

Toledo HMIS Data Collection Form — CoC/ESG Exit

Completed By _____

Project _____

Date _____

Project Exit Date (all clients)

		/			/				
month			day			year			

Client Demographics

Client ID / HMIS# (required)

Name (optional)

Reason for Leaving? (all clients)

- Completed Program
- Criminal Activity/Violence
- Death
- Disagreement with Rules/Persons
- Left for Housing Opportunity before completing program
- Needs could not be met by program

- Non-compliance with program
- Non-Payment of Rent/occupancy charge
- Reached Maximum time allowed by program
- Unknown/disappeared
- Other (specify):

Destination (all clients)

- No exit interview completed (HUD)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
- Hospital or other residential non-psychiatric medical facility (HUD)
- Jail, prison or juvenile detention facility (HUD)
- Moved from one HOPWA funded project to HOPWA PH (HUD)
- Safe Haven (HUD)
- Owned by client, no ongoing housing subsidy (HUD)
- Permanent housing (other than RRH) for formerly homeless persons (HUD)
- Psychiatric hospital or other psychiatric facility (HUD)
- Rental by client, with GPD TIP subsidy (HUD)
- Rental by client, with VASH subsidy (HUD)
- Rental by client with RRH or equivalent subsidy (HUD)
- Staying or living with family, temporary tenure (e.g., room, apartment, or house) (HUD)
- Staying or living with friends, temporary tenure (e.g., room apartment, or house) (HUD)
- Transitional housing for homeless persons (including homeless youth) (HUD)
- Data not collected (HUD)

- Deceased (HUD)
- Foster care home or foster care group home (HUD)
- Hotel or motel paid for without emergency shelter voucher (HUD)
- Long-term care facility or nursing home (HUD)
- Moved from one HOPWA funded project to HOPWA TH (HUD)
- Other (HUD)
- Owned by client, with ongoing housing subsidy (HUD)
- Place not meant for habitation (HUD)
- Rental by client, no ongoing housing subsidy (HUD)
- Rental by client, with other ongoing housing subsidy (HUD)
- Residential project or halfway house with no homeless criteria (HUD)
- Staying or living with family, permanent tenure (HUD)
- Staying or living with friends, permanent tenure (HUD)
- Substance abuse treatment facility or detox center (HUD)
- Client doesn't know (HUD)
- Client refused (HUD)

Sub-Assessments

Income

Employed? No Yes

Income from Any Source

No

Client doesn't know

Yes

Client refused

[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	Receiving income?	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Unemployment Insurance	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Supplemental Security Income (SSI)	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Social Security Disability Income (SSDI) VA Service-Connected Disability	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
VA Non-Service-Connected Disability Pension	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Private disability insurance	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Worker's Compensation	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Temporary Assistance for Needy Families (TANF)	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
General Assistance (GA)	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Retirement Income from Social Security	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Pension or retirement income from a former job	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Child support	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Alimony or other spousal support	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
Other source	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$.00
If yes, specify Source: _____	Yes <input type="checkbox"/>	\$.00
Total Monthly Income	from all sources	\$.00

more on next page...

Sub-Assessments (continued)

Non-Cash Benefits

Non-Cash Benefits from any source?

- No
 Yes
 Client doesn't know
 Client refused

[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
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____

Health Insurance

Covered by health insurance

- No
 Yes
 Client doesn't know
 Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for sources that have been terminated, even if they were received in the past.)

No	Yes	Source of insurance coverage	No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program			
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services			
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance			
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA			
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance			
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)			

more on next page...

Sub-Assessments (continued)

If disabilities have changed, complete the assessment below:

Disabling Conditions (all clients)

Does the client have a disabling condition?

- No Client doesn't know
 Yes Client refused

NOTE: For all disabilities, the second question is "If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently"

Alcohol Abuse <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		HIV/AIDS <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Chronic Health <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Mental Health <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Developmental <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Physical <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Drug Abuse <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		Long-Continued, Indefinite Duration, & Substantially Impairs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> —————> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused					