

**New Hampshire Continua of Care  
PATH Street Outreach  
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](http://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:** \_\_\_\_\_

<b>Client First, MI, Last Name, Suffix:</b> _____	
<b>Client Name Data Quality:</b>	
<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
<b>Alias:</b> _____	
<b>Client ID Number:</b> _____	<b>Household ID Number (optional):</b> _____
<small><i>Client ID # is generated by the HMIS system.</i></small>	<small><i>Household ID # is generated by the HMIS system.</i></small>

**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.

<b>Exit Date:</b> ____/____/____	
<b>Reason for leaving</b> (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	
<b>Destination</b> (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.)

<b>If "Other," please specify:</b>
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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:** \_\_\_/\_\_\_/\_\_\_\_\_

## Exit PATH Status:

**Client became 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: \_\_\_/\_\_\_/\_\_\_\_\_

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

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

<b>Chronic Health Condition?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>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?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		
<b>If "Yes," to Chronic Health Condition, is documentation of the disability and severity on file?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If "Yes," to Chronic Health Condition, is client currently receiving services or treatment for it?</b>		
<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: \_\_\_/\_\_\_/\_\_\_\_\_

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

<b>Mental Health Problem?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused		

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<p><b>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?</b></p> <p> <input type="checkbox"/> Yes                    <input type="checkbox"/> No                    <input type="checkbox"/> Client doesn’t know  <input type="checkbox"/> Client refused       </p>
<p><b>If “Yes,” to Mental Health Problem, is documentation of the disability and severity on file?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>If “Yes,” to Mental Health Problem, is client currently receiving services or treatment for it?</b></p> <p> <input type="checkbox"/> Yes                    <input type="checkbox"/> No                    <input type="checkbox"/> Client doesn’t know  <input type="checkbox"/> Client refused       </p>
<p><b>If “Yes,” to Mental Health Problem (PATH only), how has it been confirmed?</b></p> <p> <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       </p>
<p><b>If “Yes,” to Mental Health Problem (PATH only), is condition a Serious Mental Illness (SMI)? If SMI, how has it been confirmed?</b></p> <p> <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       </p>

**Substance Abuse**

Date of information collection: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Substance Abuse?</b></p> <p> <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       </p>
<p><b>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?</b></p> <p> <input type="checkbox"/> Yes                    <input type="checkbox"/> No                    <input type="checkbox"/> Client doesn’t know  <input type="checkbox"/> Client refused       </p>
<p><b>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?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>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?</b></p> <p> <input type="checkbox"/> Yes                    <input type="checkbox"/> No                    <input type="checkbox"/> Client doesn’t know  <input type="checkbox"/> Client refused       </p>
<p><b>If “Yes,” to Alcohol abuse, Drug abuse, or Both alcohol and drug abuse for “Substance Abuse Problem,” (PATH only) how has it been confirmed?</b></p> <p> <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       </p>

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**Domestic Violence:**

<b>Domestic Violence Victim/Survivor?</b> <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	<b>(If Yes,) when did experience last occur?</b> <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
<b>(If Yes,) is client currently fleeing?</b> <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.*

<b>Date of information collection:</b> ____/____/____ <b>Covered by health insurance?</b> <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
<b>If "other," please specify:</b>	

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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.

<b>Date of information collection:</b> ____/____/____		
<b>Income from any source?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Yes	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Client doesn't know	
If "Yes," to "income from any source," please check "No" or "Yes" for each income source in the list below, and add amount.		
<b>Monthly Income (cash) Source:</b>		<b>Amount:</b>
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	\$
<b>If "other source," please specify source:</b>		
<b>Monthly Income Total:</b> \$ _____		

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**Exit Non-Cash Benefits:**

<b>Date of information collection:</b> ___/___/_____		
<b>Non-Cash Benefit from any source?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <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.		
<b>Monthly Non-Cash Benefit Source:</b>		<b>Amount:</b>
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 (or use local name)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
TANF transportation services (or use local name)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Other TANF-funded services (or use local name)	<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	\$
<b>If "other source," please specify source:</b>		
<b>Monthly Income Total:</b> \$_____		

**Information Required by BHHS**

**Exit Housing Status:** *Housing status as of the day of project exit.*

Homelessness and at-risk of homelessness status

<input type="checkbox"/> <b>Category 1</b> – Homeless (lacks fixed, regular, and adequate nighttime residence)
<input type="checkbox"/> <b>Category 2</b> – At imminent risk of losing housing (will lose primary nighttime residence in 14 days)
<input type="checkbox"/> <b>Category 3</b> – 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)
<input type="checkbox"/> <b>Category 4</b> – 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"/> <b>At-risk of homelessness</b> (for clients being served by Homelessness Prevention or Coordinated Assessment projects)
<input type="checkbox"/> <b>Stably housed</b> <input type="checkbox"/> <b>Client doesn't know</b>
<input type="checkbox"/> <b>Client refused</b> <input type="checkbox"/> <b>Data not collected</b>



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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

**Exit Employment Status:**

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

**Homeless Status:**

- First Time homeless?**     Yes     No                      **Is client chronically homeless?**     Yes     No

**Client Location:**

Choose applicable HUD-assigned CoC code(s):

Information collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- NH-500 Balance of State/Concord  
 NH-501 Manchester  
 NH-502 Nashua