

HMIS Follow-up Form

Client Name / ID: _____

Shaded fields are required.

First Name: _____ Middle Name (Optional): _____

Last Name: _____ Suffix (Optional): _____

Question	Check One Answer	Comments
How many days after exit did you attempt to contact the client?	<input type="checkbox"/> 30 Days <input type="checkbox"/> 6 Months <input type="checkbox"/> 45 Days <input type="checkbox"/> 9 Months <input type="checkbox"/> 60 Days <input type="checkbox"/> 1 Year <input type="checkbox"/> 90 Days	
Who did you speak to?	<input type="checkbox"/> Client <input type="checkbox"/> Referred Program Staff <input type="checkbox"/> Landlord <input type="checkbox"/> Other <input type="checkbox"/> Relative <input type="checkbox"/> Unable to speak to anyone <input type="checkbox"/> Friend	
Were you able to reach the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client still in the same housing situation since exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, where is the client now? (Required if previous question is 'No')	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center* <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing subsidy <input type="checkbox"/> Staying or living with family, temporary tenure (e.g. room, apartment, or house) <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"/> Foster care home or foster care group home <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other <input type="checkbox"/> Safe haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Deceased	
What documentation do you have to verify client's housing status?	<input type="checkbox"/> Telephone Notes <input type="checkbox"/> Office Visit <input type="checkbox"/> Email correspondence <input type="checkbox"/> Other <input type="checkbox"/> Fax Notes <input type="checkbox"/> Home Visit	

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<p>What were potential barriers?</p>	<input type="checkbox"/> Underemployed, or don't make enough money <input type="checkbox"/> Emancipation <input type="checkbox"/> GR Cuts <input type="checkbox"/> Change in Income <input type="checkbox"/> Lost Job/Layoff <input type="checkbox"/> Eviction <input type="checkbox"/> Release from jail/prison <input type="checkbox"/> Release from hospital <input type="checkbox"/> Illness <input type="checkbox"/> Health Problems <input type="checkbox"/> Domestic violence <input type="checkbox"/> Family or friends asked client to leave <input type="checkbox"/> Moved <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> Injury <input type="checkbox"/> Other	
<p>Does the client require additional services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>To whom was client referred and for what type of services? (Required if previous question is 'Yes')</p>		
<p>Has the client's employment status changed since exit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes, what is the client's employment status?</p>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed	
<p>Has the client maintained employment for at least 4 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Has the client's income status changed since exit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes, has the client's income increased or decreased?</p>	<input type="checkbox"/> Increased <input type="checkbox"/> Decreased	

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DO NOT WRITE IN BOX BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Initials of Staff completion	Comments
Was the hard copy exit form completely filled out correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Staff Name (verifying completion of Data Entry): _____