

**PATH Street Outreach (SO) Entry Form for HMIS: SINGLE Clients** Also use for additional household members who join later

Data Collection Instructions:

- Underlined terms have definitions provided at hmismn.org. Please print a copy to have available.

HMIS Tips:

- Use the General HMIS Instructions & your program's (funder) Supplemental User Guide for complete data entry instruction.
- EDA to PATH provider. Date of first contact is used as the Entry Date. Use the INTERIMS:Update of that Entry Date in Entry/Exit for all future contacts and updates.

**Section 1: Project ENTRY (Date of First Contact)**

Date of ENTRY (First Contact): \_\_\_\_\_ HMIS Client # (For HMIS Data Entry Staff use) \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Name Data Quality (Use Data Quality answer choices): \_\_\_\_\_

Release of Information Consent (statewide data sharing):  Yes  No Date of ROI: \_\_\_\_\_ (If HIPAA) Include client in database research?  Yes  No

Data Quality (DQ) Answer Choices: Full; Approx.-Approximate or Partial; DK- Client doesn't know; R- Client refused; NC- Data not collected

**\*Starting with first contact, add a Date of Contact for each in-person meeting through the duration of involvement with PATH:**

Date of Contact	Place not meant for habitation	Service setting, non-residential	Service setting, residential	Is this the date client ENGAGED by your program?	Is this the date client ENROLLED in your program?	If NO, reason the client was not ENROLLED in your program
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason
/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ineligible for PATH <input type="checkbox"/> Other Reason

## Section 2: ENGAGEMENT

Date of Engagement: \_\_\_\_/\_\_\_\_/\_\_\_\_ (may be same as ENTRY, but not before) \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. Type (Use DQ answer choices): \_\_\_\_\_

\*D.O.B. Required for ALL clients. If client doesn't know or refuses to provide DOB, use 01/01/(estimated year of birth) as the birth date.

Social Security Number (SSN) \_\_\_\_\_ SSN Data Quality (Use DQ answer choices): \_\_\_\_\_

Gender:	Race (Select up to 5 races):	Ethnicity:	U.S. Military Veteran:
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Non-Hispanic/Non-Latino	Has the client ever served in the United States Armed Forces? (Army, Navy, Air Force, Marine Corps, Coast Guard) (18+ only)
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Yes
<input type="checkbox"/> Transgender (female to male)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> No
<input type="checkbox"/> Transgender (male to female)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Client refused	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Doesn't identify as male, female or transgender	<input type="checkbox"/> White	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Client refused
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know	<i>Hispanic/Latino clients must also choose a race (often white).</i>	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Client refused	<input type="checkbox"/> Client refused		
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected		

*If client does not identify with any race options above, select "Client refused."*

Relationship to Head of Household:  Self (Head of Household)  Head of Household's child  Head of Household's spouse/partner  
 Head of Household's other relation member  Other: non-relation member  Data Not Collected

Client Location:

MN-500 Hennepin  MN-501 Ramsey  MN-502 Southeast  MN-503 SMAC  MN-504 Northeast  
 MN-505 Central  MN-506 Northwest  MN-508 West Central  MN-509 St. Louis  MN-511 Southwest

### Housing Situation

Housing Status:

<input type="checkbox"/> Homeless	<input type="checkbox"/> Homeless only under other federal statutes	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> At imminent risk of losing housing	<input type="checkbox"/> At-risk of homelessness	<input type="checkbox"/> Client refused
<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> Stably housed	<input type="checkbox"/> Data not collected

Extent of homelessness by Minnesota's definition on the day before program entry:

Not currently homeless  First time homeless AND less than one year without home  
 Multiple times homeless, but not meeting long-term homeless definition  Long term: homeless at least 1 year OR at least 4 times in the past 3 years

Leave any of these? (0-3 months ago)

Did the client leave any of the places listed below in the last 3 months before program entry?

- Yes (If yes, *select the answers below*)
- No (if no, *move to part B of this question*)
  - Adoptive Home (from foster care system)
  - Foster Home  Juvenile Detention Center
  - County Jail or Workhouse  State or Federal Prison
  - Mental Health Treatment Facility or Hospital
  - Drug or Alcohol Treatment Facility
  - Combined MI/CD Treatment Facility
  - Group Home  Half-way House
  - Residence for People with Physical Disabilities
  - Client doesn't know  Client refused  Data Not Collected

Leave any of these? (over 3 months ago, up to 6 months ago)

Did the client leave any of these places over 3 months ago, up to 6 months ago?

- Yes (If yes, *select most recent place left, below*)
- No (If no, *move to next question*)
  - Adoptive Home (from foster care system)
  - Foster Home  Juvenile Detention Center
  - County Jail or Workhouse  State or Federal Prison
  - Mental Health Treatment Facility or Hospital
  - Drug or Alcohol Treatment Facility
  - Combined MI/CD Treatment Facility
  - Group Home  Half-way House
  - Residence for People with Physical Disabilities
  - Client doesn't know  Client refused  Data Not Collected

Residence prior to project (night before) Entry - Pick ONLY ONE under literally homeless, institutional, OR transitional and permanent housing:

*Literally Homeless Situation*

- Place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven
- Interim Housing

*Institutional Situation*

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

*Transitional and Permanent Housing Situation*

- Hotel or motel paid for without emergency shelter voucher
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)
- Other (specify): \_\_\_\_\_
- Client doesn't know*
- Client refused*
- Data not collected*

Length of Stay in Previous Place:

- One night or less  Two to six nights  One week or more, but less than one month  One month or more, but less than 90 days
- 90 days or more, but less than one year  One year or longer  Client doesn't know  Client refused

Approximate date homelessness started \_\_\_\_/\_\_\_\_/\_\_\_\_

Regardless of where they stayed last night- Number of times the client has been on the streets, in ES or SH in the past three years including today:

One time  Two Times  Three times  Four or more times  Client doesn't know  Client refused  Data Not Collected

Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years:

1 month (this time is the first)  2 months  3 months  4 months  5 months  6 months  7 months  8 months  
 9 months  10 months  11 months  12 months  More than 12 months  Client doesn't know  Client refused  Data Not Collected

How long since client had permanent place to live (permanent address)? *Place last lived 90 or more days; not shelter or time-limited housing*

0 (Prevention/Current Residence)  Less than 1 month  1 – 3 months  3 – 6 months  6 – 12 months  1 – 2 years  3 – 5 years  
 6 – 8 years  9 years or more

Location of the client's last permanent address:

State: \_\_\_\_\_  DK  R  Data Not Collected County (MN only): \_\_\_\_\_  DK  R  NC City (MN only): \_\_\_\_\_  DK  R  NC

**DISABILITY**

Does the client have a disability of long duration?  Yes  No  Client does not know  Client refused  Data not collected

• Documentation is **not** required to answer "yes." Clients can answer "yes" even if they have never been officially diagnosed with a disability (see definitions).

Disability Type	Disability Determination	Start Date	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?	Condition is long term w/ substantial impact?	(If Yes) Currently receiving services or treatment?
Mental Health Problem (HUD)**	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Alcohol Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Drug Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Both Alcohol and Drug Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

\*If Yes for *Mental Health Problem, Alcohol Abuse, Drug Abuse, or Both*: How confirmed?

- Unconfirmed; presumptive or self-report   
  Confirmed through assessment and clinical evaluation   
  Confirmed by prior evaluation and clinical records

\*\*If Yes for *Mental Health Problem: Serious mental illness (SMI)?* And, if SMI, How confirmed?

- No   
  Unconfirmed; presumptive or self-report   
  Confirmed through assessment and clinical evaluation   
  Confirmed by prior evaluation and clinical records   
  DK   
  R

**INCOME**

Income from any source?  Yes  No  Client doesn't know  Client refused  Data not collected

Monthly Income:	Monthly amount	Monthly amount
Earned Income (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	General Assistance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Unemployment Insurance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Retirement Income From Social Security (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
SSI (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	VA Non-Service Connected Disability Pension (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
SSDI (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Pension or retirement income from another job (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
VA Service Connected Disability Compensation (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Child Support (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Private Disability Insurance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Alimony or Other Spousal Support (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Worker's Compensation (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Other (specify) (HUD) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	

Total monthly income: \$ \_\_\_\_\_ .00

**BENEFITS**

Non-Cash Benefits from any source?  Yes  No  Client doesn't know  Client refused  Data not collected

**Non-Cash Benefits**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other TANF-Funded services (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Special Supplemental Nutrition Program for WIC (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Section 8, Public housing, or other ongoing rental assistance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF Child Care Services (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Temporary rental assistance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF Transportation services (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other source (HUD) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

**HEALTH INSURANCE**

Covered by health insurance?  Yes  No  Client doesn't know  Client refused  Data not collected

MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

**FOSTER CARE** *for all youth age 24 and under*

Are you or have you ever been in foster care?  Yes  No  Client doesn't know  Client refused  Data not collected

**VETERAN STATUS** *for all adults 18+*

Did you serve on Active Duty, or in the National Guard or Reserves?  No  Yes, Active Duty (regardless of Guard and Reserve answers)

Yes, National Guard  Yes, Reserves  Both Guard and Reserves  Client doesn't know  Client refused  Data not collected

*If "Yes" to answer above, answer the Veteran Status questions below. If "No," you may skip them*

If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?  Yes  No  DK  R  NC

Did you enter Active Duty before 9/7/1980?  Yes  No  DK  R  NC

For *approximately* how many months did you serve? \_\_\_\_\_ (# of months)

What kind of discharge did you have?  Honorable or under honorable conditions  Other than honorable, but not dishonorable

Dishonorable  DK  R  NC

Are you receiving VA disability pay?  Yes  No  DK  R  NC

Has the client been referred to the Homeless Veteran Registry?  Yes  No  DK  R  NC

### Section 3: ENROLLMENT: Service Transactions and Referrals

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_ (may be same as ENTRY & ENAGEMENT, but not before)

#### SERVICE TRANSACTIONS

Service Type (write in name or # from list)	Start date	End date	Type of PATH FUNDED Service Provided	
	/ /	/ /	1 Re-engagement	8 Residential supportive services
	/ /	/ /	2 Screening	9 Housing minor renovation
	/ /	/ /	3 Clinical Assessment	10 Housing moving assistance
	/ /	/ /	4 Habilitation/rehabilitation	11 Housing eligibility determination
	/ /	/ /	5 Community mental health	12 Security deposits
	/ /	/ /	6 Substance use treatment	13 1-time rent for eviction prevention
	/ /	/ /	7 Case management	
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

#### REFERRALS

Referral Type (write in name or #)	Needs Referral Date	Outcome (attained, not attained, unknown)	Type of PATH Referral	
	/ /		1. Community mental health	6. Housing Services
	/ /		2. Substance use treatment	7. Temporary housing
	/ /		3. Primary health/dental care	8. Permanent housing
	/ /		4. Job Training	9. Income Assistance
	/ /		5. Educational Services	10. Employment assistance
	/ /			11. Medical Insurance
	/ /			
	/ /			
	/ /			

**Section 4: EXIT (PATH Exit Form for HMIS: SINGLE Clients)**

Client Name \_\_\_\_\_ HMIS ID: \_\_\_\_\_

**EXIT INFORMATION** (In HMIS: Entry/Exit Tab) click pencil next to exit date

Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Completed Program            | <input type="checkbox"/> Criminal activity/violence                             | <input type="checkbox"/> Unknown/ disappeared   |
| <input type="checkbox"/> Non-payment of rent          | <input type="checkbox"/> Voluntarily Withdrew From Program                      | <input type="checkbox"/> Needs could not be met |
| <input type="checkbox"/> Reached Maximum Age Allowed  | <input type="checkbox"/> Left for Housing Opportunity Before Completing Program | <input type="checkbox"/> Death                  |
| <input type="checkbox"/> Reached Maximum Time Allowed | <input type="checkbox"/> Non-compliance with program                            | <input type="checkbox"/> Other                  |

Destination: Where will the client live after leaving the program?

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

**CONNECTION TO SOAR**

Connection to SOAR? Yes No DK R NC

**\*Check to make sure all assessment questions have been answered including: Date of Engagement, Date of PATH Status Determination, Enrollment in PATH (reason if NO) and update the following (including sub-assessment): Disability, Income, Non-Cash Benefits, Health Insurance.**

**DISABILITY at Exit** Does the client have a disability of long duration?  Yes  No  Client does not know  Client refused  Data not collected

• Documentation is **not** required to answer "yes." Clients can answer "yes" even if they have never been officially diagnosed with a disability (see definitions).

Disability Type	Disability Determination	Start Date	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?	Condition is long term w/ substantial impact?	(If Yes) Currently receiving services or treatment?
Mental Health Problem (HUD)**	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Physical (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Developmental (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Chronic Health Condition (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Alcohol Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Drug Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
Both Alcohol and Drug Abuse (HUD)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC
HIV/AIDS (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC

\*If Yes for *Mental Health Problem, Alcohol Abuse, Drug Abuse, or Both*: How confirmed?

- Unconfirmed; presumptive or self-report  Confirmed through assessment and clinical evaluation  Confirmed by prior evaluation and clinical records

\*\*If Yes for *Mental Health Problem: Serious mental illness (SMI)*? And, if SMI, How confirmed?

- No  Unconfirmed; presumptive or self-report  Confirmed through assessment and clinical evaluation  Confirmed by prior evaluation and clinical records  DK  R

**INCOME at Exit** Income from any source?  Yes  No  Client doesn't know  Client refused  Data not collected

Monthly Income:	Monthly amount	Monthly amount
Earned Income (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	General Assistance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
Unemployment Insurance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Retirement Income From Social Security (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
SSI (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	VA Non-Service Connected Disability Pension (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
SSDI (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Pension or retirement income from another job (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
VA Service Connected Disability Compensation (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Child Support (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
Private Disability Insurance (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Alimony or Other Spousal Support (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
Worker's Compensation (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	Other (specify) (HUD) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC \$
TANF (HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	\$	

Total monthly income: \$ \_\_\_\_\_ .00

**BENEFITS at Exit**

Non-Cash Benefits from any source?  Yes  No  Client doesn't know  Client refused  Data not collected

**Non-Cash Benefits**

Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other TANF-Funded services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Special Supplemental Nutrition Program for WIC (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Section 8, Public housing, or other ongoing rental assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF Child Care Services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Temporary rental assistance (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
TANF Transportation services (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other source (HUD) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC

**HEALTH INSURANCE at Exit**

Covered by health insurance?  Yes  No  Client doesn't know  Client refused  Data not collected

MEDICAID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC
Employer-Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NC