FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"
The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

PROJECT EXIT DATE (e.g., 08/24/2014)

The Project Exit Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

		/			/				
Month			Day			Year			

CLIENT (name or other identifier)

HMIS NUMBER

PROJECT (circle one)

PSH (OR)	PSH (FS)	PSH (NB)	SSVF (HP)	SSVF (RR)	ESG	OTHER PROGRAM/PROJECT:

COC (circle one)

TVCoC	KNOX	HART	KY

HEALTH INSURANCE

Is the client currently covered by health insurance?

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

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source of non-cash benefit
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)

DATA FOR ALL CLIENTS (CONTINUED)

PHYSICAL DISABILITY

Does the client currently have a physical disability?

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

↓

[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

[IF YES for physical disability] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for physical disability] Is the client currently receiving services/treatment for this disability?

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

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

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

↓

[IF YES for developmental disability] Is the developmental disability expected to substantially impair the client's ability to live independently?

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

[IF YES for developmental disability] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for developmental disability] Is the client currently receiving services/treatment for this disability?

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

DATA FOR ALL CLIENTS (CONTINUED)

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

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

↓

[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

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

[IF YES for chronic health condition] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for chronic health condition] Is the client currently receiving services/treatment for this condition?

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

HIV/AIDS

Does the client currently have HIV/AIDS?

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

↓

[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

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

[IF YES for HIV/AIDS] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for HIV/AIDS] Is the client currently receiving services/treatment for this condition?

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

DATA FOR ALL CLIENTS (CONTINUED)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

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

[IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

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

[IF YES for mental health problem] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for mental health problem] Is the client currently receiving services/treatment for this condition?

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

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- ☐ No
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Both alcohol and drug abuse
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

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

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is documentation of the disability and severity on file?

- ☐ No
- ☐ Yes

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is client currently receiving services/treatment for this condition?

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

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for the head of household and each additional adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

REASON FOR LEAVING

☐	Asked to Leave	☐	Completed Program: Left Property
☐	Completed Program: Stayed on Property	☐	Completed Program
☐	Criminal activity / violence	☐	Death
☐	Disagreement with rules / persons	☐	Left for employment opportunity Before completing program
☐	Left for housing opportunity before completing the program	☐	Left without notification
☐	Needs could not be met	☐	Non-compliance with program
☐	Non-payment of rent	☐	Other
☐	Reached maximum time allowed	☐	Successful graduation
☐	Unknown/Disappeared	☐	Voluntarily Withdrew from Program

DESTINATION

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

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

ASSESSMENT DISPOSITION

☐	Referred to emergency shelter/safe haven	☐	Referred to transitional housing
☐	Referred to rapid re-housing	☐	Referred to permanent supportive housing
☐	Referred to emergency homeless prevention	☐	Referred to street outreach
☐	Referred to other continuum project type	☐	Referred to a homeless diversion program
☐	Unable to refer/accept within continuum; ineligible for continuum projects	☐	Unable to refer/accept within continuum; continuum services unavailable
☐	Referred to other community project (non-continuum)	☐	Applicant declined referral/acceptance
☐	Applicant terminated assessment prior to completion	☐	Other/Specify: _____

NON-CASH BENEFITS

Non-cash benefits from any source?

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

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
☐	☐	Supplemental Nutrition Assistance Program (SNAP)
☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐	☐	TANF Child Care services *(or use local name)*
☐	☐	TANF transportation services *(or use local name)*
☐	☐	Other TANF-Funded Services *(or use local name)*
☐	☐	Section 8, Public Housing, or other ongoing rental assistance
☐	☐	Temporary rental assistance
☐	☐	Other source: _____

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

INCOME AND SOURCES

Income from any source?

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

↓

[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income	Receiving income from source?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No ☐	
	Yes ☐	$. 0 0
Unemployment Insurance	No ☐	
	Yes ☐	$. 0 0
Supplemental Security Income (SSI)	No ☐	
	Yes ☐	$. 0 0
Social Security Disability Income (SSDI)	No ☐	
	Yes ☐	$. 0 0
VA Service-Connected Disability Compensation	No ☐	
	Yes ☐	$. 0 0
VA Non-Service-Connected Disability Pension	No ☐	
	Yes ☐	$. 0 0
Private disability insurance	No ☐	
	Yes ☐	$. 0 0
Worker's Compensation	No ☐	
	Yes ☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No ☐	
	Yes ☐	$. 0 0
General Assistance (GA)	No ☐	
	Yes ☐	$. 0 0
Retirement Income from Social Security	No ☐	
	Yes ☐	$. 0 0
Pension or retirement income from a former job	No ☐	
	Yes ☐	$. 0 0
Child support	No ☐	
	Yes ☐	$. 0 0
Alimony or other spousal support	No ☐	
	Yes ☐	$. 0 0
Other source If yes, specify source:_____	No ☐	
	Yes ☐	$. 0 0
Total monthly income	**Monthly income from all sources**	$. 0 0