

## New Hampshire Continua of Care Universal and Common Data Collection: Exit Form

### HMIS REQUIRED UNIVERSAL DATA ELEMENTS

✓ Please fill out for EACH household member at exit.

Record Identifiers	
ServicePoint Client ID#:	
Head of Household Name:	
Date:	
Case Manager Name:	

3.11: Project Exit Date	
Project Exit Date:	___/___/_____

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

3.12: Destination	
<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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### 3.20: Housing Move-In Date

- ✓ To be collected when household moves into any type of permanent housing – including PH-RRH -- regardless of funding source or whether the project is providing the rental assistance.
- ⓘ Housing Move-In Date must be between project start date and project exit date.

Housing Move-In Date: \_\_\_\_\_

### HMIS COMMON DATA ELEMENTS

#### 4.2: Income and Sources

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

If Yes for "Income from any source," indicate all sources and dollar amounts for the sources that apply:

Monthly Income (cash) Source:		Monthly Amount:
Earned Income (i.e., employment income)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
VA Non-Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Worker's compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Retirement Income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Pension/retirement income from former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

If "other source," please specify source: \_\_\_\_\_

Monthly Income Total:

\$ \_\_\_\_\_ .00

#### 4.3: Non-Cash Benefits

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

If Yes, please select non-cash source(s) and amounts below.

Non-Cash Benefit Source		Amount
Supplemental Nutrition Assistance Program (SNAP/Food Stamps)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
TANF Child Care services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
TANF Transportation services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other TANF-funded services	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
Other Source (specify below)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

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If "other source," please specify:

Monthly non-cash benefits total: \$ \_\_\_\_\_ .00

### 4.4: Health Insurance

✓ To be collected at exit for all clients, regardless of age.

Date of information collection: \_\_\_/\_\_\_/\_\_\_\_\_

Covered by health insurance?

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

Health Insurance Source	Covered?	If not covered, reason? <i>i HOPWA only.</i>
<b>MEDICAID</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>MEDICARE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>State Children's Health Insurance Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>Veteran's Administration (VA) Medical Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>Employer-provided health insurance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>Health insurance obtained through COBRA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

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<b>Private pay health insurance</b> (Please specify here.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>State Health Insurance for Adults</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>Indian Health Services Program</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
<b>Other</b> (Please specify here.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Applied, decision pending <input type="checkbox"/> Applied, client not eligible <input type="checkbox"/> Client did not apply <input type="checkbox"/> Insurance type N/A for this client <input type="checkbox"/> Client Doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected

<b>4.5: Physical Disability</b>	
<b>Information Date:</b>	
<b>Physical Disability?</b>	<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
(If Yes for physical disability) <b>is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?</b>	<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

<b>4.6: Developmental Disability</b>	
<b>Information Date:</b>	
<b>Developmental Disability?</b>	<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
(If Yes for developmental disability) <b>is it expected to substantially impair ability to live independently?</b>	<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

<b>4.7: Chronic Health Condition</b>	
<b>Information Date:</b>	
<b>Chronic Health Condition?</b>	<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
(If Yes for chronic health condition) <b>is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?</b>	<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

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<b>4.8: HIV/AIDS</b>	
<b>Information Date:</b>	
<b>HIV/AIDS?</b>	<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
(If Yes for HIV/AIDS) is it expected to substantially impair ability to live independently?	<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

<b>4.9: Mental Health Problem</b>	
<b>Information Date:</b>	
<b>Mental Health Problem?</b>	<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
(If Yes for mental problem) is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?	<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

<b>4.10: Substance Abuse</b>	
<b>Information Date:</b>	
<b>Substance Abuse Problem?</b>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Both alcohol and drug abuse <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
(If Yes for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem) is it expected to be of long-continued and indefinite duration and substantially impair ability to live independently?	<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

<b>4.12: Contact</b>	
<input checked="" type="checkbox"/> Collection is required at contact for CE-HOIP, PATH, and RHY-SO only. <input type="checkbox"/> There may or may not be a contact at project exit.	
<b>Information date:</b>	
<b>Staying on Streets, ES, or SH?:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Worker unable to determine

<b>4.18: Housing Assessment Disposition</b>	
<input checked="" type="checkbox"/> Collection required at exit as determined by the local CoC.	
<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><i>If Other/specify for "assessment Disposition," please specify:</i></b>	

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<b>BHHS Required Information</b>	
✓ <i>Collection is required at exit for Heads of Household and adults in all HMIS-reporting programs.</i>	
<b>Homelessness and at-risk of homelessness status</b> (as of the day before project entry):	<input type="checkbox"/> Category 1 -- Homeless (lacks fixed, regular and adequate nighttime residence) <input type="checkbox"/> Category 2 -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days) <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
<b>Zip Code of last permanent address</b> (where client last lived 90 days or more):	
<b>Zip Code quality:</b>	<input type="checkbox"/> Full or Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Is the client employed?</b>	<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
(If Yes) <b>what is their type of employment?</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
<b>Select the HUD-assigned CoC code(s) that best apply:</b>	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)