



HMIS HOPWA Program Exit Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

AGENCY NAME: _____

CLIENT NAME OR IDENTIFIER: _____

PROJECT EXIT DATE *[All Clients]*

Month			Day			Year			

DESTINATION *[All Clients]*

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA PH
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	<input type="radio"/>	Moved from one HOPWA funded project to HOPWA TH
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Hospital or other residential non -psychiatric medical facility	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Jail, prison, or juvenile detention facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client with HCV voucher (tenant or project based)
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, no ongoing housing subsidy

<input type="radio"/>	Residential project or hallway house with no homeless criteria	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	No exit interview completed
<input type="radio"/>	Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	<input type="radio"/>	Other (specify):
<input type="radio"/>	Staying or living with family, temporary tenure (e.g., room, apartment, or house)	<input type="radio"/>	Deceased
		<input type="radio"/>	Client doesn't know
<input type="radio"/>	Staying or living with family, permanent tenure	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living with friends, permanent tenure	<input type="radio"/>	Data not collected

HOUSING ASSESSMENT AT EXIT [All Clients]

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

IF “ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	Without a subsidy	<input type="radio"/>	With an on going subsidy acquired since project entry
<input type="radio"/>	With the subsidy they had at project entry	<input type="radio"/>	Only with financial assistance other than a subsidy

IF “MOVED TO NEW HOUSING UNIT” TO HOUSING ASSESSMENT

Subsidy Information

<input type="radio"/>	With on going subsidy	<input type="radio"/>	Without an on going subsidy
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PHYSICAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

HIV-AIDS [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

MENTAL HEALTH DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

SUBSTANCE USE DISORDER [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY

Expected to be of long-continued and indefinite duration?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

MONTHLY INCOME AND SOURCES [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
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<input type="radio"/>	Earned Income	<input type="radio"/>	TANF (Temporary Assist for Needy Families)
<input type="radio"/>	Unemployment Insurance	<input type="radio"/>	General Assistance (GA)
<input type="radio"/>	Supplemental Security Income (SSI)	<input type="radio"/>	Retirement Income from Social Security
<input type="radio"/>	Social Security Disability Insurance (SSDI)	<input type="radio"/>	Pension or retirement income from former job
<input type="radio"/>	VA Service-Connected Disability Compensation	<input type="radio"/>	Child Support
<input type="radio"/>	VA Non-Service Connected Disability Pension	<input type="radio"/>	Alimony and other spousal support
<input type="radio"/>	Private disability insurance	<input type="radio"/>	Other income source (specify):
<input type="radio"/>	Worker's Compensation		
Total monthly income for Individual:			

RECEIVING NON CASH BENEFITS [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "YES" TO NON CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused

		○	Data not collected
IF "YES" TO HEALTH INSURANCE & REASONS NOT COVERED BY NON-CHOSEN SELECTION(S)			
○	MEDICAID	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	MEDICARE	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	State Children's Health Insurance (SCHIP)	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused

		○	Data Not Collected
○	Veterans Administration (VA) Medical Services	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Employer Provided Health Insurance	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused
		○	Data Not Collected
○	Health Insurance Obtained through COBRA	○	Applied; Decision Pending
		○	Applied; Client Not Eligible
		○	Client Did Not Apply
		○	Insurance Type N/A for this Client
		○	Client Doesn't Know
		○	Client Refused

		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Private Pay Health Insurance	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	State Health for Adults	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Indian Health Services Program	<input type="radio"/>	Applied; Decision Pending
		<input type="radio"/>	Applied; Client Not Eligible
		<input type="radio"/>	Client Did Not Apply
		<input type="radio"/>	Insurance Type N/A for this Client
		<input type="radio"/>	Client Doesn't Know
		<input type="radio"/>	Client Refused
		<input type="radio"/>	Data Not Collected
<input type="radio"/>	Other Health Insurance (specify)		

IF “YES” TO HIV-AIDS:



Receiving Public HIV/AIDS Medical Assistance

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF “NO” TO RECEIVING PUBLIC HIV/AIDS MEDICAL ASSISTANCE — SPECIFY REASON			
<input type="radio"/>	Applied; Decision Pending	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Applied; Client Not Eligible	<input type="radio"/>	Client Refused
<input type="radio"/>	Client Did Not Apply	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Insurance Type N/A for this Client		

Receiving AIDS Drug Assistance Program (ADAP)

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
IF “NO” TO RECEIVING AIDS DRUG ASSISTANCE PROGRAM (ADAP) — SPECIFY REASON			
<input type="radio"/>	Applied; Decision Pending	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Applied; Client Not Eligible	<input type="radio"/>	Client Refused
<input type="radio"/>	Client Did Not Apply	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Insurance Type N/A for this Client		

Receiving Ryan White-funded Medical or Dental Assistance

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IF "NO" TO RECEIVING RYAN WHITE-FUNDED MEDICAL OR DENTAL ASSISTANCE — SPECIFY REASON			
<input type="radio"/>	Applied; Decision Pending	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Applied; Client Not Eligible	<input type="radio"/>	Client Refused
<input type="radio"/>	Client Did Not Apply	<input type="radio"/>	Data Not Collected
<input type="radio"/>	Insurance Type N/A for this Client		

T-cell (CD4) Count Available

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

T-cell Count (Integer between 0-1500): _____ How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Viral Load Available

<input type="radio"/>	Available	<input type="radio"/>	Not Available
<input type="radio"/>	Undetectable	<input type="radio"/>	Client Doesn't Know
<input type="radio"/>	Client Refused	<input type="radio"/>	Data Not Collected

Viral Load (Integer between 0-999999): _____ How Was the Information Obtained?

<input type="radio"/>	Medical Report
<input type="radio"/>	Client Reported
<input type="radio"/>	Other (specify)

Has the participant been prescribed anti-retroviral drugs?



<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

<input type="radio"/>	No	<input type="radio"/>	Yes
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IF "YES" TO PERMANENT HOUSING

Housing Move-in Date (see note*)	<i>*If a client moved into permanent housing, make sure to update on the enrollment screen.</i>
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CONTACT INFORMATION *[Optional- can be entered in Location Tab]*

Phone Number														
Email														
Current Address (if applicable)														
Street														
City														
State										Zip Code				

Signature of applicant stating all information is true and correct

Date