**LTH/HTF Program Specific Form for HMIS: All Clients** *(Collect information about all household members)*

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| --- |
| **HMIS Tips:**   * *EDA to the project provider.* * *Before updating your Program Specific assessment in HMIS, make sure to complete the questions on the appropriate* ***MN Core*** *assessment, as it contains the universal and common data elements for HMIS projects. The questions on your Program Specific Assessment have been chosen by your funder and are required in addition to the universal and common data elements.* * *If information is missing, follow-up with the client or staff person responsible for gathering information to complete the missing information. DO NOT enter “Client doesn’t know” or “Client prefers not to answer” unless the client does not know or prefers not to answer.* * *You only need to collect data about the required household members. Who the data is collected about is in parentheses after the question. For example, “(Head of Household).”* * *In Community Services, a  (green checkmark) indicates a household member’s record has been updated.* |

Program Entry (in HMIS: use Entry/Exit Tab)

**1. Provider:**  **2. Type:** **Basic** **3. Project Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/ /** | **$** | **/ /** |

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | | **Primary Source of Subsidy** (enter # from list below) | | **If Other, Specify** | | | **End Date** |
| **/ /** | |  | |  | | | **/ /** |
| 1. No subsidy 2. Bridges 3. County Funded 4. Housing Support (GRH) | 1. HOME 2. HOPWA 3. MHFA Rental Assistance | | 1. Property Subsidy 2. SHP Leasing 3. Section 8 4. Shelter Plus Care | | 1. Sons of Bridges 2. Other (specify): |

**Updates (in HMIS: Entry/Exit Tab: Interims)**

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * *Complete updates bi-annually, during each 6-month reporting period or as information changes* * ***Underlined terms*** *have definitions provided at* [*hmismn.org/definitions*](https://www.hmismn.org/definitions)*.  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 Entry provider. No need to backdate* * *Click on the “Interims” icon next to the correct entry in the Entry/Exit tab* * *Select* ***6-Month*** *for Review Type and enter the date of the review. Update as needed.* |

**If applicable, reason for leaving residence:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Successful completion of residential program * Subsidy ended * Leaving damaged or substandard housing (including fire) * No longer meets eligibility requirements for residence * Non-compliance with residential program rules * Unit does not meet needs (including accessibility or size) | * On-site services do not meet needs * Location or neighborhood does not meet needs * Conflict with roommates or neighbors * Cannot afford rent * Leaving project-based voucher for tenant-based voucher * Discharged or reached time limit | * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent * Notice to vacate or non-renewal for criminal/drug activity | * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared   Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Housing Cost and Subsidy Updates**

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * Update only if housing cost has changed between project start the last update. | **HMIS Tips:**   * If new cost or subsidy is reported, end the previously-recorded HMIS record **one day before the start date of the new cost or subsidy.** * Add the new cost or subsidy information below as an additional record. Click “Add” to add another record. |

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date** *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/                    /** | **$** | **/                    /** |

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | | **Primary Source of Subsidy**  (enter # from list below) | | **If Other, Specify** | | | **End Date** | |
| **/                    /** | |  | |  | | | **/                    /** | |
| 1. No subsidy 2. Bridges 3. County Funded | | 1. Housing Support (GRH) 2. HOME 3. HOPWA | | 1. MHFA Rental Assistance 2. Property Subsidy 3. SHP Leasing | | 1. Section 8 2. Shelter Plus Care | 1. Sons of Bridges 2. Other (specify): | |

**If subsidy ended, Reason Subsidy Ended:**

|  |  |  |
| --- | --- | --- |
| * Now receiving Section 8 or other permanent housing subsidy * Changed type of temporary housing subsidy * Transitioned to unsubsidized housing * Purchased a home * Gross monthly income exceeds program limits * Failure to report all income, additional adults, etc. * Refusal to cooperate with annual re-certification or inspection * (For Bridges) Failure to apply, accept or use Section 8 | * Cannot afford rent * Discharged or reached time limit * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent | * Notice to vacate or non-renewal for criminal/drug activity * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared * Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Program Exit (in HMIS: use Entry/Exit Tab)**

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| --- |
| **HMIS Tips:**   * *Complete Exit from the head of household’s record* * *Use the General HMIS Instructions, your program’s (funder) Supplemental User Guide, and the Households How-To Guide for complete data entry instruction.* * *EDA to Entry Provider. No need to backdate.* * *Entry/Exit Tab: click pencil next to exit date. Continue to the Exit Assessment.* * *If some household members are staying, uncheck the boxes next to their names.* * *After completing the first Exit Data window, Save & Continue to Exit Assessment and answer required questions for each member. A A green circle with a white tick    Description automatically generated (green check-mark) indicates a household member’s record has been updated.* |

**Did the household stay in their apartment when they exited the program?**

|  |  |  |
| --- | --- | --- |
| * Left current residence at exit | * Left current residence before exit | * Will remain in current residence at exit |

**If applicable, reason for leaving residence:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Successful completion of residential program * Subsidy ended * Leaving damaged or substandard housing (including fire) * No longer meets eligibility requirements for residence * Non-compliance with residential program rules * Unit does not meet needs (including accessibility or size) | * On-site services do not meet needs * Location or neighborhood does not meet needs * Conflict with roommates or neighbors * Cannot afford rent * Leaving project-based voucher for tenant-based voucher * Discharged or reached time limit | * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent * Notice to vacate or non-renewal for criminal/drug activity | * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared   Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Housing Cost and Subsidy Updates**

|  |  |
| --- | --- |
| **Data Collection Instructions:**   * Update only if housing cost has changed between project start the last update. | **HMIS Tips:**   * If new cost or subsidy is reported, end the previously-recorded HMIS record **one day before the start date of the new cost or subsidy.** * Add the new cost or subsidy information below as an additional record. Click “Add” to add another record. |

**Housing Cost** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |
| --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | **Amount client pays for rent** | **End Date** |
| **/                    /** | **$** | **/                    /** |

**Housing Subsidy Information** (*Required for clients in site-based and scattered-site supportive housing only.)**(Head of Household)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date**  *(Current residence status start date)* | | **Primary Source of Subsidy**  (enter # from list below) | | | **If Other, Specify** | | | **End Date** | |
| **/                    /** | |  | | |  | | | **/                    /** | |
|  | 1. No subsidy 2. Bridges 3. County Funded | 1. Housing Support (GRH) 2. HOME HOPWA 3. MHFA Rental Assistance | | 1. Property Subsidy 2. SHP Leasing 3. Section 8 | 1. Shelter Plus Care 2. Sons of Bridges 3. Other (specify): | |  |  | |

**What was the client’s subsidy status at program exit?** *(Head of Household)*

|  |  |  |  |
| --- | --- | --- | --- |
| * Subsidy ended at exit **(answer next question)** | * Subsidy ended before exit | * Current subsidy will continue | * Did not have subsidy |

**If subsidy ended at exit, Reason Subsidy Ended:** *(Head of Household)*

|  |  |  |
| --- | --- | --- |
| * Now receiving Section 8 or other permanent housing subsidy * Changed type of temporary housing subsidy * Transitioned to unsubsidized housing * Purchased a home * Gross monthly income exceeds program limits * Failure to report all income, additional adults, etc. * Refusal to cooperate with annual re-certification or inspection * (For Bridges) Failure to apply, accept or use Section 8 | * Cannot afford rent * Discharged or reached time limit * Hospitalized or moved to residential treatment program * Incarcerated * Legal eviction/UD for criminal/drug activity * Legal eviction/UD for lease violations, other than criminal or drug * Legal eviction/UD for non-payment of rent | * Notice to vacate or non-renewal for criminal/drug activity * Notice to vacate or non-renewal for lease violations, other than criminal or drug * Notice to vacate or non-renewal for non-payment of rent * Left service area or residential program * Death * Unknown/disappeared * Other (specify): |

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