

**New Hampshire Continua of Care
Supportive Services for Veteran Families (SSVF)
RRH & HP Exit Packet**

SSVF HMIS REQUIRED HOUSEHOLD MEMBER DATA – Please fill out for EACH household member. ALL members 18 years of age and over must also sign the consent form for HMIS.

Rapid Rehousing (Literally Homeless RRH)

Homeless Prevention (HP)

A. Client Record	
Client first, Middle, Last Name	
Name Data Quality	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partial, street name or code name reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Alias	
Social Security Number	___/___/_____
SSN Data Quality	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Partial SSN reported <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know or doesn't have SSN <input type="checkbox"/> Data not collected
U.S. Military Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes to "US Military Veteran"	Has client ever received health care benefits from a VA Center? <input type="checkbox"/> No <input type="checkbox"/> Yes Is client receiving Veterans Services ? <input type="checkbox"/> No <input type="checkbox"/> Yes Is client eligible for Veterans Services ? <input type="checkbox"/> No <input type="checkbox"/> Yes
If No to "eligible for Veterans Services," please select reason.	<input type="checkbox"/> Client not interested <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
Age	
Date of Birth	___/___/_____
Date of Birth Type	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or Partial DOB reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Race (choose up to 5)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected
Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know or doesn't have SSN <input type="checkbox"/> Data not collected
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Client does not identify as female, male, or transgender <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected

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EXIT DATA
Head of Household Name:
Date:
Case Manager Name:
Program Exit Date: ___/___/_____

A. Exit Reason and Destination	
Reason for Leaving (choose one): <input type="checkbox"/> Completed program <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Missed curfew <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Death <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Unknown/Disappeared <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Other (specify):	
Destination (choose one):	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA-PH	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA-TH	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Own house/apartment
<input type="checkbox"/> Permanent housing for formerly homeless person (such as: CoC project; HUD legacy programs, or HOPWA PH)	<input type="checkbox"/> Rental room/house/apartment
<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"/> Emergency shelter
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Client refused
<input type="checkbox"/> Rental by client, with VASH subsidy	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> No exit interview completed
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	<input type="checkbox"/> Other (specify):

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Client Location: Choose HUD-assigned CoC Codes that apply:	<input type="checkbox"/> NH-500 (Balance of State/Concord) <input type="checkbox"/> NH-501 (Manchester) <input type="checkbox"/> NH-502 (Nashua)
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B. Cash Income at Exit (In ServicePoint use Entry/Exit Tab)

- 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.
- i Income or benefits received by a minor child should be assigned to the HoH.

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

B. Non-Cash Benefits at Exit (in ServicePoint use Entry/Exit Tab)

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

Date of information collection: ____ - ____ - ____

Non-cash benefit from any source?

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

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If Yes, to Non-Cash Benefits at Exit, please select non-cash source(s) and amounts below.

Source	Amount
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	\$
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$
<input type="checkbox"/> TANF Child Care services	\$
<input type="checkbox"/> TANF Transportation services	\$
<input type="checkbox"/> Other TANF-funded services	\$
<input type="checkbox"/> Section 8, public housing or rental assistance	\$
<input type="checkbox"/> Temporary rental assistance	\$
<input type="checkbox"/> Other Source (specify below)	\$
If "Other source," please specify:	
Monthly Non-cash Benefits Total \$ _____	

D. Health Insurance at Exit (in ServicePoint Exit Tab)	
i Complete for all household members.	
Date of information collection: ____/____/____	
Covered by health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
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 (or use local name)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "other," please specify:	

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E. BHHS Required Data at Exit (in ServicePoint use Exit Tab)

Housing Status:

Housing status upon exit.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
(If yes) what is their tenure of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Homelessness Status:

First Time homeless? Yes No
 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)

**New Hampshire Continua of Care
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For Rapid Rehousing (RRH) Clients only

RRH Residential Move-In Date
Date of move in: ____/____/_____

For Homeless Prevention (HP) Clients only

HP Housing Assessment at Exit

i *“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):	
<input type="checkbox"/> Able to maintain the housing they had at project entry	<input type="checkbox"/> Client went to jail/prison
<input type="checkbox"/> Moved to new housing unit	<input type="checkbox"/> Client died
<input type="checkbox"/> Moved in with family/friends on a temporary basis	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Moved in with family/friends on a permanent basis	<input type="checkbox"/> Client refused
<input type="checkbox"/> Moved to a transitional or temporary housing facility or program	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation	
Subsidy Information (if able to maintain the housing they had at project entry.) Choose one:	
<input type="checkbox"/> Without a subsidy	<input type="checkbox"/> With an on-going subsidy acquired since project entry
<input type="checkbox"/> With the subsidy they had at project entry	<input type="checkbox"/> Only with financial assistance other than a subsidy
Subsidy Information (if moved to new housing unit.) Choose one:	
<input type="checkbox"/> With an ongoing subsidy	<input type="checkbox"/> Without an ongoing subsidy