

HMIS Non-Federally Funded Data Collection EXIT – CoC Program

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.

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:
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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

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

DESTINATION

<input type="checkbox"/> Deceased	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Hotel or motel paid for without 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 persons (including homeless youth)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy program; or HOPWA PH)	<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"/> Other (Describe) _____	<input type="checkbox"/> No exit interview completed
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

ASSESSMENT DISPOSITION

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