



HMIS Path Program Exit Form

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

Agency Name: _____

CLARITY HMIS: HHS-PATH PROJECT EXIT FORM

Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

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

0	Transitional housing for homeless persons (Including homeless youth)	0	Owned by client, no ongoing housing subsidy
0	Host Home (non-crisis)	0	No exit interview completed
0	Staying or living with friends, temporary tenure (e.g., room, apartment, or house)	0	Other (specify):
0	Staying or living with family, temporary tenure (e.g., room, apartment, or house)	0	Deceased
		0	Client doesn't know
0	Staying or living with family, permanent tenure	0	Client refused
0	Staying or living with friends, permanent tenure	0	Data not collected

CONNECTION WITH SOAR [Heads of Households and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

PATH STATUS [If not at intake]

Date of Status Determination		____ / ____ / ____	
Client Became Enrolled in PATH	0	No	
	0	Yes	

IF "NO" TO ENROLLED IN PATH

Reason Not Enrolled	0	Client was found ineligible for PATH	
	0	Client was not enrolled for other reason(s)	
	0	Unable to locate client	

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

DEVELOPMENTAL DISABILITY [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

CHRONIC HEALTH CONDITION [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

HIV-AIDS [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

MENTAL HEALTH DISORDER [All Clients]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY

Expected to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

SUBSTANCE USE DISORDER [All Clients]

0	No	0	Both alcohol and drug use disorders
0	Alcohol use disorder	0	Client doesn't know
		0	Client refused
0	Drug use disorder	0	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?	0	No	0	Client doesn't know
	0	Yes	0	Client refused
			0	Data not collected

MONTHLY INCOME AND SOURCES [*Head of Households and Adults*]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

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

Income Source		Amount	Income Source		Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)	
0	Unemployment Insurance		0	General Assistance (GA)	
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security	
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job	
0	VA Service-Connected Disability Compensation		0	Child Support	
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support	
0	Private disability insurance		0	Other income source (<i>specify</i>):	
0	Worker's Compensation				

Total monthly income for Individual:

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RECEIVING NON CASH BENEFITS [*Head of Household and Adults*]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected

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

