

## HMIS Data Collection for RHY Street Outreach Project (Operation Safehouse) - EXIT

### FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X"

The form is broken into two sections for *All Clients* and *Head of Household and Other Adults in the Household* in order to eliminate duplication of data gathering when characteristics only apply to certain members of households.

### 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.

#### 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.

		/			/				
Month			Day			Year			

#### CLIENT (name or other identifier)

#### DESTINATION

Which of the following *most closely matches* where the client will be staying right after leaving this project?

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

## DATA FOR ALL CLIENTS (CONTINUED)

### HEALTH INSURANCE

Is the client currently 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 non-cash benefit
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)
<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)
<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Other If yes, specify source _____

### PHYSICAL DISABILITY

Does the client currently have a physical disability?

No

Yes

Client doesn't know

Client refused



**[IF YES for physical disability] Is the physical disability expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

No

Yes

Client doesn't know

Client refused

### DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

No

Yes

Client doesn't know

Client refused



**[IF YES for developmental disability] Is the developmental disability expected to substantially impair ability to live independently?**

No

Yes

Client doesn't know

Client refused

## DATA FOR ALL CLIENTS (CONTINUED)

### CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

No

Yes

Client doesn't know

Client refused



[IF YES for chronic health condition] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

### HIV/AIDS

Does the client currently have HIV/AIDS?

No

Yes

Client doesn't know

Client refused



[IF YES for HIV/AIDS] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

No

Yes

Client doesn't know

Client refused

### MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

No

Yes

Client doesn't know

Client refused



[IF YES for mental health problem] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

No

Yes

Client doesn't know

Client refused

## DATA FOR ALL CLIENTS (CONTINUED)

### SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- No
- Alcohol abuse
- Drug abuse

- Both alcohol and drug abuse
- Client doesn't know
- Client refused



**[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse for substance abuse problem] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?**

- No
- Yes

- Client doesn't know
- Client refused

## 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 youth, that youth 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.

### COMMERCIAL SEXUAL EXPLOITATION

Ever received anything in exchange for sex (e.g. money, food, drugs, shelter)

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



**[IF YES to Commercial Sexual Exploitation] In the last three months**

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



**How many times?**

<input type="checkbox"/> 1-3	<input type="checkbox"/> 12 or more
<input checked="" type="checkbox"/> 4-7	<input checked="" type="checkbox"/> Client refused
<input type="checkbox"/> 8-11	<input type="checkbox"/> Client doesn't know



**Ever made/persuaded/forced to have sex in exchange for something**

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



**[IF YES] In the last three months**

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

**DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)**

**COMMERCIAL LABOR EXPLOITATION**

**Ever afraid to quit/leave work due to threats of violence to yourself, family, or friends**

No  
 Yes

Client doesn't know  
 Client refused

**Ever promised work where work or payment different than you expected?**

No  
 Yes

Client doesn't know  
 Client refused



**[IF YES] For either "Workplace Violence Threats" OR "Workplace Promise Actual Difference" Felt forced, pressured or tricked into continuing the job**

No  
 Yes

Client doesn't know  
 Client refused



**In the last three months**

No  
 Yes

Client doesn't know  
 Client refused