

**New Hampshire Continua of Care
PATH Services Only
Program Exit Form for HMIS**

HUD requires this form to be completed for each client exiting your project.

Please refer to the **2014 HUD HMIS Data Standards Version 5.1**, available on the NH-HMIS website: www.nh-hmis.org for an explanation of the data elements in this form.

Date form completed: _____

Outreach worker for New Hampshire: _____

Outreach worker for City/Town: _____

Client First, MI, Last Name, Suffix: _____

Client Name Data Quality:

<input type="checkbox"/> Full name reported	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

Alias: _____

Client ID Number: _____ **Household ID Number (optional):** _____
Client ID # is generated by the HMIS system. Household ID # is generated by the HMIS system.

Social Security number (SSN): ____ - ____ - _____

Social Security Number Data Quality:

- | | |
|---|---|
| <input type="checkbox"/> Full SSN reported | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Client doesn't know/doesn't have SSN | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Partial SSN reported | |

Date of Birth: ____ - ____ - _____

Date of Birth Data Quality:

- | | |
|--|---|
| <input type="checkbox"/> Full DOB reported | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Approximate or partial DOB reported | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Client doesn't know | |



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EXIT ASSESSMENT

Click to display the Entry/Exit tab, then click the Exit pencil. In the exit Data dialog box, click Save and Continue.

i Record services that have provided as of the project exit date.

Exit Date: ____/____/____	
Reason for leaving (choose one):	
<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Unknown/Disappeared	<input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Housing opportunity before completing <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Other(specify) _____
<input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <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/halfway house w/no homeless crit <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 (incl. home youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other (Please specify below.)

If "Other," please specify:

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Exit Outreach:

Location:

- Place not meant for habitation
- Service setting, non-residential
- Service setting, residential

- Start Date:**
- End Date:**
- Date of Contact:**
- Time of contact (optional):**

Date of Engagement: ___/___/_____

PATH Status:

Client enrolled in PATH? Yes No

Date of status determination: ___/___/_____

If no, reason client is not enrolled:

- Client was found ineligible for PATH
- Client was not enrolled for other reason(s)

Connection with SOAR?

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

Exit Disability:

Does the client have a disabling condition?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> No	<input type="checkbox"/> Client refused

Disability Type

Answer the group of questions associated with each applicable disability type, using HUD verification. This information should be collected for all clients, regardless of age.

Physical Disability

Date of information collection: ___/___/_____

Physical Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused		
If "Yes" to Physical Disability, expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused		
If "Yes," to Physical Disability, is documentation of the disability and severity on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" to Physical Disability, is client currently receiving services or treatment for this disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused		

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Developmental Disability

Date of information collection: ___/___/_____

Developmental Disability?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes" to Developmental Disability, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Developmental Disability, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Developmental Disability, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Chronic Health Condition

Date of information collection: ___/___/_____

Chronic Health Condition?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Chronic Health Condition, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

HIV/AIDS

Date of information collection: ___/___/_____

HIV/AIDS?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to HIV/AIDS, is it expected to substantially impair client's ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to HIV/AIDS, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to HIV/AIDS, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

Mental Health Problem

Date of information collection: ___/___/_____

Mental Health Problem?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Mental Health Problem, is it expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?		

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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Mental Health Problem, is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Mental Health Problem, is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes", to Mental Health Problem (PATH only), how has it been confirmed?		
<input type="checkbox"/> Unconfirmed; presumptive or self-report		
<input type="checkbox"/> Confirmed through assessment and clinical evaluation		
<input type="checkbox"/> Confirmed by prior evaluation and clinical records		
If "Yes," to Mental Health Problem (PATH only), is condition a Serious Mental Illness (SMI)? If SMI, how has it been confirmed?		
<input type="checkbox"/> No (Not SMI)		
<input type="checkbox"/> Unconfirmed; presumptive or self-report		
<input type="checkbox"/> Confirmed through assessment and clinical evaluation		
<input type="checkbox"/> Confirmed by prior evaluation and clinical records		
<input type="checkbox"/> Client doesn't know		
<input type="checkbox"/> Client refused		

Substance Abuse

Date of information collection: ___/___/_____

Substance Abuse?		
<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
If "Yes", to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse," is it expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Alcohol abuse, Drug abuse or Both alcohol and drug abuse for "Substance Abuse Problem," is documentation of the disability and severity on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," is client currently receiving services or treatment for it?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
If "Yes," to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for "Substance Abuse Problem," (PATH only) how has it been confirmed?		
<input type="checkbox"/> Unconfirmed; presumptive or self-report		
<input type="checkbox"/> Confirmed through assessment and clinical evaluation		
<input type="checkbox"/> Confirmed by prior evaluation and clinical records		

Domestic Violence:

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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 did experience last occur? <input type="checkbox"/> Within past 3 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> 3-6 months ago <input type="checkbox"/> Client refused <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> Data not collected <input type="checkbox"/> More than a year
(If Yes,) is client currently fleeing? <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	

Exit Health Insurance:

In ServicePoint, click to select the Entry/Exit tab.

Date of information collection: ____/____/_____ Covered by health insurance? <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	
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	<input type="checkbox"/> No <input type="checkbox"/> Yes
Indian Health Services Program	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (or use local name)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "other," please specify:	

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Exit Income and Sources:

In ServicePoint, click to select the Entry/Exit tab.

- i** Ask client whether they receive income from EACH source listed rather than asking them to state the sources of income they receive.
- i** Record income for HOH and adult household members.
- i** 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?	<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," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount.		
Monthly Income (cash) Source:		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 Income (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	\$
TANF	<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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Monthly Income Total: \$ _____		

Exit Non-Cash Benefits:

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Date of information collection: ____/____/____	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
Non-Cash Benefit from any source?	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know
If "Yes," to "non-cash benefit from any source," please check "No" or "Yes" for each income source in the list below, and add amount.		
Monthly Non-Cash Benefit Source:		Amount:
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (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	\$
Section 8, public housing or other ongoing rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other source	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Temporary rental assistance	<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: \$ _____		

Information Required by BHHS:

Housing Status:

Housing status as of the day before project entry.

Homelessness and at-risk of homelessness status

- Category 1** -- Homeless (lacks fixed, regular and adequate nighttime residence)
 - Category 2** -- At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
 - 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)
 - 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)
 - At-risk of homelessness** (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
- Stably housed**
 Client doesn't know
 Client refused
 Data not collected

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Zip code of last permanent address: _____

Where client last lived for 90 days or more.

Zip code data quality:

Full or partial

Client doesn't know

Client refused

Employment Status:

Is the client employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
(If yes) what is their tenure of employment?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

Homelessness Status:

First Time homeless?

Yes

No

Is client's homelessness chronic?

Yes

No

Client Location:	Information collection date: ___/___/_____
Select the HUD-assigned CoC code(s) that best apply:	<input type="checkbox"/> Balance of State (NH-500) <input type="checkbox"/> Manchester (NH-501) <input type="checkbox"/> Greater Nashua (NH-502)