**HMIS Project Type = HUD: Exit—For Adults** **HMIS ID #: _____**

**Client Name: _____**

**EXIT DATE: _____/_____/_____** **Project Name: _____**

**Reason for Leaving:**

___ Advanced to new program
___ Completed program
___ Death
___ Left for housing opportunity before completing program
___ Needs could not be met by project
___ Non-payment of rent/ occupancy charge
___ Other _____
___ Unknown/ disappeared
___ Voluntary break in shelter stay
___ Voluntary checkout
___ Aged out of program
___ Criminal activity/violence
___ Disagreement with rules/ persons
___ Non-compliance with project
___ Reached maximum time allowed by project

**Destination:**

**Homeless Situations**

____ Place not meant for habitation
____Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter
____ Safe Haven

**Institutional Situations**

____Foster care home or foster care group home
____Hospital or other residential nonpsychiatric medical facility
____Jail, prison, or juvenile detention facility
____Long-term care facility or nursing home
____Psychiatric hospital or other psychiatric facility
____Substance abuse treatment facility or detox center

**Temporary Housing Situations**

____Transitional housing for homeless persons (including homeless youth)
____Residential project or halfway house with no homeless criteria
____ Hotel or motel paid for without emergency shelter voucher
____ Host Home (non-crisis)
____Staying or living with family, temporary tenure (e.g., room, apartment, or house)
____ Staying or living with friends, temporary tenure (e.g., room, apartment, or house)
____ Moved from one HOPWA funded project to HOPWA TH

**Permanent Housing Situation**

____Staying or living with family, permanent tenure
____Staying or living with friends, permanent tenure
____Moved from one HOPWA funded project to HOPWA PH
____Rental by client, no ongoing housing subsidy
____Rental by client, with ongoing housing subsidy **(Please select subsidy type below)**
____Owned by client, with ongoing housing subsidy
____Owned by client, no ongoing housing subsidy

**Other**

____No exit interview completed
____Other
____Deceased
____Worker unable to determine
____Client doesn't know
____Client prefers not to answer
____Data not collected

**Subsidy Types (Please Complete if "yes" to Rental by client, with ongoing housing subsidy)**

____GPD TIP housing subsidy
____VASH housing subsidy
____RRH or equivalent subsidy
____HCV voucher (tenant or project based) (not dedicated)
____Public housing unit
____ Rental by client, with other ongoing housing subsidy
____Housing Stability Voucher
____Family Unification Program Voucher (FUP)
____Foster Youth to Independence Initiative (FYI)
____Permanent Supportive Housing
____Other permanent housing dedicated for formerly homeless persons

**Does client have a disability of long duration** (check 1 and complete following grid):

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

**DISABILITY DETAIL** Circle for each disability type**: Y=Yes N=No DK=Doesn't Know PNA=Prefers not to answer**

| **Disability Type** | Has disability | **IF YES:** | Expected to be of long continued and indefinite duration AND substantially impairs ability to live independently |
|---|---|---|---|
| **Alcohol use disorder** | Y N DK PNA | | Y N DK PNA |
| **Drug use disorder** | Y N DK PNA | | Y N DK PNA |
| **Both alcohol and drug use disorders** | Y N DK PNA | | Y N DK PNA |
| **Chronic health condition** | Y N DK PNA | | Y N DK PNA |
| **Developmental disability** | Y N DK PNA | | Y N DK PNA |
| **HIV/AIDS** | Y N DK PNA | | Y N DK PNA |
| **Mental health disorder** | Y N DK PNA | | Y N DK PNA |
| **Physical disability** | Y N DK PNA | | Y N DK PNA |

**Covered by health insurance** (check 1 and complete grid below):

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

| Insurance Type | Yes | No | Insurance Type | Yes | No |
|---|---|---|---|---|---|
| MEDICAID | | | Employer-provided insurance | | |
| MEDICARE | | | Health insurance through COBRA | | |
| State children's health insurance | | | Private pay health insurance | | |
| Veteran's Health Administration (VHA) | | | State health insurance for adults | | |
| Indian Health Services Program | | | Other: _____ | | |

**Last Grade Completed:**

_____ Less than Grade 5
_____ Grades 5-6
_____ Grades 7-8
_____ Grades 9-11
_____ Grade 12 / High School Diploma
_____ School does not have grade levels
_____ GED
_____ Some College
_____ Associate's Degree
_____ Bachelor's Degree
_____ Vocational Certification
_____ Client doesn't know
_____ Client prefers not to answer

**Employed?**

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

**Income from any source?**

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

**Total Monthly CASH income**

(write in total $ amount and complete grid below): **TOTAL $_____**

| **Receives Income Sources:** | **Yes** | **Monthly $ Amount** | **No** | **Not Collected** |
|---|---|---|---|---|
| Alimony or other spousal support | | | | |
| Child support | | | | |
| Earned income | | | | |
| General assistance | | | | |
| Pension or retirement income from a job | | | | |
| Private disability insurance | | | | |
| Retirement income from social security | | | | |
| Social Security Disability Insurance (SSDI) | | | | |
| Supplemental Security Income (SSI) | | | | |
| TANF | | | | |
| Unemployment Insurance | | | | |
| VA Non-service connected disability pension | | | | |
| VA service-connected disability compensation | | | | |
| Worker's Compensation | | | | |
| Other (specify): | | | | |

**Non-cash benefits from any source** (check one and complete grid below):

_____Yes _____No _____Client doesn't know _____Client prefers not to answer

| **Receives the following Non-cash Benefit Types:** | **Yes** | **No** | **Not Collected** |
|---|---|---|---|
| Supplemental Nutrition Assistance Program (SNAP) (food stamps) | | | |
| Special Supplemental Nutrition for Women, infants, children (WIC) | | | |
| TANF Child Care services | | | |
| TANF transportation services | | | |
| Other TANF-funded services | | | |
| Other (specify): | | | |

**PSH ONLY: Moving ON (enter under SERVICES)**

**Date of Moving On Assistance: _____**

**Moving On Assistance:**

_____Subsidized housing application assistance
_____Financial assistance for Moving On (e.g., security deposit, moving expenses)
_____Non-financial assistance for Moving On (e.g., housing navigation, transition support)
_____Housing Referral/placement
_____Other (please specify): _____

**PSH ONLY: General Health Status**

_____Excellent _____Very good _____Good _____Fair _____Poor ____Client doesn't know _____Client prefers not to answer

**ONLY FOR Street Outreach or Night by Night Emergency Shelter:**

**Date of Contact: _____/_____/_____**

**Staying on Streets, ES or SH:** _____Yes _____No _____ Worker unable to determine

**ONLY FOR Rapid Rehousing (RRH) and Permanent Housing (PSH/OPH) Projects:**

**Housing Move-in Date: _____/_____/_____**

**ONLY FOR Homeless Prevention Projects:**

**Housing Assessment on Exit:**

_____Able to maintain the housing they had at entry _____Moved to new housing unit

_____Moved in with family/friends on temporary basis _____Moved in with family/friends on permanent basis

_____Jail/Prison _____ Deceased

_____Client doesn't know _____Client prefers not to answer

_____Moved to a transitional or temporary housing facility or program

_____Client became homeless – (moved to shelter or in place not meant for habitation)

**If Able to maintain housing:**

_____Without a subsidy _____With the subsidy at project entry

_____With on-going subsidy attained after entry _____Only with financial assistance other than a subsidy

**If Moved into new housing unit:**

_____With on-going subsidy _____Without on-going subsidy