

HMIS Data Collection Template – CoC Program Prevention Project Supplemental Form

Note that only CoCs designated as High Performing Communities can use CoC Program funds for prevention projects. Respond to the following questions for all household members—each adult and child. A separate form should be included for each household member.

CLIENT (name or other identifier)

PROJECT EXIT DATE (e.g., 08/24/2014)

		/			/			
Month			Day			Year		

HOUSING ASSESSMENT AT EXIT

- Able to maintain the housing they had at project entry
- Moved to new housing unit
- Moved in with family/friends on a temporary basis
- Moved in with family/friends on a permanent basis
- Moved to a transitional or temporary housing facility or program
- Client became homeless – moving to a shelter or other place unfit for human habitation
- Client went to jail/prison
- Client died
- Client doesn't know
- Client refused



[IF YES for able to maintain the housing they had at project entry] Subsidy Information

- Without a subsidy
- With the subsidy they had at project entry
- With an on-going subsidy acquired since project entry
- Only with financial assistance other than a subsidy



[IF YES for moved to a new housing unit] Subsidy Information

- With an ongoing subsidy
- Without an ongoing subsidy