

New Hampshire Continua of Care HUD CoC APR HOIP Data Collection Form for HMIS

(Required by HUD for each client entering or exiting your project)

Refer to the 2014 HUD HMIS Data Standards on the NH-HMIS website at www.nh-hmis.org for an explanation of the data elements in this form.

- Single Client
 Household/ family (complete this form for each family member)

| | |
|---|---|
| Date Form Completed: ___/___/_____ Outreach Worker for NH: _____ Outreach City/Town: _____ Location: <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential | Project Name: _____ Date of Engagement: ___/___/_____ Outreach Date of Contact: ___/___/_____ Start Date: ___/___/_____ End Date: ___/___/_____ Alias: _____ Client's ID #: _____ |
| First, MI, Last Name, Suffix: _____ Name Data Quality: <input type="checkbox"/> Full name reported <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 | Alias: _____ Client's ID #: _____ |

| Client Record Creation | |
|---|--|
| SSN: ___ - ___ - _____ | SSN Data Quality: <input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Client Does Not Know or Does Not Have SSN <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected |
| U.S. Military Veteran? <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 | |
| Date of Birth: ___ / ___ / _____ | Date of Birth Type: <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client Refused |
| Race: (client may choose up to 5) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Client Refused <input type="checkbox"/> Black or African American <input type="checkbox"/> Data not collected | |
| Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data not collected | |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Other, (specify) _____ <input type="checkbox"/> Data not collected | |

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Entry Data

Relationship to Head of Household (HoH) (choose one):

- Self
 Head of household's child
 Head of household's spouse or partner
 Head of household's other relation member (other relation to HoH)
 Other: non-relation member _____
 Data not collected

Section 1: Entry Disability

Does the client have a disabling condition?
 No
 Yes
 Client Doesn't Know
 Client Refused
 Data not collected
 (if yes, Information/ Project Entry Date) ____/____/____
 Disability Start Date ____/____/____
 Disability End Date ____/____/____

| Disability Type: | (If yes) Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? | (If yes) Documentation of the disability and severity on file? | (If yes) Currently Receiving Services or Treatment? |
|--|--|--|--|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Mental Health Problem | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Substance Abuse Problem | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |
| <input type="checkbox"/> Both Alcohol & Drug Abuse | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CDK <input type="checkbox"/> CR <input type="checkbox"/> DNC |

Disability Note (optional information about disability):

Above condition is going to be long term?
 No
 Yes

Section 2: Entry Health Insurance (in ServicePoint use Entry/Exit Tab)

Covered by health insurance?
 No
 Yes
 Client doesn't know
 Client refused
 Data not collected
 (if yes, Information/ Project Entry Date) ____/____/____

Health Insurance Source:
 (if yes, indicate all sources that apply)
 (if no, enter one of the following reasons on the line provided):
 Applied: pending
 Applied: not eligible
 Client did not apply
 Insurance type N/A for this client
 Client doesn't know
 Client refused

| | Reason | Start Date | End Date |
|--|--|----------------|----------------|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | MEDICAID | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | MEDICARE | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | State Children's Health Insurance Program | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Veteran's Administration (VA) Medical Services | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Employer-Provided Health Insurance | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Health Insurance obtained through COBRA | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Private pay health insurance | ____/____/____ | ____/____/____ |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | State Health Insurance for Adults | ____/____/____ | ____/____/____ |

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| | |
|---|---|
| Domestic Violence Victim/Survivor? <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 | If yes, When Experience Occurred: <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> More than a year <input type="checkbox"/> 3 - 6 months ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 6 - 12 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
|---|---|

(If Yes) Are you currently fleeing?
 No Yes
 Client doesn't know Client refused Data not collected

Section 3: Entry Monthly Income Sources and Non-Cash Benefits

- ❶ Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
- ❷ Record income for HOH and adult household members. Income or Benefits received by a minor child should be assigned to the HOH.

| | |
|---|--|
| 3a. Income from any source? <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 (if yes, Information/Project Entry Date) ___/___/___ | |
| Monthly Income (cash) Source: <input type="checkbox"/> Earned Income (i.e., employment income) \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income (SSI) \$ _____ <input type="checkbox"/> Social Security Disability Income (SSDI) \$ _____ <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ <input type="checkbox"/> VA Non-Service-Connected Disability Pension \$ _____ <input type="checkbox"/> Private disability insurance \$ _____ | <input type="checkbox"/> Worker's compensation \$ _____ <input type="checkbox"/> TANF \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement Income from Social Security \$ _____ <input type="checkbox"/> Pension or retirement income from former job \$ _____ <input type="checkbox"/> Child support \$ _____ <input type="checkbox"/> Alimony or other spousal support \$ _____ <input type="checkbox"/> Other source (specify) _____ \$ _____ |
| Receiving Income Source? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected | |
| Monthly Income Start Date: ___/___/___ Monthly Income End Date: ___/___/___ | |
| Monthly Income Total \$ _____ | |

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

| | |
|---|--|
| 3b. Non-Cash benefit from any source? <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 (if yes, Information/ Project Entry Date) ___/___/___ | |
| Monthly Non-Cash Benefit Source: <input type="checkbox"/> Supplemental Nutrition Assist Program (SNAP/Food Stamps) \$ _____ <input type="checkbox"/> Special Supplemental Nutrition Program (WIC) \$ _____ <input type="checkbox"/> TANF Child Care services \$ _____ <input type="checkbox"/> TANF Transportation services \$ _____ | <input type="checkbox"/> Other TANF-funded services \$ _____ <input type="checkbox"/> Section 8, public housing or rental assistance \$ _____ <input type="checkbox"/> Temporary rental assistance \$ _____ <input type="checkbox"/> Other Source (specify) _____ \$ _____ |
| Receiving Benefit? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected | |
| Non-Cash Monthly Start Date: ___/___/___ Non-Cash Monthly End Date: ___/___/___ | |
| Non-Cash Monthly Total \$ _____ | |

Section 4: Entry Housing Status

| |
|---|
| Is Client Chronically Homeless? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Prior to this Episode of Homelessness, Jail/Prison? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Convicted Sex Offender? <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| | |
|---|---|
| Referral Source (choose one): | |
| <input type="checkbox"/> 211 <input type="checkbox"/> Church <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Friends/Family <input type="checkbox"/> Hospital <input type="checkbox"/> Jail/prison <input type="checkbox"/> NH Homeless Hotline <input type="checkbox"/> Other _____ <input type="checkbox"/> Other Homeless Person | <input type="checkbox"/> Other Social Service Agency <input type="checkbox"/> Outreach <input type="checkbox"/> Police <input type="checkbox"/> SA Facility <input type="checkbox"/> School Liaison <input type="checkbox"/> Self <input type="checkbox"/> Town Welfare <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |

| | |
|--|---|
| Residence Prior to Project Entry (where client stayed the night before project entry): | |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, 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"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Data not collected |
| Length of Stay in Previous Place (choose one): <input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months | <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected |
| Client Location: (choose one HUD-assigned CoC Code) | <input type="checkbox"/> NH-500 (Balance of State/Concord) <input type="checkbox"/> NH-501 (Manchester) <input type="checkbox"/> NH-502 (Nashua) |
| Length of time on Street, in an Emergency Shelter, or Safe Haven: Client entering from the streets, shelter or safe haven <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 If Yes for "Client entering from streets, ES, or SH" Approximate date started: ____/____/____ | |
| Number of Times the Client has been homeless on the streets, in ES, or SH, in the Past Three Years including today. <input type="checkbox"/> 0 (Never in 3 years) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected Total Number of Months homeless on the street, in ES, or SH, in the Past Three Years. <input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months <input type="checkbox"/> 7 months <input type="checkbox"/> 8 months <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months <input type="checkbox"/> more than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected | |

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| | |
|---|--|
| Housing Status (as of the day before project entry): | |
| Homeless and At-Risk of Homelessness Status | |
| <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 statues (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 | |
| Zip Code of Last Permanent Address: (where client last lived 90 days or more) | Zip Code data quality: <input type="checkbox"/> Full or Partial <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused |

Section 5: Entry Employment Status

i Employment status is a required element per NH BHHS.

| |
|--|
| Employed? <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 |
| Employment Tenure: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |

Section 6: Needs

| Start Date | End Date | # of Services | Type of Need |
|------------|----------|---------------|--|
| | | | <input type="checkbox"/> Basic Needs (bug spray, water, tent) <input type="checkbox"/> Housing search and information <input type="checkbox"/> Information and referral <input type="checkbox"/> Transportation |
| | | | <input type="checkbox"/> Basic Needs (bug spray, water, tent) <input type="checkbox"/> Housing search and information <input type="checkbox"/> Information and referral <input type="checkbox"/> Transportation |
| | | | <input type="checkbox"/> Basic Needs (bug spray, water, tent) <input type="checkbox"/> Housing search and information <input type="checkbox"/> Information and referral <input type="checkbox"/> Transportation |

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EXIT Data

Section 1: Exit Reason for Leaving and Destination

Reason for leaving (choose one):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons | <input type="checkbox"/> Non-compliance with program | <input type="checkbox"/> Unknown/Disappeared |
| <input type="checkbox"/> Criminal activity/violence | <input type="checkbox"/> Housing opportunity before completing | <input type="checkbox"/> Non-payment of rent | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Death | <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Reached maximum time allowed | |

Destination (choose one):

- | | |
|--|---|
| <input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, 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"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Data not collected |
|--|---|

Section 2: Exit Outcome of Outreach

Outcome of Outreach (choose one shelter type):

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Psychiatric Facility |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Refused Shelter |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Shelter/Full |
| <input type="checkbox"/> Not Reported | <input type="checkbox"/> Staying with Family |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Staying with Friends |
| <input type="checkbox"/> Permanent Housing | <input type="checkbox"/> Substance Abuse Facility |
| <input type="checkbox"/> Place not Meant for Human Habitation | <input type="checkbox"/> Unknown |

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Is this person the head of a household (households can have only one HoH): Yes No

If Yes to previous question, please list other members of the household and their relationship to the head of household

| First Name | Last Name | Relationship to Head of Household * |
|------------|-----------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

***CHOOSE:**

- Self (head of household)
- Head of household's child
- Head of household's spouse or partner
- Head of household's other relation member (other relation to head of household)
- Other: non-relation member

IMPORTANT:
Please complete the HOIP entry exit form for each person listed above.

This form can be found on the NH-HMIS website at www.nh-hmis.org.