

## NH-HMIS Coordinated Entry Intake/Exit Supplement

✓ *Collection is required for each client entering the project.*

Record Identifiers	
<b>ServicePoint Client ID#:</b>	
<b>Head of Household Name:</b>	
<b>Date:</b>	
<b>Case Manager Name:</b>	
<b>Project Start Date:</b>	

ENTRY DATA

3.1-3.20: Client Record Creation									
<b>Name</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">First:</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Middle:</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Last:</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">Suffix:</td><td style="padding: 2px;"></td></tr> </table>	First:		Middle:		Last:		Suffix:	
First:									
Middle:									
Last:									
Suffix:									
<b>Name Data Quality</b>	<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								
<b>Alias</b>									
<b>Social Security Number</b>	___/___/_____								
<b>SSN Data Quality</b>	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected								
<b>U.S. Military Veteran?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								
<b>If Yes to "US Military Veteran"</b>	Has client ever <b>received health care benefits</b> from a VA Center? <input type="checkbox"/> No <input type="checkbox"/> Yes Is client <b>receiving Veterans Services</b> ? <input type="checkbox"/> No <input type="checkbox"/> Yes Is client <b>eligible for Veterans Services</b> ? <input type="checkbox"/> No <input type="checkbox"/> Yes								
<b>If No to "eligible for Veterans Services," please select reason.</b>	<input type="checkbox"/> Client not eligible due to discharge status <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								
<b>Please select discharge type for all persons who answered YES to "US Military Veteran" and are not currently serving:</b>	<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								
<b>Date of Birth</b>									
<b>Date of Birth Type</b>	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or Partial DOB reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								
<b>Race (choose as many as are applicable)</b>	<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 doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								
<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected								

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<b>Relationship to Head of Household:</b>	<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
<b>Client Location:</b>	<input type="checkbox"/> BOS (NH-500) <input type="checkbox"/> MCOC (NH-501) <input type="checkbox"/> GNCOC (NH-502)
<b>Client Location Information Date:</b>	___/___/_____

<b>Needs Assignment</b>	
<p><b>i</b> <i>In ServicePoint, click the <b>Service Transactions</b> tab to display it and add referrals and services.</i></p>	
<b>Select the referral type from the Service Code Quicklist:</b>	
<input type="checkbox"/> Emergency Shelter (BH-1800) <input type="checkbox"/> Homeless Drop In Centers (BH-1800.3500) <input type="checkbox"/> Homeless Financial Assistance Programs (NL-1000.3000) <input type="checkbox"/> Missions (BH-1800.8500-500) <input type="checkbox"/> Public Assistance Programs (NL) <input type="checkbox"/> Runaway/Youth Shelters (BH-1800.1500-700)	<input type="checkbox"/> Supportive Housing (BH-8400) <input type="checkbox"/> Supportive Housing Placement/Referral (BH-8500) <input type="checkbox"/> Transitional Housing/Shelter (BH-8600) <input type="checkbox"/> Domestic Violence Shelters (BH-1800.1500-100) <input type="checkbox"/> AIDS/HIV Prevention Counseling (LH-2700.0150) <input type="checkbox"/> City Offices of Emergency Services (TH-1500.1400)
<b>Referral Provider Name:</b>	_____
<b>Needs Referral Date (mm/dd/yyyy):</b>	___/___/_____
<b>Referral Ranking:</b>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>Projected Follow-up Date:</b>	_____
<b>Follow-up User (Select NH Coordinated Entry User Name):</b>	_____
<b>Need Status:</b>	<input type="checkbox"/> Identified <input type="checkbox"/> In progress <input type="checkbox"/> Closed
<b>Outcome:</b>	<input type="checkbox"/> Fully met <input type="checkbox"/> Partially met <input type="checkbox"/> Not met <input type="checkbox"/> Service pending
<b>If not met, Reason:</b>	<input type="checkbox"/> All services full <input type="checkbox"/> Client not eligible <input type="checkbox"/> Client refused service <input type="checkbox"/> Service does not exist <input type="checkbox"/> Service not accessible

<b>Referral Data</b>	
<p><b>i</b> <i>After you have saved and completed the initial referral, click the pencil icon to re-open the referral and scroll down to the Referral Data section to enter the information recorded in this section of the form.</i></p>	
<b>Needs Referral Date (mm/dd/yyyy):</b>	_____
<b>Referral Outcome</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted on wait list <input type="checkbox"/> Declined <input type="checkbox"/> Cancelled
<b>Follow-up made?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Completed follow-up date (mm/dd/yyyy):</b>	_____

<b>Service Information</b>	
<p><b>i</b> <i>Scroll down to the Service Information section at the bottom of the page. Click the <b>Provide Service</b> button to display the <b>Services</b> tab &gt; <b>Add Service</b> page and verify that the information matches the referral.</i></p>	
<b>End Date (mm/dd/yyyy):</b>	_____
<b>Service Type:</b> <p><b>i</b> <i>Select the same service that you selected in the referral. Click <b>Save and Continue</b>.</i></p> <p><b>i</b> <b>Support Documentation:</b> This button is an option that allows you to attach any relevant supporting documentation.</p>	
<input type="checkbox"/> Emergency Shelter (BH-1800) <input type="checkbox"/> Homeless Drop In Centers (BH-1800.3500) <input type="checkbox"/> Homeless Financial Assistance Programs (NL-1000.3000) <input type="checkbox"/> Missions (BH-1800.8500-500) <input type="checkbox"/> Public Assistance Programs (NL) <input type="checkbox"/> Runaway/Youth Shelters (BH-1800.1500-700)	<input type="checkbox"/> Supportive Housing (BH-8400) <input type="checkbox"/> Supportive Housing Placement/Referral (BH-8500) <input type="checkbox"/> Transitional Housing/Shelter (BH-8600) <input type="checkbox"/> Domestic Violence Shelters (BH-1800.1500-100) <input type="checkbox"/> AIDS/HIV Prevention Counseling (LH-2700.0150) <input type="checkbox"/> City Offices of Emergency Services (TH-1500.1400)

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### EXIT DATA

<b>3.11: Project Exit Date</b>	
Project Exit Date (mm/dd/yyyy):	___/___/_____
<b>Exit Reason</b>	
<b>Reason for leaving – choose one:</b>	
<input type="checkbox"/> Completed program <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Non-payment of rent	<input type="checkbox"/> Death <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Unknown/Disappeared <input type="checkbox"/> Other (please specify):

<b>3.12: Destination</b>	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Residential project or halfway house with no homeless criteria
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Transitional housing for homeless person (including homeless youth)
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Other
<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"/> No exit interview completed
<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 RRH or equivalent subsidy	<input type="checkbox"/> Data not collected
<i>If Other for "Type of Residence," please specify:</i>	

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<b>4.18: Housing Assessment Disposition</b>	
<input type="checkbox"/> Referred to emergency shelter/safe haven	<input type="checkbox"/> Referred to a homelessness diversion program
<input type="checkbox"/> Referred to transitional housing	<input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects
<input type="checkbox"/> Referred to rapid re-housing	<input type="checkbox"/> Unable to refer/accept within continuum; continuum services unavailable
<input type="checkbox"/> Referred to permanent supportive housing	<input type="checkbox"/> Referred to other community project (non-continuum)
<input type="checkbox"/> Referred to homelessness prevention	<input type="checkbox"/> Applicant declined referral/acceptance
<input type="checkbox"/> Referred to street outreach	<input type="checkbox"/> Applicant terminated assessment prior to completion
<input type="checkbox"/> Referred to other continuum project type	<input type="checkbox"/> Other/specify
<b>If <i>Other</i>, please specify here:</b>	