HMIS Data Collection Form for Project EXIT – SSVF Projects

The form is broken into two sections for All Clients and Head of Household and Other Adults in the Household. Data for All Clients must be collected for each adult and child household member.

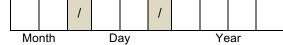
DATA FOR ALL CLIENTS

Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

CLIENT (name or other identifier)

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.



DESTINATION

Deceased	Rental by client, no ongoing housing subsidy
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	Rental by client, with VASH housing subsidy
Foster care home or foster care group home	Rental by client, with GPD TIP housing subsidy
Hospital or other residential non-psychiatric medical facility	Rental by client, with other ongoing housing subsidy
Hotel or motel paid for without emergency shelter voucher	Safe Haven
Jail, prison, or juvenile detention facility	Staying or living with family, permanent tenure
Long-term care facility or nursing home	Staying or living with family, temporary tenure (e.g., room, apartment or house)
Moved from one HOPWA funded project to HOPWA PH	Staying or living with friends, permanent tenure
Moved from one HOPWA funded project to HOPWA TH	Staying or living with friends, temporary tenure (e.g., room apartment or house)
Owned by client, no ongoing housing subsidy	Substance abuse treatment facility or detox center
Owned by client, with ongoing housing subsidy	Transitional housing for homeless persons (including homeless youth)
Permanent housing for formerly homeless persons (such as CoC project; or HUD legacy	Other (Describe)
program; or HOPWA PH)	
program; or HOPWA PH) Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	No exit interview completed
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway	No exit interview completed Client doesn't know

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DATA FOR ALL CLIENTS (CONTINUED)

HEALTH INSURANCE

Is the client currently covered by health insurance?

		-	-
No			Client doesn't know
Yes			Client refused
	$\mathbf{\Psi}$		
	[IF YE	ES] An	swer 'Yes' or 'No' for each health insurance source.
	Answ	er 'No'	for sources that have been terminated, even if they were received in the past.
	No	Yes	Source of non-cash benefit
			Medicaid
			Medicare
			State Children's Health Insurance Program (or use local name)
			Veteran's Administration (VA) Medical Services
			Employer-Provided Health Insurance
			Health insurance obtained through COBRA
			Private Pay Health Insurance
			State Health Insurance for Adults (or use local name)

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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.

INCOME AND SOURCES: Income from any source?

□ No	Client doesn't know
Yes	Client refused

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[IF YES] Answer Yes or No for each income source. If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate.

Source of income		ng income source?	monthly ar (round to		ar)
	No		•		
Earned income (i.e., employment income)	Yes		\$. 0	0
	No				
Unemployment Insurance	Yes		\$. 0	0
	No				
Supplemental Security Income (SSI)	Yes		\$. 0	0
Social Socurity Dissociation (SSDI)	No				
Social Security Disability Income (SSDI)	Yes		\$. 0	0
VA Service-Connected Disability	No				
Compensation	Yes		\$. 0	0
VA Non-Service-Connected Disability	No				
Pension	Yes		\$. 0	0
	No				
Private disability insurance	Yes		\$. 0	0
	No				
Worker's Compensation	Yes		\$. 0	0
Temporary Assistance for Needy Families	No				
(TANF)	Yes		\$. 0	0
	No				
General Assistance (GA)	Yes		\$. 0	0
Detirement Income from Social Security	No				
Retirement Income from Social Security	Yes		\$. 0	0
Pension or retirement income from a former	No				
job	Yes		\$. 0	0
Child support	No				
Child support	Yes		\$. 0	0
Alimony or other spousal support	No				
Alimony or other spousal support	Yes		\$. 0	0
Other source	No				
If yes, specify	Yes		\$. 0	0
Total monthly income	Monthly i all source	ncome from es	\$. 0	0

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DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Non-cash benefits from any source?

No		Client doesn't know
Yes		Client refused
\checkmark		

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of non-cash benefit
		Supplemental Nutrition Assistance Program (SNAP)
		Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
		TANF Child Care services (or use local name)
		TANF transportation services (or use local name)
		Other TANF-Funded Services (or use local name)
		Section 8, Public Housing, or other ongoing rental assistance
		Temporary rental assistance
		Other source:

DATA FOR RAPID RE-HOUSING PROJECTS ONLY

Is the client in permanent housing as of the project exit date?



RESIDENTIAL MOVE IN DATE

[IF YES] Enter the date the client moved into permanent housing

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