDICAID	☐ Yes ☐ No
MEDICARE	☐ Yes ☐ No
State Children's Health Insurance Program	☐ Yes ☐ No
Veteran's Administration (VA) Medical Services	☐ Yes ☐ No
Employer-provided health insurance	☐ Yes ☐ No
Health insurance obtained through COBRA	☐ Yes ☐ No
Private pay health insurance	☐ Yes ☐ No
State Health Insurance for Adults	☐ Yes ☐ No
Indian Health Services Program	☐ Yes ☐ No
Other (Please specify below.)	☐ Yes ☐ No
If "Other," please specify:	

Section 4: Living Situation: Residence Prior To Project Entry	
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.	
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)**.**	☐ Yes ☐ No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	☐ Yes ☐ No
Safe Haven	☐ Yes ☐ No
Interim Housing	☐ Yes ☐ No
If "Yes" to any of the above, please skip down to the Homeless Situation subsection and answer the questions there.	
Foster care home or foster care group home (HUD)	☐ Yes ☐ No
Hospital or other residential non-psychiatric medical facility (HUD)	☐ Yes ☐ No
Jail, prison or juvenile detention facility (HUD)	☐ Yes ☐ No
Long-term care facility or nursing home (HUD)	☐ Yes ☐ No
Psychiatric hospital or other psychiatric facility (HUD)	☐ Yes ☐ No
Substance abuse treatment facility or detox center (HUD)	☐ Yes ☐ No
*If "Yes" to any of the above, please skip down to the **Institutional Situation Subsection** and answer the questions there.*	
Hotel or motel paid for without emergency shelter voucher (HUD)	☐ Yes ☐ No
Owned by client, no ongoing housing subsidy (HUD)	☐ Yes ☐ No
Owned by client, with ongoing housing subsidy (HUD)	☐ Yes ☐ No
Permanent housing for formerly homeless persons (HUD)	☐ Yes ☐ No
Rental by client, no ongoing housing subsidy (HUD)	☐ Yes ☐ No
Rental by client, with VASH subsidy (HUD)	☐ Yes ☐ No
Rental by client, with GPD TIP subsidy (HUD)	☐ Yes ☐ No
Rental by client, with other ongoing housing subsidy (HUD)	☐ Yes ☐ No
Residential project or halfway house with no homeless criteria (HUD)	☐ Yes ☐ No

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Staying or living in a family member's room, apartment or house (HUD)	☐ Yes ☐ No
Staying in a friend's room, apartment or house (HUD)	☐ Yes ☐ No
Transitional housing for homeless persons (including homeless youth) (HUD)	☐ Yes ☐ No
Client doesn't know (HUD)	☐ Yes ☐ No
Client refused (HUD)	☐ Yes ☐ No
Data not collected (HUD)	☐ Yes ☐ No

*If "Yes" to any of the above, please skip down to the **Transitional and Permanent Housing Situation Subsection** and answer the questions there.*

Homeless Situation Subsection

Length of Stay in Previous Place?

☐ One night or less
☐ Two to six nights
☐ One week or more but less than one month
☐ One month or more but less than 90 days
☐ 90 days or more but less than one year
☐ One year or longer
☐ Client doesn't know
☐ Client refused
☐ Data not collected

Client Location:
Information collection date: ____/____/_____
Select HUD-asigned CoC code(s) that best apply:

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

What is the approximate date the current homeless situation began? ____/____/_____

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?

☐ One time ☐ Two times ☐ Three times ☐ Four or more times
☐ Client doesn't know ☐ Client refused ☐ Data not collected

Total number of month homeless on the streets, in ES or SH in the past three years?

If this is the first month, select 1.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ More than 12
☐ Client doesn't know ☐ Client refused ☐ Data not collected

*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?

☐ One night or less
☐ One week or more, but less than one month
☐ 90 days or more but less than one year
☐ Client doesn't know
☐ Two to six nights
☐ One month or more but less than 90 days
☐ One year or longer
☐ Client refused
☐ Data not collected

*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

*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?**

☐ One time ☐ Two times ☐ Three times
☐ Four or more times ☐ Client doesn't know ☐ Client refused
☐ 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?**

If this is the first month, select 1.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ More than 12 ☐ Client doesn't know ☐ Client refused
☐ Data not collected

*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.*

Transitional and Permanent Housing Situation Subsection

Length of Stay in Previous Place:

❑ One night or less	❑ Two to six nights	❑ One week or more, but less than one month
❑ One month or more, but less than 90 days	❑ 90 days or more but less than one year	❑ One year or longer
❑ Client doesn't know	❑ Client refused	❑ Data not collected

*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

*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?**

☐ One time ☐ Two times ☐ Three times
☐ Four or more times ☐ Client doesn't know ☐ Client refused
☐ 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?**
  - *If this is the first month, select 1.*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ 11 ☐ 12 ☐ More than 12 ☐ Client doesn't know ☐ Client refused
☐ Data not collected

Section 5: Income and Sources (in ServicePoint use Entry/Exit Tab)

Monthly Cash Income

- *Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.*
- *Record income for HOH and adult household members.*
- *Updates are required for persons aging into adulthood. Income or Benefits received by a minor child should be assigned to the HOH.*

Information collection date:____/____/_____ Income from any source? If "Yes," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount.	☐ No ☐ Yes	☐ Client refused ☐Client doesn't know

Monthly Income (cash) Source:		Amount:
Earned Income (i.e., employment income)	☐ No ☐ Yes	$
Unemployment Insurance	☐ No ☐ Yes	$
Supplemental Security Income (SSI)	☐ No ☐ Yes	$
Social Security Disability Income (SSDI)	☐ No ☐ Yes	$
VA Service-Connected Disability Compensation	☐ No ☐ Yes	$
VA Non-Service-Connected Disability Compensation	☐ No ☐ Yes	$
Private disability insurance	☐ No ☐ Yes	$
Worker's compensation	☐ No ☐ Yes	$
TANF	☐ No ☐ Yes	$
Retirement Income from Social Security	☐ No ☐ Yes	$
Pension/retirement income from former job	☐ No ☐ Yes	$
Child support	☐ No ☐ Yes	$
Alimony or other spousal support	☐ No ☐ Yes	$
Other source (specify below)	☐ No ☐ Yes	$

If "other source," please specify source:

Monthly Income Total: $ _____

Non-Cash Benefits

Information collection date: ____/____/_____ **Non-Cash Benefit from any source?** 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.	☐ No ☐ Yes	☐ Client refused ☐Client doesn't know

Monthly Non-Cash Benefit Source:		**Amount:**
Supplemental Nutrition Assistance Program (SNAP)	☐ No ☐ Yes	**$**
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ No ☐ Yes	**$**
TANF child care services	☐ No ☐ Yes	**$**
TANF transportation services	☐ No ☐ Yes	**$**
Other TANF-funded services	☐ No ☐ Yes	**$**
Section 8, public housing or other ongoing rental assistance	☐ No ☐ Yes	**$**
Temporary rental assistance	☐ No ☐ Yes	**$**
Other source (specify below)	☐ No ☐ Yes	**$**

If "other source," please specify source:

Monthly Income Total: $_____

Section 6: Domestic Violence

Is client Victim/Survivor of domestic violence?

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

If *Yes,* when was most recent occurrence?

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

Is client currently fleeing?

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

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Section 7: BHHS Required Information
Housing Status:
Housing status as of the day before project entry. **Homelessness 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 for 90 days or more.* **Zip code data quality**: ☐ Full or partial ☐ Client doesn't know ☐ Client refused
Employment Status:

Is the client employed?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
(If *yes*) what is their tenure of employment?	☐ Full time ☐ Part time

Homelessness Status:
Is client's homelessness chronic? ☐Yes ☐No

Section 8: For RRH Projects Only -- Additional Questions at Entry
Residential Move in Date (for Rapid Rehousing clients only) **Date of move-in: ____/____/_____** **Is client homeless?** ☐Yes ☐No

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Section 9: Head of Household

Is this person the head of a household? (Households can have only one HoH.)

☐Yes ☐No

If *Yes,* please list other members of the household and their relationship to the head of household below.

Household member #1: (You must complete all information for each household member.)

First Name: _____ MI: ____ Last Name: _____

SSN: _____Client ID # (ServicePoint Assigned): _____

Relationship to head of household (HoH): (Choose one.)

☐Wife	☐Daughter	☐Grandfather	☐Other Relative
☐Husband	☐Son	☐Grandmother	☐Other Non-Relative
☐Mother	☐Step-Daughter	☐Granddaughter	☐Significant Other
☐Father	☐Step-Son	☐Grandson	☐Unknown

Household member #2: (You must complete all information for each household member.)

First Name: _____ MI: ____ Last Name: _____

SSN: _____Client ID # (ServicePoint Assigned): _____

Relationship to head of household (HoH): (Choose one.)

☐Wife	☐Daughter	☐Grandfather	☐Other Relative
☐Husband	☐Son	☐Grandmother	☐Other Non-Relative
☐Mother	☐Step-Daughter	☐Granddaughter	☐Significant Other
☐Father	☐Step-Son	☐Grandson	☐Unknown

Household member #3: (You must complete all information for each household member.)

First Name: _____ MI: ____ Last Name: _____

SSN: _____Client ID # (ServicePoint Assigned): _____

Relationship to head of household (HoH): (Choose one.)

☐Wife	☐Daughter	☐Grandfather	☐Other Relative
☐Husband	☐Son	☐Grandmother	☐Other Non-Relative
☐Mother	☐Step-Daughter	☐Granddaughter	☐Significant Other
☐Father	☐Step-Son	☐Grandson	☐Unknown

Household member #4: (You must complete all information for each household member.)

First Name: _____ MI: ____ Last Name: _____

SSN: _____Client ID # (ServicePoint Assigned): _____

Relationship to head of household (HoH): (Choose one.)

☐Wife	☐Daughter	☐Grandfather	☐Other Relative
☐Husband	☐Son	☐Grandmother	☐Other Non-Relative
☐Mother	☐Step-Daughter	☐Granddaughter	☐Significant Other
☐Father	☐Step-Son	☐Grandson	☐Unknown

Household member #5: (You must complete all information for each household member.)

First Name: _____ MI: ____ Last Name: _____

SSN: _____Client ID # (ServicePoint Assigned): _____

Relationship to head of household (HoH): (Choose one.)

☐Wife	☐Daughter	☐Grandfather	☐Other Relative
☐Husband	☐Son	☐Grandmother	☐Other Non-Relative
☐Mother	☐Step-Daughter	☐Granddaughter	☐Significant Other
☐Father	☐Step-Son	☐Grandson	☐Unknown

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Additional Supportive Services Provided

Record the start and end dates of the services provided. Where applicable, please include the dollar amount. Collect and enter this information when services are provided as a one-time transaction and at least once every three months for projects that provide on-going services for consecutive months. Ensure that the dates you're providing do not start prior to the official "entry" date into HMIS; entry start date should always coincide with the start of financial assistance.

This data will be input to HMIS. If you need additional forms in order to add services for a client after initial intake, they can be found on the HMIS website at: www.nh-hmis.org.

When adding services information into ServicePoint, it is important to use the correct funding source based on the project type (HPRP has been retired):

- SGIA=SGIA Homeless Prevention

Project Name: _____ Date: _____

Interviewer Name: _____

Client Name: _____ ServicePoint ID #: _____

Service	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Amount
Rental payment (includes rental arrears)			$
Rental deposit (security deposit)			$
Housing search (includes rental application and costs for housing inspection)			$
Moving expense			$
Utility deposit			$
Utility service payment			$
Credit counseling			$
Case/care management			$
Transportation (only for ESG prevention)			$
		Total SGIA amount:	$

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When a client exits, be sure to enter the end date and change the status to "Closed," in ServicePoint. Also, edit the outcome of the need related to the service at this time.

Exit Data

Section 1: Reason for Leaving & Destination at Exit (in ServicePoint use Entry/Exit Tab)

Record services that have been provided as of the project exit date.

Reason for leaving (choose one):

☐ Completed Program	☐ Disagreement with rules/persons	☐ Non-compliance with program	☐ Unknown/disappeared
☐ Criminal activity/violence	☐ Housing opportunity before completing	☐ Non-payment of rent	☐ Other (Please specify:)
☐ Death	☐ Needs could not be met	☐ Reached maximum time allowed	

Destination (choose one):

❑ Deceased	❑ Rental by client, no ongoing housing subsidy
❑ Emergency shelter, including hotel or motel paid with emergency shelter voucher	❑ Rental by client, with VASH subsidy
❑ Foster care home or foster care group home	❑ Rental by client, with GPD TIP subsidy
❑ Hospital or other residential non-psychiatric medical facility)	❑ Rental by client, with other ongoing housing subsidy
❑ Hotel or motel paid for without emergency shelter voucher	❑ Residential project or halfway house with no homeless criteria
❑ Jail, prison or juvenile detention facility	❑ Safe Haven
❑ Long-term care facility or nursing home	❑ Staying or living with family, permanent tenure
❑ Moved from one HOPWA funded project to HOPWA - PH	❑ Staying or living with family, temporary tenure (e.g., room, apartment or house)
❑ Moved from one HOPWA funded project to HOPWA - TH	❑ Staying or living with friends, permanent tenure
❑ Owned by client, no ongoing housing subsidy	❑ Staying or living with friends, temporary tenure (e.g., room, apartment or house)
❑ Owned by client, with ongoing housing subsidy	❑ Substance abuse treatment facility or detox center
❑ Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH)	❑ Transitional housing for homeless persons (including homeless youth)
❑ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	❑ Client doesn't know
	❑ Client refused
	❑ No exit interview completed
❑ Psychiatric hospital or other psychiatric facility	❑ Other (Please specify:)

Section 2: Health Insurance at Exit (in ServicePoint use Exit Tab)

Update if information changed at exit.

Date of information collection: _____/_____/_____

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

MEDICAID	❑ No ❑ Yes
MEDICARE	❑ No ❑ Yes
State Children's Health Insurance Program	❑ No ❑ Yes

Veteran's Administration (VA) Medical Services	❑ No ❑ Yes
Employer-Provided Health Insurance	❑ No ❑ Yes
Health insurance obtained through COBRA	❑ No ❑ Yes
Private Pay Health Insurance	❑ No ❑ Yes
State Health Insurance for Adults	❑ No ❑ Yes
Indian Health Services Program	❑ No ❑ Yes
Other (Please specify below.)	❑ No ❑ Yes
If "other," please specify:	

Section 3: Disability Type at Exit (in ServicePoint use Entry/Exit Tab)

- *Update if information changed at exit.*
- *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
If "Yes," to Physical Disability, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Developmental Disability

Date of information collection: ____/____/_____

Developmental Disability? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Chronic Health Condition

Date of information collection: ____/____/_____

Chronic Health Condition? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

HIV/AIDS

Date of information collection:____/____/_____

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

Mental Health Problem

Date of information collection: ____/____/_____

Mental Health Problem? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? ☐ Yes ☐ No
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

Substance Abuse

Date of information collection: ____/____/_____

Substance Abuse? ☐ No ☐ Alcohol abuse ☐ Drug abuse ☐ Both alcohol and drug abuse ☐ Client doesn't know ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused

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Section 4: Income at Exit (in ServicePoint use Entry/Exit Tab)

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

Cash Income

Date of information collection: ____/____/_____

Income from any source?

☐ Yes ☐ No ☐ Client doesn't know

☐ Client refused ☐ Data not collected

If *Yes*, please fill in section below.

Monthly Income (cash) Source:		**Amount:**
Earned Income (i.e., employment income)	☐ No ☐ Yes	**$**
Unemployment Insurance	☐ No ☐ Yes	**$**
Supplemental Security Income (SSI)	☐ No ☐ Yes	**$**
Social Security Disability Income (SSDI)	☐ No ☐ Yes	**$**
VA Service-Connected Disability Compensation	☐ No ☐ Yes	**$**
VA Non-Service-Connected Disability Compensation	☐ No ☐ Yes	**$**
Private disability insurance	☐ No ☐ Yes	**$**
Worker's compensation	☐ No ☐ Yes	**$**
TANF	☐ No ☐ Yes	**$**
Retirement Income from Social Security	☐ No ☐ Yes	**$**
Pension/retirement income from former job	☐ No ☐ Yes	**$**
Child support	☐ No ☐ Yes	**$**
Alimony or other spousal support	☐ No ☐ Yes	**$**
Other source (specify below)	☐ No ☐ Yes	**$**
If *Other*, please specify:		
Monthly Income Total: $ _____		

Non-Cash Benefits

Date of information collection: ____/____/_____ **Non-Cash Benefit from any source?** If *Yes*, please fill in section below.	☐ No ☐ Yes	☐ Client refused ☐Client doesn't know
Monthly Non-Cash Benefit Source:		**Amount:**
Supplemental Nutrition Assistance Program (SNAP)	☐ No ☐ Yes	$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐ No ☐ Yes	$
TANF child care services	☐ No ☐ Yes	$
TANF transportation services	☐ No ☐ Yes	$
Other TANF-funded services	☐ No ☐ Yes	$
Section 8, public housing or other ongoing rental assistance	☐ No ☐ Yes	$
Temporary rental assistance	☐ No ☐ Yes	$
Other source (Please specify below.)	☐ No ☐ Yes	$

If "Other source," please specify here:
Monthly Income Total $_____

Section 6: BHHS Required Information	
Housing Status:	
Housing status as of the day before project entry. **Homelessness 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 for 90 days or more.* **Zip code data quality**: ☐ Full or partial ☐ Client doesn't know ☐ Client refused	
Employment Status:	
Is the client employed?	❑ No ❑ Yes ❑ Client doesn't know ❑ Client refused
(If *Yes*,) what is their tenure of employment?	❑ Full-time ❑ Part-time
Homelessness Status:	
Is client's homelessness chronic? ☐Yes ☐No	
Client Location:	
Information collection date: ____/____/_____	
Select the HUD-assigned CoC code(s) that best apply:	☐ Balance of State (NH-500) ☐ Manchester (NH-501) ☐ Greater Nashua (NH-502)

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Section 7: Housing Assessment at Exit – SGIA and ESG Prevention Projects Only
(In ServicePoint use Exit Tab.)

- *Assessment of head of household's critical housing needs at exit.*
- *"Moved into a transitional or temporary housing facility or program" includes transitional housing for homeless and non-homeless persons, treatment facilities, or institutions.*

Assessment (choose one):

- ☐ Able to maintain the housing they had at project entry
- ☐ Moved to new housing unit
- ☐ Moved in with family/friends on a temporary basis)
- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless – moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't know
- ☐ Client refused

Subsidy Information (if able to maintain the housing they had at project entry, choose one):

- ☐ Without a subsidy
- ☐ With the subsidy they had at project entry
- ☐ With an on-going subsidy acquired since project entry
- ☐ Only with financial assistance other than a subsidy

Subsidy Information (if moved to new housing unit, choose one):

- ☐ With an ongoing subsidy
- ☐ Without an ongoing subsidy

Important last steps:

Is this person part of a household? ☐ Yes ☐ No

If *Yes*:

1. Complete an EXIT form for each family member.
2. Make sure to end any services the client has received while in the program by entering an end date for each service on the Supportive Services form.

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