



# HMIS SSVF Program Exit Form

Community Alliance for the Homeless | HMIS | Memphis, TN 38103 | Phone: 901.527.1302

FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

SOCIAL SECURITY NUMBER: [All clients]

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Last Name																			
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First Name																			
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## PROGRAM EXIT

PROJECT EXIT DATE

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Month Day Year

Is the Client an Adult or Head of Household?  
Is the Program Type Either Homeless Prevention or Rapid-Rehousing?  
Is the Program Funding Source HUD:VASH or VA:SSVF?  
Is the Program Type a Permanent Housing Program Type?

Response is Auto Generated by the System  
Response is Auto Generated by the System  
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DESTINATION

<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"/> Hotel or motel paid for without emergency shelter voucher	<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, or RHY funded Host Home shelter	<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"/> Safe Haven	<input type="checkbox"/> Stay or living with friends, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Foster care home of foster care group home	<input type="checkbox"/> Stay or living with family, temporary tenure (e.g., room, apartment or house)	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Stay or living with family, permanent tenure	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Jail, prison or juvenile detention center	<input type="checkbox"/> Stay or living with friends, permanent tenure	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH	<input type="checkbox"/> Owned by client, with no ongoing housing subsidy
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH	<input type="checkbox"/> Not exit interview completed

<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/>	Other
<input type="checkbox"/>	Residential project of halfway house with no homeless criteria	<input type="checkbox"/>	Rental by client, with VASH housing subsidy	<input type="checkbox"/>	Deceased
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data Not Collected

**DISABLING CONDITION AND BARRIERS**

Disabling Condition?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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**INCOME FROM ANY SOURCE**

Have you received income from any source?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If "yes" for "Income from any source," indicate all sources and dollar amounts for the source that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	VA Non-Service Connected Disability Pension	\$
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	Pension or Retirement Income from a Former Job	\$
<input type="checkbox"/>	<input type="checkbox"/>	Private Disability Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$
<input type="checkbox"/>	<input type="checkbox"/>	VA Service-Connected Disability Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	General Assistance (GA)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Alimony and Other Spousal Support	\$
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	<input type="checkbox"/>	<input type="checkbox"/>	Child Support	\$
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Income from Social Security	\$	<input type="checkbox"/>	<input type="checkbox"/>	*Other Cash Income	\$

\*Source of Other Case Income:

TOTAL CASH INCOME: Amount is Auto Generated by the System

**NON-CASH BENEFITS**

Have you received non-cash benefits from any source?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If "yes" for "Non-cash benefits," indicate all sources that apply:

No	Yes	Source of Benefit	No	Yes	Source of Benefit
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF funded Services (or use local name)

<input type="checkbox"/>	<input type="checkbox"/>	Section 8, public housing, or other ongoing rental assistance	<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Other Source	If yes to "Other" Source, please specify:		

**HEALTH INSURANCE INFORMATION**

Covered by health insurance?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If "yes" for "Covered by health insurance," indicate all sources that apply:

No	Yes	Health Insurance Providers	No	Yes	Health Insurance Providers
<input type="checkbox"/>	<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (or use local name)	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	<input type="checkbox"/>	Employer – Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other

**ADDITIONAL INFORMATION**

CONNECTION WITH SOAR?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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LAST GRADE COMPLETED/HIGHEST GRADE COMPLETED

<input type="checkbox"/>	Less than Grade 5	<input type="checkbox"/>	Associates degree
<input type="checkbox"/>	Grades 5 - 6	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Grades 7 - 8	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	Grades 9 - 11	<input type="checkbox"/>	Vocational certification
<input type="checkbox"/>	Grade 12 - High School Diploma	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	School Program does not have grade levels	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	GED	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Some College		

Employed?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused	<input type="checkbox"/>	Data not collected
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If yes, what type of employment?

<input type="checkbox"/>	Full- Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Seasonal/Sporadic (including day labor)
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If no, why not employed?

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work	<input type="checkbox"/>	Not looking for work
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COMPLETE HOUSING MOVE-IN DATE WHEN THE CLIENT MOVES INTO A PERMANENT HOUSING UNIT

	/		/			
Month		Day		Year		