

New Hampshire Continua of Care Supportive Services for Veteran Families (SSVF) RRH & HP Record Creation, Entry and 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. NOTE: If an update to client data is needed, use the Entry Data worksheet (pages 2-6) of this form. When the client exits the project, use the Exit Data worksheet (pages 7-9).

Rapid Rehousing (Literally Homeless RRH)

Homeless Prevention (HP)

Head of Household Name:	
Date:	
Case Manager Name:	
Program Entry Date:	

A. Client Record Creation	
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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ENTRY DATA

B. Client Entry

i Choose Entry Type VA

Relationship to HoH/Client – choose one.	<input type="checkbox"/> Self <input type="checkbox"/> Head of household's Child <input type="checkbox"/> Head of household's spouse or partner <input type="checkbox"/> Head of household's other relation member (other relation to HoH) <input type="checkbox"/> Other: non-relation member
Does the client have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

C. Health Insurance

Date of information collection: ____/____/_____
 Covered by health insurance?
 Yes No 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 <input type="checkbox"/> Client refused
Other (or use local name)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know
If "other," please specify:	

D. Housing Status - * data MUST match verification forms

Housing Status	Homeless and at-Risk of Homelessness Status: <input type="checkbox"/> Category 1 – Homeless (lacks fixed, regular, and adequate nighttime residence) (RRH) <input type="checkbox"/> Category 2 – At imminent risk of losing housing (will lose primary nighttime residence in 14 days) (RRH) <input type="checkbox"/> Category 3 – Homeless only under other federal statutes (unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition) <input type="checkbox"/> Category 4 – Fleeing domestic violence (when client or household does NOT meet any other criteria but is homeless solely because they are fleeing domestic violence) <input type="checkbox"/> At-risk of homelessness (for clients being served by Homelessness Prevention or Coordinated Assessment projects) <input type="checkbox"/> Stably housed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Household income as a % of AMI	<input type="checkbox"/> <30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> >50% (ineligible) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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E. Veteran's Information	Must be filled out for EACH military veteran in household
Year Entered Military Service	Year: 01/01/_____
Year Separated from Military Service	Year: 01/01/_____
Theatre of Operations: WWII	<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
Theatre of Operations Korean War	<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
Theatre of Operations: Vietnam War	<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
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<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
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<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
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<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
Theatre of Operations: Iraq (Operation New Dawn)	<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
Theatre of Operations: Other Peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia)	<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
Branch of the military	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Discharge status	<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

F. Living Situation: Residence Prior to Project Entry	
<p>i <i>In this section you will need to consider the client's residence as of the day before project entry. Please answer the check boxes below, then follow the instructions to the appropriate sub-section.</i></p>	
On the day before project entry, was client living in:	
A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter, including hotel or motel paid for with emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interim Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i <i>If "Yes" to any of the above, please skip down to the Homeless Situation subsection and answer the questions there.</i></p>	
Foster care home or foster care group home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Hospital or other residential non-psychiatric medical facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, prison or juvenile detention facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-term care facility or nursing home (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric hospital or other psychiatric facility (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse treatment facility or detox center (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❶ If "Yes" to any of the above, please skip down to the <i>Institutional Situation Subsection</i> and answer the questions there.	
Hotel or motel paid for without emergency shelter voucher (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned by client, with ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent housing for formerly homeless persons (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, no ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with VASH subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with GPD TIP subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental by client, with other ongoing housing subsidy (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential project or halfway house with no homeless criteria (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying or living in a family member's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staying in a friend's room, apartment or house (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transitional housing for homeless persons (including homeless youth) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client doesn't know (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client refused (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data not collected (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❶ If "Yes" to any of the above, please skip down to the <i>Transitional and Permanent Housing Situation Subsection</i> and answer the questions there.	

Homeless Situation Subsection				
Length of Stay in Previous Place?				
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than one month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 days or more but less than one year	<input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			
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?				
<input type="checkbox"/> One time <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Two times <input type="checkbox"/> Client refused	<input type="checkbox"/> Three times <input type="checkbox"/> Data not collected	<input type="checkbox"/> Four or more times	
Total number of month homeless on the streets, in ES or SH in the past three years?				
❶ <i>If this is the first month, select 1.</i>				
<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> Client refused	<input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> More than 12 <input type="checkbox"/> Data not collected	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 5 <input type="checkbox"/> 10

❶ *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.*

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Institutional Situation Subsection	
<p>Length of stay in previous place?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> One night or less <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> 90 days or more but less than one year <input type="checkbox"/> Client doesn't know </div> <div style="width: 48%;"> <input type="checkbox"/> Two to six nights <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> One year or longer <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> </div> <p>i <i>If length of stay in previous place is MORE than 90 days, client doesn't know, client refused or data not collected, then there are no further questions for you in Living Situation: Residence Prior to Project Entry. Please skip down to the next section.</i></p>	
<p>If length of stay in previous place is LESS than 90 days, please answer the following :</p> <p>On the night before, did the client stay on the streets, in ES or SH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i <i>If No, then there are no further questions for you in Living Situation: Residence Prior to Project Entry. Please skip down to the next section.</i></p> <ul style="list-style-type: none"> • If Yes to "on the street, in ES or SH," what is the approximate date homelessness started: <div style="text-align: center; margin-top: 5px;"> / / </div> • 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? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> One time <input type="checkbox"/> Four or more times <input type="checkbox"/> Data not collected </div> <div style="width: 30%;"> <input type="checkbox"/> Two times <input type="checkbox"/> Client doesn't know </div> <div style="width: 30%;"> <input type="checkbox"/> Three times <input type="checkbox"/> Client refused </div> </div> • 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? <p>i <i>If this is the first month, select 1.</i></p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;"><input type="checkbox"/> 1</div> <div style="width: 15%;"><input type="checkbox"/> 2</div> <div style="width: 15%;"><input type="checkbox"/> 3</div> <div style="width: 15%;"><input type="checkbox"/> 4</div> <div style="width: 15%;"><input type="checkbox"/> 5</div> <div style="width: 15%;"><input type="checkbox"/> 6</div> <div style="width: 15%;"><input type="checkbox"/> 7</div> <div style="width: 15%;"><input type="checkbox"/> 8</div> <div style="width: 15%;"><input type="checkbox"/> 9</div> <div style="width: 15%;"><input type="checkbox"/> 10</div> <div style="width: 15%;"><input type="checkbox"/> 11</div> <div style="width: 15%;"><input type="checkbox"/> 12</div> <div style="width: 15%;"><input type="checkbox"/> More than 12</div> <div style="width: 15%;"><input type="checkbox"/> Client doesn't know</div> <div style="width: 15%;"><input type="checkbox"/> Client refused</div> </div> <input type="checkbox"/> Data not collected 	

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

Transitional and Permanent Housing Situation Subsection											
<p>Length of Stay in Previous Place:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> One night or less</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> Two to six nights</td> <td style="width: 33%; padding: 5px;"><input type="checkbox"/> One week or more, but less than one month</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> One month or more, but less than 90 days</td> <td style="padding: 5px;"><input type="checkbox"/> 90 days or more but less than one year</td> <td style="padding: 5px;"><input type="checkbox"/> One year or longer</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Client doesn't know</td> <td style="padding: 5px;"><input type="checkbox"/> Client refused</td> <td style="padding: 5px;"><input type="checkbox"/> Data not collected</td> </tr> </table> <p>i <i>If length of stay in previous place is more than 6 nights, client doesn't know, client refused or data not collected, there are no further questions for you in Living Situation: Residence Prior to Project Entry. Please skip to the next section.</i></p>			<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more but less than one year	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One week or more, but less than one month									
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more but less than one year	<input type="checkbox"/> One year or longer									
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected									
<p>If "length of stay in previous place" is less than seven nights, please answer the following:</p> <p>On the night before, did you stay on the streets, ES or SH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>i <i>If No, then there are no further questions for you in Living Situation: Residence Prior to Project Entry. Please skip to next section.</i></p>											

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• 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?

① 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

Zip Code of Last Permanent Address: _____ **Zip Code data quality:**
 (where client last lived 90 days or more) Full or Partial Client Doesn't Know Client Refused
 Data not collected

Date of information collection: ____/____/_____

What is the Client's Location? Choose the HUD-assigned CoC Code(s) that apply:
 NH-500 (Balance of State/Concord) NH-501 (Manchester) NH-502 (Nashua)

G. Income Sources:

① Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
 ① Record income for HOH and adult household members.
 ① Updates are required for persons aging into adulthood. Income or Benefits received by a minor child should be assigned to the HOH

Date of information collection: _____

Income from any source? No Yes Client doesn't know Client refused 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	\$ _____

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<input type="checkbox"/> Alimony or other spousal support	\$	
<input type="checkbox"/> Other source (specify below)	\$	
If "other source," please specify source:		
Monthly Income Total: \$ _____		

H. Non-Cash Benefits																		
i Ask client whether they receive income from each source listed rather than asking them to state the sources of income they receive.																		
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, please select non-cash source(s) and amounts below.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left;">Source</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Special Supplemental Nutrition Program (WIC)</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> TANF Child Care services</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> TANF Transportation services</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Other TANF-funded services</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Section 8, public housing or rental assistance</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Temporary rental assistance</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Other Source (specify below)</td> <td>\$</td> </tr> </tbody> </table>	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)	\$
Source	Amount																	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	\$																	
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<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: \$ _____																		

Domestic Violence Victim/Survivor? <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, when experience occurred: <input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If Yes) are you currently fleeing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

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

K. Last Permanent Address	
Street Address	
City	
State	
ZIP Code	
Address Data Quality	<input type="checkbox"/> Full address reported <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

VAMC Station Number (up to 8 alphanumeric characters): _____
i <i>VAMC Station Number is to be collected for Heads of Household.</i>

L.SSVF HP Targeting Criteria	
i <i>This information is mandatory for SSVF Heads of Household.</i>	
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Current housing loss expected within...	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days (0 points)
Current household income is \$0.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Annual household gross income amount?	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size (0 points)
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes

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Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Rental evictions within the past 7 years?	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
History of Literal Homelessness (street/shelter/transitional housing):	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None (0 points)
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Registered sex offender.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
At least one dependent child under age 6.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Single parent with minor child(ren).	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix).	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Any veteran in household served in Iraq or Afghanistan.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Female veteran.	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
HP applicant total points (integer):	
Grantee targeting threshold score (integer):	
M. Use of Other Crisis Services	
Number of visits to an emergency room in the past year	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10
	<input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Approximate number of nights in jail/prison in the past year	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10
	<input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Approximate number of nights spent in an inpatient medical facility in the past year	<input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10
	<input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

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N. BHHS Required Information

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 chronically homeless?** Yes No

Client Location:

Information collection date: ___/___/_____

EXIT DATA

Head of Household Name:

Date:

Case Manager Name:

Program Exit Date: ___/___/_____

A. Exit Reason and Destination

Reason for Leaving (choose one):

- Completed program Housing opportunity before completing Non-payment of rent
- Criminal activity/violence Missed curfew Reached maximum time allowed
- Death Needs could not be met Unknown/Disappeared
- Disagreement with rules/persons Non-compliance with program
- 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

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<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):
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)

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: \$ _____	

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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

If Yes, 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?** 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 (or use local name)	<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

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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:	

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: ___/___/_____

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Select the HUD-assigned CoC code(s) that best apply:

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

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