

## **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.

<b>CLIENT</b>	NAM	E OR	IDEN	ITIFII	ER <i>:_</i>								
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## **DESTINATION** [All Clients]

	THATION [All Ollerits]		
0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport, or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home Shelter	0	Moved from one HOPWA funded project to HOPWA TH
0	Safe Haven	0	Rental by client, with GPD TIP housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
0	Hospital or other residential non -psychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
0	Jail, prison, or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy
0	Long-term care facility or nursing home	0	Rental by client with HCV voucher (tenant or project based)
0	Psychiatric hospital or other psychiatric facility	0	Rental by client in a public housing unit
0	Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
0	Residential project or hallway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy

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0	Transitional housing for homeless p (Including homeless youth)	ersor	ns	0	Owned b	y clie	nt, no ongoing housing		
0	Host Home (non-crisis)			0	No exit i	No exit interview completed			
0	Staying or living with friends, tempo (e.g., room, apartment, or house)	rary t	enure	0	Other (specify):				
0	Staying or living with family, tempora	ary te	enure (e.g.,	0	Deceased				
	room, apartment, or house)			0	Client doesn't know				
0	Staying or living with family, permar	nent t	enure	0	Client refused				
0	Staying or living with friends, perma	nent	tenure	0	Data not collected				
СО	NNECTION WITH SOAR [Heads	of H	ouseholds a	and Ad	ults]				
0	No					0	Client doesn't know		
	Vaa					0	Client refused		
0	Yes					0	Data not collected		
PA	TH STATUS [If not at intake]		_						
Date	of Status Determination		/	/	_				
		0	No						
Clier	nt Became Enrolled in PATH	0	Yes						
IF "N	O" TO ENROLLED IN PATH								
		0	Client was	found i	neligible fo	or PA	ГН		
Rea	son Not Enrolled	0	Client was	not enr	olled for o	ther re	eason(s)		

PHYSICAL DISABILITY [All Clients]

0	No	0	Client doesn't know				
		0	Client refused				
0	Yes	0	Data not collected				
IF	"YES" TO PHYSICAL DISABILITY – SPECIFY						
		0	No	0	Client doesn't know		
Ex	pected to be of long-continued and indefinite duration?	.,	0	Client refused			
		0	Yes	0	Data not collected		

Unable to locate client

**DEVELOPMENTAL DISABILITY** [All Clients]

						CLARIT HUMAN SERVICI
0	No			0	(	Client doesn't know
	.,			0	(	Client refused
0	Yes			0		Data not collected
СН	RONIC HEALTH CONDITION [All Clients]					
0	No				0	Client doesn't know
	Vas				0	Client refused
0	Yes				0	Data not collected
IF'	YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
		0	No		0	Client doesn't know
Exp	Expected to be of long-continued and indefinite duration?				0	Client refused
		0	Yes	Ī	0	Data not collected
HIV	-AIDS [All Clients]					
0	No			0	C	Client doesn't know
	Voo				(	Client refused
0	Yes			0		Data not collected
ME	NTAL HEALTH DISORDER [ All Clients]					
0	No				0	Client doesn't know
	V				0	Client refused
0	Yes				0	Data not collected
IF '	'YES" TO MENTAL HEALTH DISORDER- SPECIFY					
		0	No		0	Client doesn't know
Exp	pected to be of long-continued and indefinite duration?				0	Client refused
•	-	0	Yes	ļ	0	Data not collected
SU	BSTANCE USE DISORDER [All Clients]					
0	No	0	Both	n alc	oho	I and drug use disorders
		0				ı't know
0	Alcohol use disorder	0	Clie	nt re	fuse	ed
0	Drug use disorder	0	Det	0 00	t ool	loated



	'ALCOHOL USE DISORDER" "DRUG USE DISC SORDERS" – SPECIFY	ORDER" O	R "B	OTH ALC	OHOL	AND DRUG U	JSE						
			0	No	0	Client doesn	't know						
Exp	pected to be of long-continued and indefinite durati	ion?			0	Client refuse	d						
			0	Yes	0	Data not coll	ected						
МО	NTHLY INCOME AND SOURCES [Head of H	ousehold	s and	d Adults]									
0	No		0	Client doesn't know									
	Voc		0	Client refus	ed								
0	Yes		0	Data not co	llected								
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY													
Inc	come Source	Amount	Inc	ome Sour	ce		Amount						
0	Earned Income		0	TANF (T Needy F	•	rary Assist for s)							
0	Unemployment Insurance		0	General	Assist	tance (GA)							
0	Supplemental Security Income (SSI)		0	Retiremondaria Social S		come from /							
0	Social Security Disability Insurance (SSDI)		0	Pension income f		irement ormer job							
0	VA Service-Connected Disability Compensation		0	Child Su	hild Support								
0	VA Non-Service-Connected Disability Pension		0	Alimony support	/ and c	other spousal							
0	Private disability insurance		0	Other in		source							
0	Worker's Compensation			(-1-00)									
Tota	Il monthly income for Individual:												
REC	EIVING NON CASH BENEFITS [Head of Ho	usehold a	nd A	dults]									
0	No				0	Client doesn't	know						
0	Voc				0	Client refused							
0	Yes	0	Data not collected										

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

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0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Child Care Services	
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services	
0	Other (specify):	0	Other TANF-funded services	

COVERED BY HEALTH INSURANCE [All Clients]

	VERLED BY THE REST IN CHIEF RES									
0	No		0	Client doesn't know						
		0	Client refused							
0	Yes	0	Data not collected							
IF"	IF "YES" TO HEALTH INSURANCE HEALTH INSURANCE COVERAGE DETAILS									
0	MEDICAID	0	Employer Provided Health Insurance							
0	MEDICARE	0	Insurance Ob	otained through COBRA						
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance							
0	Veterans Administration (VA) Medical Services	0	State Health Insurance for Adults							
0	Other (specify):	0	Indian Health	Services Program						

CONTACT INFORMATION [Optional - can be entered in Location Tab]

CONTACT IN ORMATION [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