New Hampshire Continua of Care
PROGRAM EXIT Data Collection Form for HMIS

(Required by HUD for each client exiting your program)

**** NOTE ****

Be sure all Service Transactions for this client have been entered before exiting the client from your program. Following are supportive services that you should enter to get proper credit in the Annual Progress Report (APR) as well as providing a picture of the services provided for future planning and analysis.

(Taxonomy code in parentheses)

Supportive services rec'd during stay
(check all that apply) ❑ None

- ❑ Food (BD)
- ❑ Housing search and information (BH-390)
- ❑ Material goods (BM)
- ❑ Housing expense assistance (BR-300)
- ❑ Local transportation (BT-450)
- ❑ Money management (DD-500)
- ❑ Legal counseling (FP-400)
- ❑ Adult basic education (HH-050.050)
- ❑ Health care referrals (LH-260)
- ❑ HIV/AIDS issues (YZ-035)
- ❑ Mental health care and counseling (R)
- ❑ Interim substance abuse services (LX-847.350)
- ❑ Job finding assistance (ND-350)
- ❑ Case/care management (PH-100)
- ❑ Day care (PH-160)
- ❑ Personal enrichment ((PH-620)
- ❑ Outreach programs (TJ-650.630)
- ❑ Other(describe on back)

**** NOTE ****

Be sure to check the client out of any assigned bed BEFORE completing the Exit, this will assure counts are accurate

1. First, Mi. Last Name Suf: _____

2. Exit Date: __ __/__ __/ __ __ __ __ (m m / d d / y y y y)

3. Reason for leaving (primary reason only):

- ❑ Housing Opportunity
- ❑ Completed program
- ❑ Non-payment of rent/occupancy
- ❑ Non-compliance
- ❑ Criminal / damage / violence activity
- ❑ Maximum time in program
- ❑ Needs could not be met
- ❑ Disagreement with rules/people
- ❑ Death
- ❑ Unknown / disappeared
- ❑ Other: _____

4. Destination (choose one)

- ❑ Emergency shelter
- ❑ Transitional housing
- ❑ Permanent housing
- ❑ Psychiatric facility
- ❑ Substance abuse treatment facility
- ❑ Hospital (non-psych)
- ❑ Jail/Prison/Detention
- ❑ Rental room, apt, house
- ❑ Owned apt, house
- ❑ Family room apt, house
- ❑ Friend's room, apt, house
- ❑ Hotel/Motel no voucher
- ❑ Foster care
- ❑ Place not meant for habitation or outside
- ❑ Don't know
- ❑ Refused
- ❑ Other: _____

4a. Destination Tenure: ❑ Permanent ❑ Transitional ❑ Don't Know ❑ Refused

4b. Destination Subsidy:
❑ None ❑ Public Housing ❑ Section 8 ❑ S + C ❑ HOME Program ❑ HOPWA Program ❑ Other Housing Subsidy ❑ Don't Know ❑ Refused

Complete Income and Sources for the client if different from program entry

5. Monthly Household Cash and Non-Cash Income and Sources (Check all that apply)

❑ Earned Income (HUD)	$_____	❑ Alimony or Other Spousal Support (HUD)	$_____
❑ Unemployment Insurance (HUD)	$_____	❑ Other (HUD)	$_____
❑ SSI (HUD)	$_____	❑ No Financial Resources (HUD)	$_____
❑ SSDI (HUD)	$_____	❑ Food Stamps (HUD)	$_____
❑ A Veteran's Disability Payment (HUD)	$_____	❑ MEDICAID (HUD)	$_____
❑ Private Disability Insurance (HUD)	$_____	❑ MEDICARE (HUD)	$_____
❑ Worker's Compensation (HUD)	$_____	❑ SCHIP (HUD)	$_____
❑ TANF (HUD)	$_____	❑ Special Supp. Nutrition Program for WIC (HUD)	$_____
❑ General Assistance (HUD)	$_____	❑ VA Medical Services (HUD)	$_____
❑ Retirement Income from Social Security (HUD)	$_____	❑ TANF Child Care Services (HUD)	$_____
❑ Veteran's Pension (HUD)	$_____	❑ TANF Transportation Services (HUD)	$_____
❑ Pension from Former Job (HUD)	$_____	❑ Other TANF-Funded Services (HUD)	$_____
❑ Child Support (HUD)	$_____	❑ Section 8, Public Housing or Rent Assist. (HUD)	$_____
		Total Monthly Income	$_____

Date completed: __ __/ __ __/ __ __ __ __ Interviewer Name: _____